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Group counseling with educable mentally retarded adolescents in a public school setting : a description of the process and a quantitative assessment of its effectiveness.

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GROUP COUNSELING WITH EDUCABLE MENTALLY
RETARDED ADOLESCENTS IN A PUBLIC SCHOOL
SETTING: A DESCRIPTION OF THE PROCESS
AND A QUANTITATIVE ASSESSMENT OF ITS
EFFECTIVENESS

A Dissertation Presented

By

CHARLES WARREN HUMES, JR.

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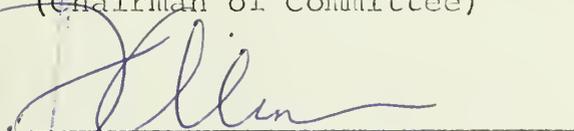
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Charles W. Humes, Jr.

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THE PROBLEM

Introduction to the Problem

This study was stimulated by the fact that despite evidence, emanating from clinics and state institutional settings, as to the desirability of counseling with mental retardates it would appear that not much has been investigated with regard to the counseling of mental retardates in a public school setting.

Gowan (1965) and Vontress (1967) point out that, while the area of mental retardation has become an established sphere of interest in the schools, there has been a noticeable lack in research on counseling with this population. What accounts for this lack is hard to determine but one may speculate that there are still many unverified assumptions remaining in the schools to the effect that mental retardates, due to their limited intellectual endowment, cannot profit from counseling and similar kinds of experiences.

Public schools are far behind the clinics and state institutions for the mentally retarded. Stacy and DeMartino's (1957) collection of articles on counseling and psychotherapy

of the mentally retarded confirms that clinics and institutions for the mentally retarded have often found that efforts in this direction were both necessary and productive. Sarason (1959), long one of the influential scholars in the field, has always maintained that the mentally subnormal can profit from psychotherapy. Sarason contends that a negative view on this matter has been based more on theoretical considerations rather than on systematic research. Heiser (1954) also attests to the value of counseling and psychotherapy with mental retardates. Earlier, Slavson (1951) had concluded that treatment prospects were as favorable for dull children as for those with higher mental endowment.

Prior to World War II it was generally felt by psychiatrists and psychologists working in clinics and institutions for the mentally retarded that mental subnormals could not benefit from counseling and psychotherapy because of their limited verbal facility and their lack of potential for achieving insight (Stacey & DeMartino, 1957). This has since been questioned by Weist (1955). Weist argues that the need for insight, with its dependence on language concepts, has to be related to the complexity of personality. That is, the less complex, the less insight is needed. Further, Weist sees experience as molding and modifying unconscious

motivations without the necessity of insight.

The last 20 years have witnessed great progress in the counseling and psychotherapy of mental retardates, both in clinics and institutions for the mentally retarded, and more is yet to come, but in the public school setting the beginnings stages have yet to occur.

Very little, as revealed by a review of the literature, has been attempted in studying counseling conditions with public school special class mental retardates. Strang (1956) mentioned the potential counselor contribution to the exceptional student, the mentally retarded included, but did not go into detail as to its applications. Carson (1965) talked about the need for individual counseling by teacher-counselors of the mentally retarded, stating that the most important objective of personal counseling with this population is to create a more satisfactory self-image.

In terms of school counseling practice Lurie, Goldfein and Baxt (1960) used group discussions and some individual counseling with slow learners,¹ some of whom were thought to be mentally retarded. Later, a study by Lodato, Sokoloff and Schwartz (1964) utilized group counseling with slow learners wherein some mental retardates were included,

¹A slow learner would be defined operationally as a person with an IQ of 80 to 90 on an individual intelligence test.

although the counseling of mental retardates was not the emphasis of the study. Mann (1967), in an experimental study, used group counseling with preadolescent educable mental retardates in a public school setting.

The project to be described in this report attempts to explore to what degree a group counseling program in a public school setting assists the educable mentally retarded adolescent to achieve improvement in the areas of classroom behavior, personal-social adjustment, self-concept and interpersonal relationships. It is documented later in the review of the literature that these aspects of mental retardation deserve experimentation in the public schools.

In order to understand the scope of this project it will first be expedient to have an orientation to mental retardation, an overview of group procedures, and a brief description of the classification scheme for mental subnormality.

Orientation to Mental Retardation

Mental retardation ranks today as a major national health, social and education dilemma. It affects twice as many individuals as the combined afflictions of blindness, polio, cerebral palsy and rheumatic heart disease (President's Panel, 1962). An estimated three per cent of the

nation's population, or 6 million adults and children are afflicted, some severely, but with about 89 per cent with only mild impairment (President's Committee, 1967). This information, taken for the most part from the 1961-1962 report, A Proposed Program for National Action to Combat Mental Retardation, introduces the enormity of the issue of mental retardation in modern society.

The report, from the President's Panel on Mental Retardation, had been mandated by John F. Kennedy in 1961. This collaborative survey by a blue-ribbon panel of experts, included 95 action recommendations in such areas as research; clinical-medical services; education and vocational rehabilitation. The Presidential directive gave the issue of mental retardation its first important national recognition and its impact is still being felt. This has since been followed by Lyndon B. Johnson's Committee on Mental Retardation. As a result of this focusing of national interest ". . . we are now on the threshold of a new spurt reminiscent of the days of Itard . . ." (Kanner, 1967, p. 169).

However, even though much has been done since 1962 to implement recommendations of the first presidential panel, much more has to be accomplished particularly at the local level. In perhaps no other area is there so much good intent

and so little action. Slow progress continues and Hungerford (1964, p. 16) was inclined to remark:

The mentally retarded continue to be the least of the last minority in the United States -- the least understood, the most different, the least appreciated. Still it seems probable that, in the words of Voltaire, "their time has come." And, in spite of the ignorance and general indifference of the public, the lot of the retarded is looking upward.

Taken in historical perspective, progress has always been slow in the traditionally neglected sphere of mental retardation. The medical profession did not concern itself with mental subnormality until well into the 18th century and before that it was apparently considered as simply part of mental illness (Kanner, 1967). In the United States the first public institution for mental defectives was founded in 1848 at Waverly, Massachusetts.

Public education became involved somewhat later but since has taken on most of the responsibility. The first public school day classes for the mentally retarded were organized at Providence, Rhode Island in 1896. In 1929 the first public school program for trainable level mental retardates was established in New York City. Today half of the nation's 25,000 school districts have special classes for the mentally retarded. As of June, 1967 it was estimated that there were approximately 677,000 pupils enrolled

in special classes on a nationwide basis (President's Committee, 1967). In Massachusetts, as of June 30, 1967, there were a total of 13,452 pupils enrolled in public school special classes (Commonwealth of Massachusetts, 1967).

In the realm of treatment services, an important advance occurred in 1943 when Congress expanded rehabilitation services to the mentally retarded. This legislation had implications for counseling and psychotherapy of the mentally retarded for its obvious relationship to the general concept of rehabilitation.

Although ". . . the lot of the retarded is looking upward." (Hungerford, 1964, p. 16) it can be seen that mental retardation has only been slightly tapped as a source of experimental study. With this in mind the study undertaken here looks at one aspect of mental retardation as it applies to the school setting. The project undertaken represents one small part of the greater issue of mental retardation, but it is only in such molecular activity that the molar issue can be brought under proper scrutiny.

Overview of Group Procedures

Although group procedures of various kinds have been recorded since earliest times (Corsini, 1957), the group

psychotherapeutic approach, in a formalized sense, is a fairly recent phenomenon. As Slavson (1951) points out it is probably mostly of American origin, because of its inherent democratic composition, nonetheless Anton Mesmer is often given credit for its earliest beginnings. The pioneer period in American started with Joseph H. Pratt, an internist interested in the psychological components of physical disease, circa 1906 with didactic "class methods." These class methods were essentially inspirational group lectures whose members were rewarded for attendance and progress. However, it was not until 1931 that J. L. Moreno labeled the process, group therapy (Dreikurs & Corsini, 1954). Actually, Moreno coined the term to explain the sociometric grouping of a prison population (Corsini, 1957).

In recent years, as the technique has been adapted to more non-medical settings, a new designation has been applied, namely, multiple or group counseling. At the present time ". . . 'group counseling,' 'multiple counseling,' 'group therapy' and 'group psychotherapy' are often used interchangeably." (Warters, 1960, p. 172). Warters feels that group counseling is a more appropriate term than group psychotherapy when applied to schools based on the level of emotional problems encountered. However, Arbuckle (1966)

would use either the label, group counseling or group psychotherapy, in the schools regardless of the unwillingness of most school authorities to accept the latter terminology. It would seem that the same definition of the procedure can apply so that group counseling, as does group psychotherapy, then ". . . consists of processes occurring in formally organized, protected groups and calculated to attain rapid ameliorations in personality and behavior of individual members through specified and controlled group interactions." (Corsini, 1957, p. 5).

The theoretical bases of group counseling with adolescents are reviewed by Doering (1963). The adolescent² while undergoing a period of physical alteration is striving to establish his identity, to manage peer and adult relationships and to control revived problems of early childhood. The magnitude and ubiquitousness of these problems often make individual counseling impractical. Further, because most of this drama must be played out in a social setting it would appear that the development of adequate interpersonal relationships is best achieved through group counseling. Ohlsen (1960) and Arbuckle (1966) believe that the group method is naturally the best in counseling with

²For purposes of this study an adolescent would be defined as one with a chronological age from 13 to 19.

all adolescents.

Group counseling in the schools is becoming increasingly popular (Shaw & Wursten, 1965). It has proven effective, using junior high or adolescent non-retardates, in a number of experimental studies (Caplan, 1957; Stockey, 1961; Doering, 1963; McKinney, 1963) and its future appears to be promising. Fullmer and Bernard (1964), in a radical suggestion from the standpoint of present theoretical models in school counseling, advocate that 70 per cent or more of a school counselor's time should be spent in group counseling with students, teachers and parents. Cohn (1967, p. 3) appraising the current status of group counseling writes:

The public school--the common denominator of youth--is a logical center of operation for the group counseling approach . . . Group counseling, whether as preventive mental hygiene or as an educative group experience designed to aid individual development, is recommended as an integral part of the school program.

If group counseling is to become an integral part of a school's guidance services then we may presume that this may include the mentally retarded enrolled in special classes. This presumption receives support from Hoedel (1965) and Vontress (1967) who maintain that the counseling process with mental retardates is essentially no different from counseling with the rest of the school population. Also, if counseling

services in the public schools are supposed to be organized for all students, then we have another argument to support the extension of services to this population.

It will be seen in the review of the literature that the greatest number of studies relating to counseling and psychotherapy of mental retardates since World War II have used the group approach. The use of group counseling with mental retardates during this period would appear to have been favored, in part, for the following reasons.

- 1) It paralleled the growth of group counseling and psychotherapy with all other populations during this period.
- 2) It is economical in terms of both time and financial considerations (Sarason, 1959; Stacey & DeMartino, 1957).
- 3) It eliminates partially the requirement for the mental retardate to formulate verbally his own concerns (Cotzin, 1948).
- 4) It tends through its emphasis on social interaction to attack those dimensions of personality structure that are most troublesome to mental retardates, for example, self-concept (Weist, 1955; Goldstein & Seigle, 1963; Nelson, 1963; Davis, 1965; Gowan, 1965)

and interpersonal relationships (Hobbs, 1948; Burton, 1954; Ringelheim & Polatzek, 1955; Stacey & DeMartino, 1957).

The feasibility of group counseling with mental retardates seems rather clearly delineated. Of the 26 post-World War II studies reviewed in depth, 16 or 62 per cent utilized group methods exclusively. Twenty or 80 per cent favored either group counseling or a combination of individual-group methods.

It can be seen that the group approach to counseling and psychotherapy has been found to be applicable with mental retardates both from theoretical and empirical positions. Therefore, it has been selected as the counseling procedure in this project.

Classification of Mental Subnormals

For purposes of this study it is important to make a distinction between mental retardation and mental deficiency, even though in the related literature the terms are often used interchangeably.

The American Association of Mental Deficiency has now recommended the inclusive term "mental retardation" to cover all degrees of mental subnormality (Heber, 1961).

However, it seems more diagnostically and functionally accurate to use the classifications as proposed by Gladwin (Sarason, 1959).

Mental deficiency must demonstrate the presence of central nervous impairment and is essentially irreversible. On the other hand, mental retardates have no demonstrable central nervous system impairment. Their deficit may indicate cultural, as well as hereditary factors, and the condition may be reversible.

Sarason (1959) refers to the mentally retarded group as the "garden-variety" type of subnormal and indicates that in the case of the garden-variety³ type, the individual places in the higher grade classification. Under the Massachusetts regulations, as promulgated by the Department of Education, Bureau of Special Education, this would correspond to the educable⁴ mental retardate and would fall within the 50 to 79 IQ range. The educable designation would also be equivalent to the mild classification as favored by the 1961-1962 President's Panel.

As described in this study the educable mentally retarded adolescent is defined as having an IQ range of 50 to

³By "garden-variety" Sarason refers to the commonly seen non-specific type of mental retardation.

⁴In contrast to the trainable mentally retarded where the IQ range is 25 to 49.

79, as determined by an individual test of intelligence, and diagnostically was of the familial or undifferentiated type.⁵ In the absence of specific medical or neurological information, as indicated on the pupil's medical history and physical examination reports, it was assumed that the mental retardation was familial or undifferentiated. As it turned out, none of the subjects showed evidence of organic involvement.

Purposes of the Study

The assumption is that what has been found feasible in clinics and institutions for mental retardates can also apply to counseling with public school mental retardates. Further, if public school retardates have fewer behavioral and personality problems than their state institutionalized counterparts (Burton, 1954), it may be speculated that the counseling process might have more success with the school group.

This study will attempt to determine the extent to which a program of group counseling with educable mentally retarded adolescents enrolled in special classes can bring about demonstrable positive alterations in personal adjust-

⁵A designation often used when there is no discernible causative factor that can be isolated.

ment and social adaptability as manifested in changes in classroom behavior as observed by the teachers, personal-social adjustment, self-concept and interpersonal relationships. These kinds of changes would be in keeping with some of the generally accepted goals of counseling (Patterson, 1966)

In an effort to assess changes in the criteria, that is, classroom behavior as observed by the teachers, personal-social adjustment, self-concept and interpersonal relationships, it was necessary to make certain assumptions about behavior and to utilize dependent variables. The dependent variables in the study were assessment instruments that were deemed valid, reliable and sensitive for educable mentally retarded adolescents. In the case of all assessment instruments, it was appropriate to use instruments already in use as recommended by Cohn (1967) when planning group counseling experiments. It was the research assumption that through the manipulation of the independent variables, namely, group counseling or no-counseling, that changes would occur in the dependent variables. The hypotheses were tested statistically through the use of the null hypothesis, that is, that no differences would occur.

Classroom behavior as observed
by the teachers

In measuring success of any program in the schools, the principal criterion, from the standpoints of teachers and administrators, is acceptable environment-adjusted behavior on the part of the pupil. Teachers and administrators view this as important because when it is present academic learning can take place. The mental retardate is certainly no exception to this dictum. Thus, pupil behavior in the classroom would have to be considered an important criterion.

Hypothesis 1. Counseled group members, in contrast to non-counseled group members, will exhibit significantly more adjustment as seen in teacher ratings on a behavior scale.

As the measure of observed classroom behavior the Behavior Rating Scale (Appendix A) as developed by Lodato, Sokoloff and Schwartz (1964) was used. It features a 12-point scale on a 4-point continuum and consists of ratings graded in order of desirability of behavior, from 0 to 3. Validity was assumed inasmuch as the instrument has face validity, experienced special class teachers were involved in the rating procedure, and teacher-instrument were expected to interact consistently during the ratings. Sokoloff (1959) had established a total score, test-retest reliability at .95 and an inter-rater reliability coefficient of .81

on the original scale.

Personal-social adjustment

The realm of personal-social adjustment is important in that it may be presumed to get at aspects of behavior not necessarily concerned with classroom actions. Social and emotional adjustment of the mildly retarded adolescent has been studied and summarized by Gardner (1966).

Hypothesis 2. Counseled group members, in contrast to non-counseled group members, will show significantly higher scores on a standardized personality inventory.

Personal-social adjustment was self-determined through the obtaining of total scores on the California Test of Personality, Elementary (1963). This standardized inventory has been the favorite objective assessment tool of personality with mental retardates (Gardner, 1967). It yields separate scores under the Personal Scale as follows: Self-Reliance, Sense of Personal Worth, Sense of Personal Freedom, Feeling of Belonging, Withdrawing Tendencies, Nervous Symptoms. Under the Social Scale the areas are: Social Standards, Social Skills, Anti-Social Tendencies, Family Relations, School Relations, Community Relations. The instrument has 144 YES-NO questions, 72 in each of the scales. Validity and reliability have been well established for this

instrument as reported in the test manual.

Self-concept

Self-concept and its vital importance to the mental retardate has been discussed by a number of investigators (Brownfain, 1952; Snyder & Sechrest, 1959; Goldstein & Seigle, 1963; Gorlow et al, 1963). Nelson (1963, p. 30) states: "The retardate tends to devalue himself and it shows in behavior and attitudes indicating strong feelings of unworthiness." Davis (1965, p. 186) remarks: "Understanding and alteration of the self-concept would be a valuable tool for the counselor for the mentally retarded." This then would seem to be an appropriate aspect of personality to bring under scrutiny.

The operational definition of self-concept used in this study is taken from that proposed by Rogers (1951). That is, the self-concept is the organized configuration of the perceptions of the self which are brought to awareness. It is composed of one's characteristics and abilities, as well as, the percepts and concepts of the self in relation to other people and to environmental influences. The term self-concept, as used in this study, is concerned specifically with how the pupils in the experiment respond on assessment instruments concerning the self.

As there are different facets of the self which can be explored, both objective and projective assessment methods were employed.

Hypothesis 3. Counseled group members, in contrast to non-counseled group members, will reveal a significantly more positive self-concept of themselves as measured by a self-rating inventory.

Hypothesis 4. Counseled group members, in contrast to non-counseled group members, will show a significantly more positive self-concept of themselves through self-ratings on a trait-adjective test.

The objective assessment tools used to test these hypotheses were The Way I Feel About Myself (Appendix B) and The Children's Self-Concept Scale (Appendix C). The former, developed by Piers and Harris (1964), contains 80 YES-NO questions and the latter, authored by Lipsitt (1958), has 22 trait-adjectives each scored on a 5-point continuum. Both tests were originally developed for use with non-retarded pupils but have since been used with mental retardates; by Mayer (1967) in a self-concept study and by Mann (1967) in a group counseling study. The validity for The Way I Feel About Myself was obtained by comparing non-retardates against mental retardates on the assumption that mental retardates would have lower self-concept scores than non-retardates. The scale has a reliability of .78 to .93 using the Kuder-Richardson formula and .87 to .90 with Spearman-Brown. On

The Children's Self Concept Scale the developer infers content validity because ". . . an individual who verbalizes inadequacy and inferiority is said to have weak ego-strength or a low self-concept." (Lipsitt, 1958, p. 463). The test-retest reliability correlations ranged from .73 to .91.

Hypothesis 5. Counseled group members, in contrast to non-counseled group members, will demonstrate a significantly more positive self-concept of themselves as reflected in composite scores on a variation of the Draw-A-Person test.

The non-verbal dimensions of the self-concept were assessed by the SCS-DAP (Appendix D), a quantified projective self-concept scale of the Draw-A-Person test, as designed by Bodwin and Bruck (1960) for use with children. After development the scale was later used by Curtis (1964), who found it to be a satisfactory measure of self-concept with adolescent mental retardates. The SCS-DAP has a 9-point scale and a 5-point continuum. The characteristics rated were: Reinforcement, Erasures, Sketchy Lines, Transparency, Distortion, Incompleteness, Opposite Sex Identification, Primitiveness, and Immaturity. A projective device was chosen because it has the potential to elicit responses that might not be obtained on verbal-type scales because of social expectancy. Validity for the SCS-DAP was established by comparing the instrument against expert diagnosis based

on personal interviews and the Pearson product-moment correlation was found to be .64. Clinical reliability of figure drawings as a determiner of self-concept has been discussed by Machover (1957).

Interpersonal relationships

As pointed out previously the sphere of interpersonal relationships has often been labeled as troublesome to adolescent mental retardates. Bertrand (1966, p. 28) defines the situation very well in stating that ". . . retarded adolescents are isolated because they are withdrawn and unable to relate to others, because they are unable to form healthy peer relationships, because they fear they will not be socially accepted . . ."

It was assumed that sociometric methods, because of their nature, would serve to assess peer relationships. Murray (1953) discovered that sociometric scores among the mentally retarded have stability while Laing and Chazan (1966) have found sociograms to be effective in determining social relationships among the mentally retarded.

Interpersonal relationships on the sociometric measure were measured through the dependent variables of choices received and mutuality of choices. Mutual choice

indicates that two pupils have chosen each other on the same sociometric criterion.

Hypothesis 6. Counseled group members, in contrast to non-counseled group members, will show a significant positive difference in terms of choices received on a sociometric test.

Hypothesis 7. Counseled group members, in contrast to non-counseled group members, will show a significant positive difference in terms of mutual choices on a sociometric test.

The questions on the Sociometric Test (Appendix E) employ three general sociometric criteria that are related to seating, work, and play preferences. There was an opportunity for 5 choices among the criteria to increase reliability and the 5 were accorded equal weight (Gronlund, 1959). A thorough review of the validity and reliability of sociometric methods can be found in Gronlund's definitive text.

The purpose of the study described in the following chapters is an attempt to verify the research hypotheses and to relate it to the counseling process. If verified, the findings can contribute to the present limited knowledge of school counseling with educable mentally retarded adolescents. Further, it should encourage additional research efforts in this field and also may suggest immediate changes in existing school practices as regards school counseling of mental retardates.

This study, then, responds to the plea of Stacey and DeMartino (1957, p. 64): "What seems to be needed is more experimental research [counseling and psychotherapeutic] involving retardates who are living in noninstitutionalized [that is, not state institutions for the mentally retarded] communities."

The methods and research design used to test the hypotheses relative to the effectiveness of group counseling with educable mentally retarded adolescents, as well as a detailed outline of counseling procedures, are presented in Chapter III. A review of related research about counseling and psychotherapy with mental retardates is contained in the following chapter.

C H A P T E R I I

RELATED RESEARCH

The literature dealing with counseling and psychotherapy of the mentally retarded is rather limited so it seems that the best approach is basically a chronological one covering two distinct periods, pre- and post-World War II. The period before World War II is mostly of historical interest while the decades following World War II are more pertinent to this project. World War II offers a logical break because it was not until this time that much credence was given to the opinion that mental retardates could profit from this help-giving service.

Sarason (1959), Neham (1955), Cowan (1955), and more recently, Crowley (1965) have made overviews of the literature. All reported a shortage of studies and indicated the need for more. Since World War II there have been some 29 related studies that this reviewer found that dealt with the counseling and psychotherapy of adolescent or older mental retardates. All but four reported some success and two of the failures were primarily concerned with methodology. These studies, to be discussed later in the chapter, must be

looked upon as the beginning of a body of knowledge.

In view of the nature of this project only verbal-type counseling and psychotherapy are reviewed here. For a survey of other kinds of therapeutic approaches the reader is referred to Stacey and DeMartino's (1957) collection of articles.

Pre-World War II

From the earliest beginnings when mental subnormality was linked to insanity, and into the modern era when all such individuals were regarded as feebleminded, there has been scant attention paid to the treatment or rehabilitation of the mental subnormal. However, with the establishment of special education programs in the public schools there began a differentiation between mental retardates and mental deficientes and the realization that all who were diagnosed as mentally subnormal, whether by medical opinion and later by measured IQ, did not necessarily require commitment to a state institution. Negatively, there was little consideration given to the possibility of the amelioration of the condition, either through increasing intellectual adequacy or improving personal adjustment and social adaptability. For one thing, the IQ was regarded as fixed and behavioral dimen-

sions as equally unchangeable.

As late as the twenties Morgan (1926) offered the opinion that the mental defective would have fewer conflicts than the normal person and, hence, not in need of therapy. In the thirties the extensive and well-publicized Healy and Bronner (1939) investigation continued the myth by concluding that the mentally retarded were not receptive to psychotherapy and that intelligence bore a direct relationship to treatment outcomes. The forties saw Carl Rogers (1942), apparently mostly on theoretical grounds, also sharing this point of view although he was to amend it in a later work. This was followed by the report of Lurie, Levy and Rosenthal (1944) who concluded that psychotherapy with the mentally deficient was not worthwhile and that their needs were best met by strict supervision and special classes. Hutton (1945) stated that the dull, retarded and defective were unsuitable for psychotherapeutic treatment. Paster (1944), in a military setting, remarked that mental defectives and psychopaths had to be excluded from his therapy groups. These negative points of view had a limited impact for they were obviously heavy with preconceived bias and noticeably lacking in research sophistication.

However, even though this was a period of much nega-

tivism as regards the rehabilitation and treatment of the mentally retarded, there were some positive stirrings. Perhaps, the first clearly documented account of an effort to help a mental defective was the monumental 1801 classic, Itard's The Wild Boy of Aveyron (1962, trans.). Although Itard did not achieve the success that he sought there were distinct behavioral changes brought about through his therapy-like approach to Victor. After this there was not much done until about a century later with the pioneering work of Witmer at the University of Pennsylvania (Sarason, 1959). Witmer was most concerned with differential diagnosis but he was able to show that those often diagnosed as mentally defective were amenable to treatment.

In the modern era Clark (1933) was one of the first to explore the possibilities that psychoanalysis could be useful with mental defectives. In the same year it was also reported by Miller (1933) that a number of mentally retarded children were assisted by the psychoanalytical method through the reduction of emotional factors. This was confirmed by work at the Meninger Clinic (Chidester, 1934; Ackerman & Meninger, 1936; Chidester & Meninger, 1936). These investigators at the Meninger Clinic were most concerned with the total treatment of mental defectives, but in the course of

their studies, discovered that psychoanalytical methods could be helpful particularly where intellectual development was stunted by emotional factors. Their methods, although modified along directive lines, used established psychoanalytical techniques of free association and dream interpretation.

During the early forties Boyd (Cowen, 1955) was making some attempts to adapt group procedures to institutionalized subnormals. Apparently this was the first effort to use group psychotherapy with the mentally retarded.

In the mid-forties there were some very important studies conducted under the auspices of the Smith College School of Social Work. These studies were characterized by good research design, something which had been conspicuously absent in the earlier investigations. The most important of the studies for this review was that undertaken by Cooley (1945). Cooley compared bright and dull children (some of whom were mentally retarded) who were matched for age, sex and socioeconomic status. Most of the children regarded as mental retardates made progress in therapy and required no more treatment time than the bright group.

Post-World War II

The impetus for a "new look" at the question of counseling and psychotherapy with mental subnormals came about as a result of experiences in World War II (Neham, 1955). During this period of crisis it was necessary to utilize all possible manpower, and as a result, many diagnosed as mentally retarded were assisted, many while in military service. After the war Dunn (1946), Feldman (1946) and Weaver (1946) all reported on their successful experiences with mental subnormals in military settings. Dunn found that higher grade mentally deficient soldiers could make a successful adjustment if given the benefit of supportive influences. Feldman concluded that emotional and psychic factors existed at every level of intelligence and that the low IQ label was often used to restrict therapy. Weaver reviewed the case records of 8,000 soldiers with IQ's below 75. Of this group it was found that 56 per cent of males and 62 per cent of females made a satisfactory military adjustment. Among the factors aiding the adjustment process was group psychotherapy. Weaver (1946, p. 246) concluded that ". . . a peacetime society and industry can no longer consider the mental defective as useless."

In order to facilitate the review of the post-war literature, it has been deemed necessary to make a division into subsections which will be as follows: Individual counseling and psychotherapy; individual-group counseling and psychotherapy; and group counseling and psychotherapy.

Individual counseling and psychotherapy

During the post-war period there are very few studies dealing with the exclusive use of individual methods.

Tarjan and Benson (1953), in a project related to psychotherapy, conducted a pilot study at a state hospital where the primary concern was to reduce the institutional population through a "leave" program for high grade mental defectives. As part of this program, individual psychotherapy of a short-term nature, that is, 8 to 10 hours was applied. The therapeutic experience was considered a valuable part of the total effort. Positive behavioral changes were seen and the program was considered a success.

Heiser (1954) attempted individual psychotherapy with 14 subjects of different etiologies. The subjects were seen one hour weekly for a median of 28 hours. Improvements were observed in 12 of the cases along with increases in measured IQ. Unfortunately, as in most of the individual

psychotherapy studies, the investigation was not well designed from the standpoint of research sophistication.

From England a study by Mundy (1957) using individual psychoanalytically-oriented psychotherapy was reported. The therapeutic procedure was carried out for a period of 9 months to one year. There were modifications in emotional adjustment observed, and more importantly, it was concluded that sufficient comprehension existed down to the IQ 40 and above level for treatment possibilities. Mundy also found that those with organic impairment did not profit as much from the psychotherapy.

Chess (1962) discussed her pilot psychiatric project at Flower-Fifth Avenue Hospital Retardation Clinic. Depending on what appeared to be mostly clinical observations it was found that the psychotherapeutic results were favorable enough to recommend that the program be continued. Chess discovered that the most favorable results were obtained where mental retardation was primary and behavior disorder of only secondary import. However, no quantitative information was given.

In a recent survey Woody and Billy (1966) reported that doctoral-level fellows in the section of psychology in the American Association of Mental Deficiency stated a

preference for individual methods. This may have limited validity for it represented a small sample with only 64 usable returns out of 113 inquiries.

Individual-group counseling and psychotherapy

There have been some investigators who have favored using both individual and group counseling methods with mental retardates. When this is done there seems to be mostly reliance on group approaches with individual techniques seen as ancillary.

Thorne (1948), long a leader in the counseling and psychotherapy of mental retardates, in an early study reported that in working with a sample of 68 subjects, using both individual and group methods, improvement was noted in 66 per cent following treatment. Inasmuch as no tabulation was kept on the number of therapeutic sessions, this study would have to be regarded of most value for its implications. Interestingly, Thorne felt that client-centered techniques might have worth at those stages of counseling when expression and clarification of feelings were the most important considerations.

In a state hospital, Stubblebine and Roadruck (1956) worked with a group ($N=65$) of male adolescent mental retard-

ates, with an average age of 15.8 and average IQ of 59.63. The subjects were exposed primarily to milieu therapy but about one-half also received individual and group psychotherapy. The results, reported descriptively for some of the subjects, seemed to indicate success for the program. There was no control group in the project.

Fine and Dawson (1964) were involved in an investigation at a state institution where counseling of mostly mentally retarded adolescents, IQ's 50 and above, was the focus. The subjects were female, ages 15 to 30. The investigators used a weekly group and individual supportive-type therapeutic approach. As a result of the program 37 of 56 were able to return to the community, whereas prior to this few could do so.

A relatively unfavorable study which described the use of psychotherapy with mentally retarded children and adolescents was reported by Albini and Dinitz (1965). The study, using experimental and comparison groups, deserves attention because there was regard for a controlled research design. The subjects were 73 males, ages 7 to 15 with IQ's 40 to 78, 37 of whom were classified as having some form of behavioral disturbance. The comparison (not control) group was selected on a random basis. Both individual and group

problem-solving methods were applied over a 4 month period. Evaluative measures were a classroom behavior schedule, a pupil academic evaluation schedule and a measure of parent-child relationships. Although there was some improvement in teacher ratings and a diminution in negative classroom behavior, neither proved to be statistically significant. Among other things, the experimenters suggested that the poor results may have, in part, been attributable to a lack of sensitivity on the part of the assessment instruments.

In a school situation Lurie, Goldfein and Baxt (1960) used group discussion and some individual counseling with adolescent boys and girls, some of whom were considered to be mentally retarded. However, individual psychometrics later proved most, if not all, to be either slow learners or normals. With these pseudo-retardates the results indicated greater realism and maturity in vocational planning for the experimental group as opposed to the control group.

Group counseling and psychotherapy

The group approach to counseling and psychotherapy with mental retardates came into its own during the post-war era. It logically followed the prevalent use of group therapy procedures with all populations during World War II (Doering, 1963).

Cotzin (1948) reported the first major post-war study of counseling and psychotherapy of mental retardates and, significantly, used group procedures exclusively. In a state institutional setting he worked with 9 adolescent boys with IQ's ranging from 50 to 79 over a period of 10 therapy sessions. All subjects showed definite improvement in behavior and personality following treatment and most maintained this improvement one year later.

Fisher and Wolfson (1953) attempted a somewhat more detailed approach to group psychotherapy. Twelve high grade mentally retarded females were selected and distributed into groups based on aggressive and submissive types. During the group meetings the investigators used Slavson's Activity-Interview technique, that is, a combination of supervised activity and psychotherapy. After 36 sessions the evaluation showed that 8 of the 12 subjects demonstrated both improved behavior and more positive expression of feelings.

The use of psychoanalytically-oriented group psychotherapy was tried by Geller (1953). The subjects were 10 females, ages 17 to 23 and IQ's 53 to 77, diagnosed as familial mental defectives who had been institutionalized for 6 to 10 years. All of the subjects had manifested some evidence of emotional disturbance. After 31 hours of a group

therapy experience, using pre- and post-treatment projective test instruments, it was found that statistically significant increases occurred in terms of intellectual efficiency, adequacy of defenses, ego strength and ability to express feelings, but not in emotional adaptability.

Ringelheim and Polatsek (1955), in a pilot study and cognizant of the poor controls, utilized group eclectic psychotherapy with borderline mental retardates who had a mean IQ of 75. After 30 sessions of one hour each the results did not show any dramatic changes in personality dynamics but the group situation proved to be a good device for promoting better interpersonal relationships. An interesting observation was that psychotherapy with this group, when extended over too long a period of time, appeared to reach a point of diminishing returns presumably because of over-exposure.

In another poorly controlled investigation, Michal-Smith, Gottsegen and Gottsegen (1955), applied group motoric and oral language techniques with adult lower grade mental retardates. The investigators concluded that the subjects profited by the experience but there were no statistical comparisons.

O'Connor and Yonge (1955), in a British study, re-

ported on their project involving male adolescents, ages 16 to 21 and with IQ's ranging from 52 to 89. The subjects, in a state institutional setting, were selected from among the most troublesome patients. The experimental group was given group psychotherapy, of an unspecified nature, in addition to workshop training. The counseling consisted of two sessions of a group experience each week for 6 months. The experimental group showed positive attitudinal changes and improvement in workshop behavior, both significant at the .05 level of confidence.

In a somewhat different approach to the overall issue of counseling mental retardates, Kaufman (1963) attempted to determine the value of group procedures in returning long-time institutionalized retardates back to the community. The experimental group (there was no control) comprised 8 high grade, IQ's 66 to 77, familial-type males. The group process, of apparent psychoanalytical orientation, occurred intermittently for about one year. Kaufman reported that 75 per cent of the group made a successful non-institutional adjustment for a period of three years following discharge from the institution.

The value of client-centered or non-directive group counseling has been discussed in a number of studies. Most

of them reported unfavorable results.

The only apparent successful investigation was conducted by Astrachan (1955) and this was not labeled specifically as a client-centered study. Working with voluntary subjects in group sessions characterized by much informality, suggesting a high degree of non-directiveness, it was found that female mentally retarded adolescents, having a mean IQ of about 68, were amenable to this technique. The results showed positive changes in reduced feelings of isolation.

The case against the use of only client-centered counseling with mental retardates is rather substantial. It would appear that on the basis of the studies reported in the literature that the traditional client-centered approach does not prove particularly effective with this population.

Vail (1955) described his lack of success using non-directive group methods with disturbed adolescent mental defectives. The groups had an IQ range of 35 to 72. The groupings were of mixed etiologies with most having some form of organic involvement. It was concluded by Vail, on the basis of follow-up investigation, that non-directive methods were not suitable for this kind of mentally retarded population. However, it has been demonstrated in other studies

that most success in interview-type counseling occurs with higher grade mental retardates who are of the familial category.

In a well-designed study, Wilcox (1957) reported on using interview group psychotherapy with groups designated as passive, aggressive and mixed. The subjects were high grade mentally retarded women, IQ's 53 to 90, with ages unspecified. The counseling sessions covered 25 meetings and changes were assessed by a behavioral rating scale. The results revealed statistically significant changes in the experimental group, as compared to the control group, in terms of success found with the heterogeneous or mixed sections. The homogeneous groupings showed no significant changes. Among the most important of the conclusions reached was that a client-centered orientation was largely ineffective and that greater counselor activity was necessary.

Snyder and Sechrest (1959) conducted a rather provocative study to prove the superiority of directive group techniques over client-centered counseling with mental retardates. Mentally defective delinquents were selected and divided into experimental, placebo and control groups. The experimental group met for 13 weeks and was exposed to directive, didactic-type methods. The placebo group had

client-centered counseling over the same period. Subsequent analysis, as reflected in fewer behavioral violations, demonstrated statistical significance at the .05 level for the experimental group. The control and placebo groups showed no statistically significant results.

Gorlow, Butler, Einig and Smith (1963) utilized group psychotherapy to test the assumption that a group experience would lead to greater self-acceptance through the use of the Laurelton Self-Attitude Scale (Guthrie, Butler & Gorlow, 1961). The experimental group consisted of 42 females, ages 15 to 23, with IQ's from 50 to 80. After 12 weeks of group psychotherapy, using essentially a modified client-centered approach, the findings showed no statistical difference between the experimental and a control group and the null hypothesis was not rejected. The experimenters pointed out, however, that the experiment was not primarily a measure of client-centered counseling and the results would have to be viewed in this context.

A strong advocate of adaptive, non-verbal group procedures with mental subnormals, Sternlicht (1964, 1965), reported a study which appeared to support in part, his contention. The investigation (Sternlicht, 1966) used group techniques with delinquent adolescent mental retardates,

ages 14 to 20, with IQ's ranging from 30 to 70. One group received client-centered interview methods with emphasis on insight development. The other groups experienced a wide variety of non-verbal methods, for example, play therapy, finger painting, and psychodrama. The counseling process, as measured by counselor judgment, with the interview group was relatively unsuccessful while the non-verbal sections had marked success. Although Sternlicht's findings are suggestive it should be noted, as in Vail's study, that a number of lower grade mental retardates were included in the study. It would appear that the IQ can be a determinant in the possible application of non-directive methods to a mentally retarded population.

Rotman and Golburgh (1967), apparently recognizing the limitations of client-centered methods when used exclusively, sought a balance between non-direction and structure. The investigators conducted long-term group counseling with counselees in a state institutional setting. The subjects, ages 15 to 23, had IQ's of 60 to 75 with a mean IQ of 68. The subjects, all of whom had been behavioral problems, showed adjustment gains as a result of the counseling. The investigators point out, however, that this was mainly a descriptive study and did not have an adequate research design.

In a public school study, related to group counseling of mental retardates, there is the project of Lodato, Sokoloff and Schwartz (1964). The study was directed primarily towards slow learners but some of the groups contained subjects diagnostically classified as mental retardates. Using a variety of group techniques, for example, group interview methods (structured and unstructured), psychodrama, and pantomime, the subjects were seen throughout the year. The results indicated positive gains in attitudes toward learning and authority figures as judged by teacher's ratings on a behavioral rating scale. There was also a positive modification in self-concept as measured by figure-drawing projective methods.

Mann (1967), in an unpublished study supported under contract with the United States Office of Education, described a project dealing exclusively with group counseling of mental retardates. Although concerned with preadolescents, the study is reported in detail because it was the only systematic approach to the group counseling of educable mental retardates in the public schools found on record. In an experimental design, with matched groups of males, Mann conducted 12 one hour group counseling sessions. The subjects were aged from 9 years, 7 months to 13 years,

11 months with a mean age of 12 years. The IQ's extended from 56 to 80. The study evaluated treatment groups for direct changes in self-concept through the use of The Children's Self Concept Scale, The Way I Feel About Myself and The Children's Manifest Anxiety Scale, and indirect changes in self-concept through such variables as achievement, attendance and deportment or conduct in the classroom. There was also statistical testing for differences in these measures based on IQ and chronological age. Through pre- and post-testing Mann found statistical significance at the .05 level for The Children's Self Concept Scale, The Children's Manifest Anxiety Scale, achievement and deportment or conduct. In addition, there were no statistical differences based on IQ or age. The study, although representing a worthwhile research accomplishment on the effect of group counseling with educable mental retardates, showed limitations in not having multiple counselors, detailed counseling procedures, or more specified instrumentation.

Summary of the Review

This review of the literature reveals that there have been a limited number of studies dealing with the counseling and psychotherapy of mental subnormals. However, on

the basis of successful outcomes, as demonstrated in these studies, there has accumulated enough evidence to yield the conclusion that this kind of experience can often prove beneficial to mental retardates.

While the majority of the studies reported success, and the failures have been few, the conclusions are regarded cautiously by Sternlicht (1964, p. 619) who comments: ". . . the experimental literature has an unexpectedly small ratio of reports yielding negative results." Sternlicht suggests that this may be due to the fact that failures are often not reported because of the still prevailing notion that counseling and psychotherapy does not work for this population. Although Sternlicht believes in the feasibility of the therapeutic experience for mental retardates, he indicates that more adequate attention paid to research design would probably result in somewhat fewer successes.

Practically all the studies have taken place in state institutions for the mentally retarded. Most, however, have been of the quasi-scientific variety and have been investigative in nature rather than experimental. Probably because most of these studies took place in the state institutional setting, the group process has most often been labeled as psychotherapy rather than counseling. As a pos-

sible harbinger of change, the most recent study in a state institution (Rotman & Golburgh, 1967) has chosen to designate the group process as counseling.

The bulk of the studies used group methods exclusively despite Woody and Billy's (1966) survey that indicated that most doctoral-level fellows prefer individual methods. In regard to this it might be hypothesized that many of these doctoral-level fellows are in private practice and do not have ready access to groups.

All investigations have been concerned with behavioral changes including such factors as institutional adaptation, control of unacceptable behavior, personality modification and peer group associations. There were virtually none concerned with academic achievement.

The counseling processes have been both short- and long-term with little discussion of the advisability of one over the other. Both approaches have shown success.

Although there has not been much concern with group size, for all studies do not report on this variable, the range appears to extend from 4 to 10 members per group. It can be inferred, however, that most of the groups comprised 7 or 8 members. This is in keeping with the opinion of Slavson (1951) who feels that group membership, for all kinds of

populations, should be in this range.

Heterogeneity, in terms of group composition has been a factor that has been considered. It would appear that groups should be balanced as regards personality type, that is, on the passive-aggressive continuum. Unfortunately, heterogeneity has not been a factor in the sex makeup of the groups. The invariable same-sex composition has been a noticeable characteristic in the reviewed studies. This was probably caused by institutional rules, so as to enhance manageability, but it would seem to have taken something away from the dynamics of the group situation. Driver (1954) and Warters (1960) feel that sex-mixed counseling groups, in all populations, in a non-clinical setting are more natural and practical.

All successful studies have dealt essentially with high grade or educable mental retardates who evidenced no organicity. The studies that considered IQ's below 50, or those with organic involvement, with respect to interview-type counseling did not report many favorable outcomes.

Methodology included eclectic, directive, psycho-analytical, non-verbal activity and client-centered orientations. In the group counseling studies, most success appeared to occur with directive and eclectic methods. Stacey and

DeMartino (1957) are of the opinion that the eclectic method works best. Woody and Billy's (1966) survey of doctoral-level fellows tends to lend this substance. The rank order, in their survey, based on method was as follows:

<u>Rank</u>	<u>Method</u>	<u>Mean Score</u>
1.	Eclectic	2.94
2.	Client-centered	3.37
3.	Learning	4.36
4.	Ego Psychology	4.47
5.	Psychoanalytical	4.85
6.	Individual (Adler)	5.17
7.	Rational (Ellis)	6.11
8.	Conditioning	6.13

According to the literature there has been only one specific study on group counseling with mental retardates attempted in a public school setting and this comprised a preadolescent mentally retarded population. The absence of other specific studies may be related to the school counselor's belief that he has insufficient training to work with this population. Woody and Herr (1965, p. 11) believe that this should not be a deterrent as they remark: "Counseling experiences in general guidance are not incompatible with service for the retarded, although some specialized training might be necessary." Whatever the reason, experiments are certainly needed with adolescent mental retardates in the public schools to verify what has already been found to be

true in state institutional settings and clinics.

This study presents the thesis that selective group counseling with educable mentally retarded adolescents in a public school setting, with respect to a variety of personal adjustment and social adaptability criteria, can be effective. Specifically, these criteria are classroom behavior as observed by teachers, personal-social adjustment, self-concept, and interpersonal relationships, which are assessed through specific dependent variables, namely, the Behavior Rating Scale; California Test of Personality, Elementary; The Way I Feel About Myself; The Children's Self Concept Scale; SCS-DAL; and a Sociometric Test, through choices received and mutual choices.

The next chapter describes the methods and experimental design used to assess the dependent variables and a description of the group counseling procedures.

C H A P T E R I I I

METHODS, PROCEDURES, AND RESEARCH DESIGN

The testing of the assumptions that selective group counseling would be effective with educable mentally retarded adolescents, that is, would alter classroom behavior as observed by the teachers, personal-social adjustment, self-concept, and interpersonal relationships was implemented through controlled methods, procedures and an experimental design. The sections to be expanded on under these latter categories are subjects in the experiment, experimenters, experimental methods, counseling procedures, assessment techniques, and research design. The experiment to be described was conducted during the period November 21, 1967 through February 13, 1968.

Subjects in the Experiment

The subjects ($N=28$) were 18 boys and 10 girls and comprised the total special class population of a large junior high school at Westfield, Massachusetts. There were two separate classes in the school, each with 14 pupils. The age range extended from 13 years, 5 months to 17 years, 1

month. The pupils were classified diagnostically as educable mentally retarded and had IQ's from 53 to 77.

The majority of the subjects had been in the school system's special classes for three to 6 years. In this community the mentally retarded pupils move from the elementary school special class to the junior high special class at the beginning of a new school year when they are either age 13 or 14, depending on maturation and social considerations. All mental retardates have terminated from this junior high school setting, usually at age 16 or 17.

Experimenters

The experimenters were two experienced male counselors, both over age 30, with 6 and 5 years school counseling experience, respectively. The counselors had good professional reputations and past supervisory ratings had shown them to be above-average in such characteristics as emotional stability, understanding of pupils, ability to relate with pupils, and use of counseling techniques. Each worked regularly within the school system as a counselor, but not at the junior high school.

Both experimenters had encountered educable mental retardates in the normal course of their duties and had some-

times referred these pupils for psychological evaluations. Both experimenters had limited experience in group counseling but, more importantly, were aware of its theoretical bases. The lack of extensive experience was considered a positive, rather than a negative, factor inasmuch as this project was designed so that it can be replicated in other school settings by regularly employed school counselors.

In order to make constant the counseling procedures, the experimenters had the benefit of initial and periodic consultations with the project director⁶ and a doctorate level consultant.⁷ The doctorate level consultant had over 10 years experience in group counseling, and specific recent experience with the group counseling of mental retardates.

Two experimenters were used to insure that the findings were not an artifact of confounding a single experimenter with the conditions of the experiment. Although the single-blind method prevailed in the experiment, that is, the subjects and the teachers did not have knowledge about the differences in treatment conditions while the experimenters had this in-

⁶The project director, author of the study, has experience as a guidance director and school psychologist.

⁷The doctorate level consultant was Dr. Alvin E. Winder, Associate Professor, School of Education, University of Massachusetts.

formation, there were certain elements of the double-blind experimental procedure present. At all times the experimenters were kept uninformed about the hypotheses to be tested and the objectives of the experiment. Every effort was made to keep experimenter expectancy to a minimum.

Experimental Methods

Before the experimental procedures were instituted all subjects who had not had individual psychological examinations within the past calendar year were administered either the Revised Stanford-Binet Intelligence Scale, Form L-M or the Wechsler Intelligence Scale for Children by a qualified school psychological examiner. As the Binet and Wechsler scales have a high positive correlation, and are interchangeable as determiners of measured intelligence, IQ's and mental ages derived from these instruments were treated as equal for statistical comparisons. For the purposes of this experiment, measured intelligence will define mental retardation.

The subjects were randomly assigned to treatment combination groups using a table of random numbers. However, to improve experimental controls there was first a stratified random sampling of the female sex variable to insure the presence of a proportionate number of females in each of the

groups. This was necessitated by the fact that there was approximately a 3:2 ratio of males to females in the population to be studied.⁸ Accordingly, there were three females randomly placed in each of the counseled groups and two each in the non-counseled groups. The final randomization provided for each of the treatment combination groups both male and female members, chronological and mental age differences, and a range in measured IQ as seen in Table 1. It was assumed that this randomization also provided for both verbal and non-verbal participants. Mental ages were estimated, as of the date of the first group meetings, by the standard formula MA (mental age) = CA (chronological age) times IQ . Through drawing lots each experimenter was assigned one of the counseled groups and one of the non-counseled groups as illustrated schematically in Figure 1.

The groups were closed in nature, that is, the membership remained constant, and met for one hour per week over the course of 12 weeks. These pupils, as a group, did not have serious personality or character deviations, as revealed by an examination of school records, and it followed that they

⁸It was the opinion of the doctorate level consultant that heterogeneity, as regards male-female membership, was the most critical factor in the formation of adolescent groups.

TABLE 1

COMPOSITION OF TREATMENT GROUPS BASED ON SEX,
CHRONOLOGICAL AGE, MENTAL AGE, AND IQ

Conditions	Groups	Sex	CA	MA	IQ		
Counseled	E ₁ T ₁	F	15.67	10.67	68	M ^a	s ^b
		F	13.67	8.34	61		
		F	16.00	9.58	59		
		M	14.17	9.92	70		
		M	16.42	12.67	77		
		M	14.17	10.34	73		
		M	15.50	11.00	71		
	E ₂ T ₁	F	13.42	10.34	77	M	s
		F	16.00	11.34	71		
		F	15.83	12.17	77		
		M	15.42	10.25	72		
		M	14.50	10.50	72		
		M	15.58	11.25	72		
		M	14.58	8.00	53		
Non-counseled	E ₁ T ₂	F	15.50	11.75	76	M	s
		F	13.92	10.42	75		
		M	16.25	10.42	64		
		M	14.50	10.00	69		
		M	17.08	12.67	75		
		M	14.08	8.83	63		
		M	15.83	8.67	55		
	E ₂ T ₂	F	14.17	10.34	73	M	s
		F	15.50	10.42	74		
		M	14.25	10.42	73		
		M	16.25	11.42	69		
		M	15.92	12.08	76		
		M	14.50	11.08	76		
		M	16.50	8.92	54		

^aMean

^bStandard deviation

probably required less quantity in counseling time than their state institutionalized counterparts in order to manifest positive behavioral changes. But most important was the question of possible replication. In most public school situations this amount of time would probably be all that school counselors would be able to spend on such a project. Several recent studies dealing with group counseling of non-retarded adolescents in school settings tend to bear out this limited time factor (Doering, 1963; McKinney, 1963; Woel, 1964).

Over the course of the experiment all treatment combination groups met on Tuesday afternoons. All groups were seen over a two hour period. The counseled groups met in the first hour and the non-counseled groups during the second hour.

Before the experiment commenced the teachers (2) informed the pupils that they would be meeting in small groups with counselors and that this was part of the school program for the year. The teachers had no information as to the purpose of the experiment or of the differences in treatments.

One week before the start of the experiment all of the pupils were seen individually by the appropriate experimenters (counselors) for a 10 minute orientation interview for induc-

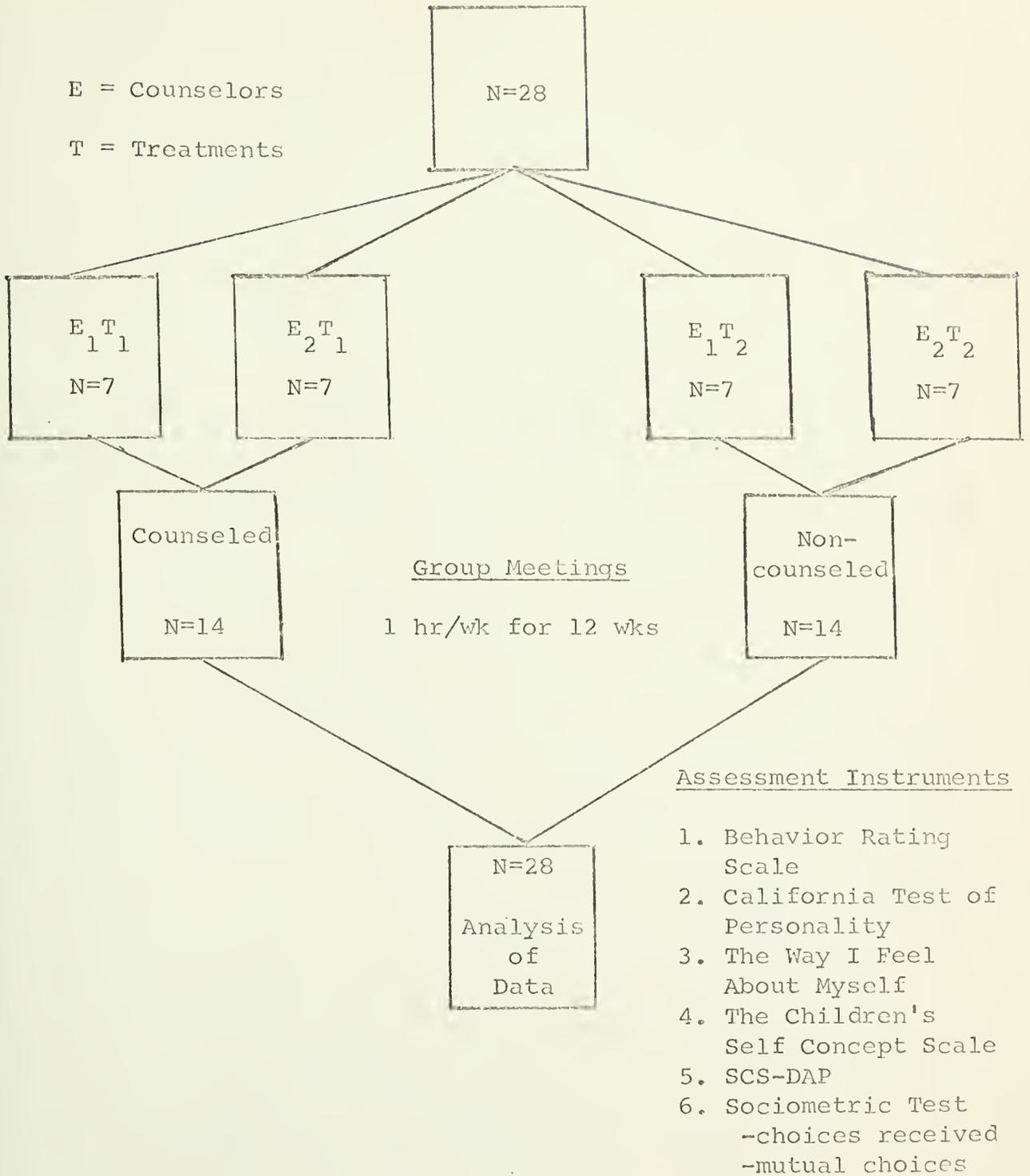


Fig. 1.--Schematic flow chart

tion purposes.

The non-counseled groups (control) met in different classroom settings than their own and were encouraged to sit in usual classroom style in rows of permanent seats. This physical setting was selected because the focus for these groups was occupational and vocational information presented in a teaching style with the counselor at the front of the room. To this end, 6 of the meetings were devoted to filmstrips (Career/Vocational Guidance Sound Filmstrips, 1966) and 6 to written seatwork (Turner, 1967), given on alternate weeks. Content areas covered were such as different kinds of jobs, finding a job, preparing for a job, and so forth. The pupils were permitted a choice of seating each week. During the information-giving presentations the counselors endeavored to hold counselor-pupil interaction to a minimum so as to accent the instructional nature of the setting. It was recognized that this was really a placebo-type group.

With the non-counseled groups the counselors opened the induction interview as follows:

As your teacher has told you we are going to start some group meetings next week. This will be something new for you so I thought I would meet with each of you today and explain to you what we will be doing. Also this will give us a chance to get acquainted. I am Mr. _____ from the Guidance Department. As you may know, people who work in the guidance office often tell pupils about jobs and how to find them.

Starting on next Tuesday we will be meeting in this room in small groups of 7 pupils. It will be for one hour and will continue for 12 weeks. We will do a lot of different things. We will see filmstrips about jobs some weeks and other weeks will do some classroom work that might help you get a job later on. You should find it interesting. Would you like to ask me any questions about it?

The counseled groups (experimental) met in small conference rooms of 10 x 16 feet dimensions. The seating arrangements were around a rectangular table. The counselors did not sit at the head of the table and the pupils were permitted their own choice of seating arrangements each week.

With the experimental groups the counselors opened the orientation meeting as follows:

As your teacher has told you we are going to start some group discussion meetings beginning next week. This will be something new for you so I thought I would meet with each of you today and explain to you what we will be doing. Also this will give us a chance to get acquainted. I am Mr. _____ from the Guidance Department. As you may know, people who work in the guidance office often try to help boys and girls with problems that may be bothering them.

Starting on next Tuesday we will be meeting in this room in small groups of 7 pupils. It will be for one hour and will continue for 12 weeks. We are going to talk about anything that is of interest to the group. This won't be a class so I won't be acting as a teacher and telling the boys and girls what to do. The group can talk about anything they want and what is talked about will be confidential. By confidential is meant like a secret, and that teachers and principal are not told what we have talked about.

This is going to be a new kind of meeting so I will want

to be able to keep track of what the boys and girls talk about. To do this I will use a tape recorder. You probably know what a tape recorder is. It has a microphone and it records the voices of the boys and girls and can be played like a phonograph record. The teachers and principal will not ever hear what is on the tapes and they will be only for my use. After the meetings are over the tapes will be stored away and not used again.

How do you feel about this kind of group meeting or any of the other things that I have mentioned?

The counseling sessions were subsequently recorded with the microphones placed in the center of the tables and recorders on the floor next to the counselors. The counseling sessions terminated promptly at the end of the hour.

Counseling Procedures

The group counseling covered 12 weeks and was essentially eclectic in nature. The initial stages were designed to be facilitative and the remaining phases devoted to a problem-oriented approach. Although the purpose of this study was not to measure intragroup counseling effects, the counseling procedures are discussed later in more detail.

During counseling it was necessary to provide for constant procedures between counselors. This was brought about specifically in the following ways.

- 1) Both counselors were professionally educated, experienced in school counseling, and had some knowledge

- of mental retardates and their functioning.
- 2) There was agreement between counselors, in conjunction with the project director, before the start of the experiment on desirable counseling procedures.
 - 3) There were three pilot group counseling sessions of one hour each conducted by the counselors with similar groups. These were tape recorded and critiqued by the project director and doctoral level consultant. There were two meetings of one hour each with the project director and an initial conference of one hour with the consultant during this training. Changes in style were suggested to provide constancy.
 - 4) There were tape recordings made of all counseling sessions which were reviewed in total by the project director and spot-checked by the consultant.
 - 5) All introductory and explanatory remarks detailed herein were offered verbatim by the counselors.
 - 6) There were comprehensive notes kept by the counselors on the content of all sessions including the non-verbal behavior of counselees.
 - 7) During the experiment the project director and counselors had 10 hours of conferences with the consultant.
 - 8) There were weekly meetings between counselors and

project director to determine similarity of movement, or lack of it, within each of the counseled groups.

These checks on counseling procedures and counseling movement resulted in a high degree of uniformity. The conclusion was reached that both counselors were operating within a similar framework.

The group counseling techniques employed were basically non-authoritarian in nature and composition during both the facilitative stages and problem-oriented phases. This was based on the premise that it was the pupils' hour and their concerns had to determine the final direction of the counseling. However, this is not to be interpreted as client-centered or non-directive in terms of technique but rather as a realization that pupils wish to explore their own concerns and not necessarily those of the counselor. Thus, the counselors in the experiment are catalysts in style.

At the start of the first counseling session the counselors opened as follows:

As you will recall from our conversations of last week we are starting today with some group meetings. You can see we have a small group here, only 7 boys and girls. It is smaller than a class and will be different from a class in every way. I am not going to tell you what to talk about like a teacher. You will be able to talk about anything you want and I will listen and comment from time to time.

The meetings will last for one hour and we will continue to have them once a week for 12 weeks. This will give us all a chance to know each other better. You should try to attend each meeting so that you won't miss anything. We will meet each Tuesday in this place at the same time.

Although you can say whatever you want we should remember that it is easier if one person talks at a time. Also we should talk to the whole group and not only to each other. You don't have to ask me for permission to speak.

We may find it hard to get started but remember you can talk about anything you wish. Why don't we start right now?

Facilitative stage

The facilitative, or initial, stage of the counseling procedures encompassed the first three meetings. These sessions had as their essence the communication of the counselors' acceptance, empathy and warmth. During this facilitative period the counselors avoided being directive or leading in making comments.

It was deemed necessary during the first two sessions to develop a level of language that the mentally retarded group members could understand, but as it turned out the counselors had to make relatively little vocabulary adjustment in order for the counselees to comprehend. Apparently the fact that these pupils had all been exposed to a variety of classroom and teacher experiences over the years made any major adjust-

ments unnecessary. Over this same period symbolic non-verbal communication was also observed very carefully for possible counseling implications. Such behavior was finger tapping, looking out the window, putting the head on the table, getting up to close the window, and so forth. The counselors used these behavioral reactions in the same way as the verbal communication of the group members.

The facilitative stage was unstructured and utilized the following kinds of counselor techniques to convey acceptance, empathy and warmth. Examples from the counseling sessions are as follows.

Non-structured lead. These were counselor responses which served to elicit further statements by the group members on some topic raised for discussion. The responses were executed in such a manner as to avoid limiting the nature of the discussion to any narrow content area:

You may want to tell the group more about that, so that they can get what you mean.

It was mentioned that your placement in special class makes you feel different. Do you want to carry that further?

Would you care to give me some idea about how the presence of the tape recorder bothers you.

Acceptance. These were responses in which the counselors indicated simple agreement, understanding or assent.

There was no suggestion of approval or disapproval:

M-hm.

Yes, I understand.

I see.

Reflection of feeling. These were counselor responses which mirrored the feeling tones behind statements made by group members. This was accomplished by reusing the same basic verbalizations used by the group members:

The group seems to feel that the teacher is just going through the motions and that she really doesn't care about you.

You feel that as things are going now, you will drop out of school when you reach age 16.

And the group members feel that the other boys and girls in the school make fun of them because they are in special class.

Clarification of ideas. These consisted of counselor responses which focused on the intellectual aspects of the verbalizations. The purpose was to reach the group members with words rather than with feelings. Along with the aforementioned counselor responses, this response was used for the first time in the third session as follows:

It seems to me that what you are saying is that the group finds themselves getting tired of constantly hearing that they are different.

That was a pretty upsetting experience for you, learning that you were going into a special class.

If I hear you right you are saying that you want your family to understand you better.

Problem-oriented phase

Starting with the fourth meeting there began a more structured approach with a problem-solving slant. In short, the counseling approach from this point of view was to use interview-type methods to work through problems encountered by one or more members of the group. Group members were urged, and assisted, to discuss freely thoughts and feelings associated with problems or situational aspects of personal, school, or family living which were perceived as troublesome to them. In addition, members were encouraged to help their fellow group members to view accurately the problems aired for discussion. As pointed out by Mahler and Caldwell (1964) group counseling is primarily for individuals, and that while a group climate does develop, the principal concern should be how the individual members are using the group for their own enhancement.

The mechanics of the structured group process were as follows: "(1) the counselor and the group agree on a task; (2) as discussion takes place, members of the group react in different ways to the ideas that are presented by others; (3) from time to time, someone attempts to criticize, clarify

or interpret the content of the discussion; (4) someone else takes issue with the criticism or interpretation; (5) further efforts are made to achieve a synthesis of ideas already presented, or to bring out new ideas." (Fullmer & Bernard, 1964, p. 185).

Segal (1967) has pointed out that educable mentally retarded adolescents have the same concerns as normal adolescents, hence, it was assumed that the counselees would be interested in such adolescent problem areas as adjustment to school, self-identity, family and peer relationships, heterosexual relationships, the future, and so forth. Therefore, in order to bring about a rapid exploration of these areas, rather than await their natural evolvment, it was decided to utilize appropriate stimulative techniques.

Although a completely verbal-style approach seemed adequate when dealing with such things as reflection and clarification of feelings, the exploration of more complex problems seemed to demand a structured approach, thus, the decision to use pictorial stimuli. The decision was made with the realization that mental retardates are typically more interested in the concrete, rather than the abstract.

The pictorial stimuli were selected cards from the

Thematic Apperception Test⁹ and the Symonds Picture-Story Test.¹⁰ The rationale for selecting pictures from these two projective tests to use as problem-oriented stimuli was largely a theoretical one although there is evidence that the cards have been used to hasten the psychotherapeutic process (Symonds, 1949; Bellak, 1954). Further, the Thematic Apperception Test has been used with mental retardates (Masserman & Balkan, 1938; Sarason, 1943; Bergman & Fisher, 1953). The Symonds Picture-Story Test, an outgrowth of the Thematic Apperception Test, became the primary vehicle because the cards are directed toward the specific problems of adolescents.

It was not the intent to use the cards, which are ambiguous in content, for traditional diagnostic or thematic analysis as is usually the case with projective materials. Rather, the purpose was to select some standardized pictures with established content value which would approximate the problem areas expected to be explored by the counselees. One card was presented during a counseling session and the order

⁹Reprinted with the permission of the publisher from Henry A. Murray's Thematic Apperception Test (Cambridge, Mass.: Harvard University Press), copyright 1943, President and Fellows of Harvard College.

¹⁰Reprinted with the permission of the publisher from Percival M. Symonds' Symonds Picture-Story Test (New York: Teachers College Press), copyright 1948, Teachers College, Columbia University.

of card presentation was as indicated.

- Session 4 - Thematic Apperception Test. Card 1.
(Appendix F)
- Session 5 - Thematic Apperception Test. Card 2.
(Appendix G)
- Session 6 - Symonds Picture-Story Test. Card A7.
(Appendix H)
- Session 7 - Symonds Picture-Story Test. Card A5.
(Appendix I)
- Session 8 - Symonds Picture-Story Test. Card B3.
(Appendix J)
- Session 9 - Symonds Picture-Story Test. Card A3.
(Appendix K)
- Session 10 - Symonds Picture-Story Test. Card A10.
(Appendix L)
- Session 11 - Symonds Picture-Story Test. Card A1.
(Appendix M)

The selection of the cards was arbitrary but based on logical content and sequence. Symonds (1949, p. 201), in discussing ambiguous pictures, states that "The themes that any picture typically draws forth are seen to be the obvious ones ↔ those which would naturally be expected." An examination of the selected cards reveals such readily apparent problem areas. Inasmuch as the cards were not used for diagnostic appraisal, no special training in projective methods was necessary for the counselors.

At the opening of the fourth session the counselors

remarked as follows:

We have been meeting for several weeks now. During this time we have talked about many things. As was indicated to you at the start, and as you now know, you can talk about anything you want during these meetings. With your permission, I would like to take a different approach today even though the same rule applies that you can talk about anything you like.

I am going to pass around a picture and let each of you look at it briefly. After all of you have had a chance to look at it, each of you may comment on it if you like. If you choose to comment on the picture, I would like you to think about it in connection with a story. That is, you may make up a short story about the picture. The story should have a beginning, middle and ending. You may want to be concerned with what the people are thinking or feeling. Each of you will probably have a different story because there is no right answer to the picture. You should still feel free to express your own opinions and thoughts.

Now, here is the picture. Look at it and pass it around. Remember, let everyone have a look at the picture before you make any comment.

After it had been passed around the counselors placed the card in the center of the table. It remained there for the entire session. After it appeared that the card's manifest content had been exhausted, which typically ranged from 10 to 15 minutes, the counselors continued as follows:

The picture may remind you of other things that are important to you. If it does, you may talk about them. The basic rule is still that you may talk about anything you want.

From the fifth through the eleventh sessions the counselors gave directions at the beginning of each session

as in the following way:

I am going to show you another card today. I will pass it around and you may comment on it if you like. If you comment on it, try to make up a story with a beginning, middle and ending. Don't make any comment until everyone has looked at it.

After the discussion of the card had finished, the counselors' follow-up comments used during the fourth session were repeated.

During these problem-oriented sessions it was the function of the counselors to utilize the stimulus value of the cards to guide the introduction of problem areas. In order to achieve this goal the counselors played a much more active role than in the facilitative stage. When a card was being discussed the counselors used the following counseling techniques. Examples of each of the techniques from the counseling sessions are included.

Questioning. These counselor responses were intended to pinpoint the problem area which had been introduced. However, at no time was the questioning authoritative or intimidating, as is illustrated:

In the picture you see a boy wondering whether he should play a violin. Do you mean he is going to make a choice?

You say this girl doesn't want to go to school. I take it that you mean that she doesn't like school.

In the picture the group sees the boy and girl as looking

at the crystal ball and wondering about the future. I wonder if the group could tell what they mean by the future.

Interpretation. These were responses in which the counselors indicated causal relationships or in which they interpreted feelings that had been expressed by group members. This is similar to the technique of clarification of ideas but is more diagnostic in nature:

Then what seems to be happening in the picture is how a girl gets along with her family.

Sometimes people are responsible for what happens to them according to your stories to this picture.

If I hear you correctly, and correct me if I'm wrong, the group wants to know if its all right to worry about the future.

In addition to these techniques there was also continued use of non-structured leads, acceptance, reflection of feelings and clarification of ideas, particularly after the card had been exhausted.

The counselors found that even after the card was figuratively laid aside, there was still a directional emphasis toward the thematic "pull" of the card. The counselors took advantage of this tendency by keeping discussion limited to the general problem areas that had been stimulated by the card presentation.

At the start of the eleventh session the counselees

were told that final termination would occur over the next two meetings. This was designed to enable the group members to deal with any termination anxiety.

With the twelfth, and final, session the counselors introduced the meetings as follows:

This is our last session. As you will recall, that when we started I told you we would be meeting for 12 weeks. Today, we have no picture to look at. You may talk about anything you want.

The purpose of the final session was to get the group members to confront the fact that this was the last meeting. The counselors made every effort to provoke verbalizations expressive of anger, resentment and fear over the termination:

The group feels angry with me because this is the last session.

Sometimes people get very upset when something is being taken away from them.

If I hear you right you are saying that you don't know what will happen to you when these meetings are over.

Through the program of counseling, movement and depth of involvement were observed in accordance with the levels suggested by Fullmer and Bernard (1964).

Level One - There was concern with broad general topics. There was talk about other people and general conditions.

Level Two - There was mention of specific situational

topics. Reference was made to specific situations but the group did not talk about themselves.

Level Three - There was reference to self or personal relationships. Personal feelings were explored.

Level Four - There was a focusing on interpersonal relationships. There was talk about the individual's role in regard to events that occur.

It was seen in both counseled groups that movement was made only through Level Four. For the purposes of this project, movement into Level Five (an exploration of deeply intimate material), was not considered necessary. In short-term counseling it was to be expected that a Level Five depth would not be achieved.

The eclectic group counseling practiced in this study would appear to be along the lines of the general recommendations made by Carkhuff (1966) in a review of counseling theory and practice. Advocating a kind of neo-eclecticism, Carkhuff first sees the counselor as providing facilitative conditions and then bringing to bear specialized techniques suitable to the situation and population. In this project the specialized technique was a problem-oriented approach to the group counseling of educable mentally retarded adolescents using ambiguous pictures as stimuli.

Assessment Techniques

Within the same week and two days after the termination of the experiment, the assessment instruments were administered or completed. The pupils were given the California Test of Personality, SCS-DAP, and The Children's Self Concept Scale on one day. The following day The Way I Feel About Myself and the Sociometric Test were administered. The instruments were administered by the teachers (2) in their own classrooms under the supposition that the pupils would be more likely to accept them as part of the regular school program. However, before test administrations took place the teachers received two separate briefings on the assessment procedures from the project director. At these briefings the tests were reviewed and the techniques of administration covered in depth. The teachers were instructed not to relate the testing to the group meetings.

Before administration of the instruments the teachers stated:

Today and tomorrow we will be doing some new things. So that a teacher can help boys and girls it is helpful to know as much about them as possible. To assist me with this I am going to have you answer some questions for me.

Some of these things may seem like tests but they have no right or wrong answers and will not affect your grades

or report card in any way. Therefore, you should do your best and try to be as truthful as you can.

Some of you may have trouble reading some of the instructions or questions, so I will read everything out loud twice. Those of you who can read the words can follow along with me. We will all work together. As we go along, if anyone has any questions about the meaning of a word, please raise your hand.

On the second day after termination the teachers also completed the Behavior Rating Scale for each pupil. Each teacher (2) filled out a scale for each one of the pupils. During the test briefings, the project director had trained the teachers in the use of the scale through a discussion of all items and their possible nuances.

The scoring of all assessment instruments, with the exception of the SCS-DAP, was handled by another school counselor not involved in the project. The SCS-DAP drawings were rated independently by three advanced clinical psychology graduate students. Before evaluating the assessment drawings each of the raters had an opportunity to score 6 representative drawings of adolescent mental retardates for practice purposes.

Research Design

The post-test control group design, with a different intervening treatment for the counseled groups, was used.

R X O₁

R O₂

As suggested by Campbell and Stanley (1963), this design was selected over the pre- and post-test design. Campbell and Stanley advise that randomization can provide for equalizing groups, without the pre-test, within the limits of confidence stated by tests of significance.

The equality of groups, because of the small sample, was verified by pre-test analysis. Although inspection appeared to indicate no apparent differences among treatment groups with respect to chronological age, mental age, and IQ, this was tested statistically through a one-way analysis of variance.

As a test of consistency among the raters of the SCS-DAP, the interjudge reliability was determined by the Kendall Coefficient of Concordance (W) and then tested for significance (Siegel, 1955).

$$\underline{W} = \frac{S}{\frac{1}{12} k^2 (N^3 - N)}$$

On all assessment measures it was possible to use parametric statistics. The parametric approach featured analysis of variance through a randomized two-factor design. The analysis of variance was chosen as the principal statistical technique in order to account for interaction effects.

For purposes of analysis of variance the research design permitted 4 separate treatment groups or cells. A model for the data matrix is as indicated in Table 2.

TABLE 2
DATA MATRIX FOR THE TWO-FACTOR DESIGN

		^b T	
		^c T ₁	^c T ₂
^a E ₁	^c S ₁	S ₈	
	·	·	
	·	·	
	^c S ₇	S ₁₄	
^a E ₂	S ₁₅	S ₂₂	
	·	·	
	·	·	
	^c S ₂₁	S ₂₈	

^aExperimenters (counselors)

^bTreatments

^cSubjects

The analysis of variance for the two-factor design with degrees of freedom (df) is summarized in Table 3.

TABLE 3

ANALYSIS OF VARIANCE FOR THE TWO-FACTOR DESIGN

Source of Variance	df	Sum of Squares	Mean Squares	F ratio
E	1			
T	1			
ET	1			
S/ET	24			
Total	27			

The statistical results were examined for significance at .05 or better. Statistical procedures were according to Myers (1966).

The data gathered under the experimental design are analyzed in Chapter V. Chapter IV will offer a descriptive analysis of group response to the non-counseling and counseling processes.

C H A P T E R I V

A DESCRIPTIVE ANALYSIS OF GROUP RESPONSE TO THE
NON-COUNSELING AND COUNSELING PROCESSES

This chapter presents a descriptive analysis of the responses of the treatment groups. The first section deals with the reaction of the non-counseled treatment groups and the second section details the response of the counseled treatment groups.

Non-Counseled Group Response

During the 12 non-counseling group meetings, 6 were concerned with written seatwork (Turner, 1967) and 6 to the viewing of filmstrips (Career/Vocational Guidance Sound Filmstrips, 1966). The first meeting was given over to the execution of written seatwork and the second meeting to filmstrip-viewing. Following this, on alternate weeks, there were either written seatwork assignments or the watching of filmstrips.

The content areas of the presentations were in the general realm of occupational and vocational information. This content was selected so as to give all treatment groups a

"guidance" atmosphere.

At the conclusion of each meeting the counselors gave the project director a complete verbal report of the events of that meeting.

At the start of each meeting the counselors would simply introduce the presentation of the day and then proceed to carry it out. No questions or discussion were encouraged.

The treatment group members completed their seatwork assignments or watched the filmstrips in a disciplined and uneventful fashion as ordered by the instructional nature of the setting. At the end of a meeting there were occasional remarks in both treatment groups as follows:

That was a good film. I enjoyed it a lot. It's good to know about those jobs.

It really helps to know how to make out an application blank. Some of those words are hard to read.

The only noteworthy occurrence happened during the sixth meeting in E₂T₂ when a group member inquired:

Why is it that we see films in here and the other kids are talking about things.

The counselor responded that in guidance activities pupils may do different things, at any given time, depending on the nature of the program. This served to answer the inquiry and it was not pursued further by the group member.

After this incident there was no expressed concern over the variable of the differences between treatment groups and the counselor felt that it was no longer an apparent critical issue. The issue did not occur in E₁T₂.

At the close of the last meeting the counselors thanked the group members for their interest and attention.

It appeared that the non-counseling program had met its objectives through the offering, and group member acceptance, of guidance-related information.

Counseled Group Response

Of the 12 group counseling sessions, the first three were designed to be facilitative; sessions 4 through 11 were problem-oriented with reference to pictorial stimuli; and session 12 was the termination meeting. An analysis of the tape recordings of each session, in combination with a review of each counselor's notations on each session, was made by the project director and the counselors.

During the facilitative stage both counselors established themselves with their respective counseling groups by attempting to convey to the group members a climate of acceptance, warmth, and empathy through non-judgmental and non-evaluative counselor behaviors. As described in Chapter III

the basic counselor responses during this stage were non-structured leads, acceptance responses, reflection of feeling comments, and clarification of ideas.

In the first session the members of both counseled groups were concerned about the presence of the tape recorders and whether the tapes would be reviewed by teachers and principal. The counselors accepted and reflected these feelings, and at the same time, pointed out that in the induction meetings it was stated that the recordings were to be confidential. Both treatment groups then focused on their feelings of being different and wanted to know why they had to be in special classes. In treatment group E₂T₁ it was expressed as follows:

The other kids move from class to class and we have to stay in the same room all the time. It's like we are different.

In treatment group E₁T₁ the feelings of difference and lack of acceptance were expressed more covertly as follows:

I don't know why negroes and whites can't get along better. Negroes are just as good as whites.

The second and third sessions continued the "being different" theme. This then changed to a discussion of authority figures and their purpose with specific references to teachers and policemen. At this point the groups appeared to be deciding whether the counselors were authority figures or

really different as they claimed. The counselors' intent and reactions were tested through a discussion of such things as smoking, teachers, and punishment. At this point the counselors pursued the issue of whether the counselees perceived the counselor as an authority figure. Toward the end of the third meeting it was agreed that some teachers (and by inference, counselors) are necessary. The ambivalence was stated by one of the group members in E1T1 in the following way.

You can't learn everything through books. Sometimes you have to learn through a teacher.

The first three sessions were completely Level One (concern with broad general topics) and Level Two (mention of specific situational topics) explorations. This was to be expected inasmuch as the purpose of the first three sessions was to enable the counselees to judge the security of the situation and the genuineness of the counselors.

The problem-oriented phase, commencing with the fourth session, saw the introduction of the pictorial stimuli. The initial reaction to the first card, Thematic Apperception Test (TAT), Card 1 (Appendix F), was silence and defensiveness. It appeared that the groups were resentful of losing the permissive atmosphere which characterized the facilitative stage.

The counselors pressed for comments on the picture, however, through reiteration of the introductory remarks and fragmentary stories began to emerge. This was illustrated in E₂T₁ as follows:

This is a boy who wants to play a violin and doesn't know how.

It looks like a boy who is being forced to play a violin. He doesn't want to.

There was a tendency for the stories to be mainly concretely descriptive rather than abstractly integrative as might be expected with mental retardates (Sarason, 1943), but the picture seemed to serve its purpose, namely, the introduction of a problem area. The card elicited, in both counseled groups, a focus on achievement and family themes and the counselors utilized these as problem areas. Even after the card was abandoned, that is, no longer specifically referred to, there was a continuing reference to children and their relationship to parents.

Session 5 saw a more responsive approach to the picture, TAT Card 2 (Appendix G), which suggested acceptance of the change in procedure. All group members commented on the card with a minimal amount of urging. The stories stimulated by the picture were related to family-home relationships and school. Both treatment groups related these themes, toward

the end of the session, to reaching of age and independence.

The sixth meeting used the Symonds Picture-Story Test (Symonds), Card A7 (Appendix H), as the pictorial stimulus. The stories again focused on the areas of home and school but through the introduction of an authority figure. Excerpts from the stories in E₁T₁ and E₂T₁ follow:

That looks like a teacher scolding a boy, but he didn't do nothing.

A grandmother talking to a young kid and the kid is listening. He wants to find out what she is bothered about.

After the card was put aside treatment group E₁T₁ discussed the difference between a teacher and a counselor, and after much group interaction, it was decided that a counselor was somehow different from a teacher. In E₂T₁, toward the end of the session, there were comments about the future and work in relation to a parental figure. An example follows:

The only kind of real work is when you get your hands dirty. Then you know you're doing something, like my father.

Session 7 saw the use of Symonds Card A5 (Appendix I). Although there was a passing reference to the girl in relation to school, the primary problem area uncovered was that of heterosexual relationships such as reported in E₂T₁:

The girl is wondering about her boyfriend. She thinks he might not take her to the dance.

After the card was laid aside, two female members of treatment group E₁T₁ brought in a Level Three (reference to self with personal feelings being explored) concern. This was the first clear-cut Level Three exploration up to this point. The girls mentioned how they felt nervous when placed in new situations that were difficult to handle. This was expressed as follows:

Last summer when I had a job I was very nervous most of the time.

The counselor followed this up with questioning and interpretation responses in an effort to have the group discuss why and how people get tense and anxious.

In session 8 peer relationships were introduced through Symonds Card B3 (Appendix J). The impact of the card dealt with the influence of the sinister-looking boy over the fair-haired figure. There was some confusion in treatment group E₂T₁ over the sex of the fair-haired figure. Some of the group members saw the figure as female. During this session, E₂T₁ brought in their first Level Three remarks. The phenomenon of group solidarity was demonstrated in E₂T₁ when it was felt that one member was dominating the discussion with irrelevant comments. It was stated as follows:

Neil talks too much. Why can't he talk about the things that we are interested in.

Session 9 introduced what proved to be the most pro-

vocative picture, Symonds Card A3 (Appendix K), of the series. Although the card deals ostensibly with boy-girl relationships, the obvious suggestion of pregnancy in the seated female figure was picked up by both groups. In E₂T₁ the very first comment focused on this issue:

It looks like the girl is going to have a baby. She is reading to see how to take care of it.

The possibility of a suspected pregnancy was not accepted by all members. With approximately one half of the members of both treatment groups, there was much denial and outward rejection of the possibility. During this session both counselors proved to be the most active of any time during the counseling program, using all the counselor responses described in Chapter III, to assist all group members to accept what had been proposed as the apparent content of the card. As the session progressed it was admitted that this specific content was anxiety-producing and embarrassing. One female member in E₂T₁ expressed it in the following way:

Things like this shouldn't be discussed with other kids. Some things just shouldn't be talked about.

Through acceptance, reflection of feeling and clarification of ideas the counselors were able to convey to the group members that they should feel free to talk about anything that was of interest and concern to them. Both counselors agreed

that this was the session that produced the most interaction and feeling tone.

In session 10 the stimulus of the picture, Symonds Card A10 (Appendix L), was clearly that of the future. The members in both counseled groups related the card to various aspects of the future, that is, jobs, school, and marriage. Both groups reached a Level Four depth (focusing on interpersonal relationships and concern with the individual's role in events that occur). This was expressed in E₁T₁ and E₂T₁ as follows:

Whether people treat you badly probably depends on how you think about them.

I don't want to know about the future right now. What the future is you don't know, but it's a lot what you do.

The concern about the future brought out many Level Three references among the majority of the members of both groups. The counselors used these concerns to relate the problem area to feelings of self-identity.

With session 11 it was announced that there were only two meetings left. The introduction of the stimulus, Symonds Card A1 (Appendix M), appeared to intensify feelings of loneliness and rejection engendered by the announcement that the counseling sessions were coming to an end. There were stories relating to being left alone and a death in the family, seem-

ingly symbolic of losing counselor support. Such an example follows from E_2T_1 :

This boy is all alone in the city. He is on his own and must find a job and things like that.

About midway through the session the groups seemed to "fall apart," with a loss of the cohesiveness which had been developing over the course of the counseling sessions. The counselors sought to associate this confusion with the impending loss of the counseling relationship, but the groups chose to deny the possibility.

The twelfth, and final session, had no stimulus card. The objective of the termination meeting was to promote an overt recognition that this was the final session. In approach to the session treatment group E_1T_2 proved excitable and fidgety, while E_1T_1 was reserved and reticent. This handling of the anxiety-producing elements of the last session seemed to accent the difference in maturity levels of the groups. Over the course of the counseling program E_1T_1 always seemed more mature in discussion and handling of problems than E_2T_1 . Treatment group E_2T_1 found it more difficult to deal with termination. They returned to the earlier theme of being different. It appeared that they related the rejection of termination to their being different. An illustrative comment

was as follows:

The rest of the school laughs at us because we are in special class. They don't like us.

With E₂T₁ there was a continuing reluctance to approach a discussion of the meaning and significance of the last session despite the fact that fear and resentment were obviously present. However, at the close of the session the counselor was able to assist the group members to see, largely through interpretive responses, that they were actually afraid to face the end of the sessions. E₁T₁, on the other hand, approached the effect of the final session in a direct fashion. Treatment group members expressed much initial anger directed mostly at each other, as well as toward themselves, but it became relatively easy for the counselor to deal with the real reason for the anger. In response to this, the group members in E₁T₁ were outspoken in their fear over the termination of the relationship. It was stated by one of the group members in the following way:

Yes. We like these meetings. When they end we don't know who will listen to us or care about us.

At the end of both group sessions it was pointed out to the counselees that the services of the school's guidance office were always available to all pupils in the school. Both counselors were of the opinion that termination was handled

satisfactorily in their respective groups.

In summary, it appeared that the group counseling program had been successful in meeting the stated counseling objectives. Initially, the counseled groups had accepted the counseling sessions and their role within this framework. From this base the group members were willing to discuss a variety of problem areas as related to pictorial stimuli. The pictures selected for presentation appeared to be appropriate for identification purposes. Although the emphasis during counseling was on group interaction the impact on individual members was evident. Over the course of counseling, as the group cohered, quiet pupils became more active and active pupils more quiet. Some counselees manifested a reduction in tension and others showed increased tension. That is, individual members appeared to change each according to his own needs. During the last 5 sessions personal feelings (Level Three) were readily explored. For example, counselees in both counseled groups felt free to express appropriate feelings of anger. As group membership deepened, individuals showed more respect and concern for each other. As an example of this, an absence from a meeting was always mentioned. Socialization and interpersonal relationships seemed at a higher level at the close of counseling

than was apparent during the initial meeting. This was evidenced by talking to each other, rather than to the counselors.

The decision to use both unstructured and structured procedures in a planned way appeared to produce the predicted effects. Further, the use of the ambiguous stimulus cards seemed to bridge the gap between the unstructured and structured periods. Qualitatively, the eclectic style in group counseling, using a facilitative stage and a problem-oriented phase, appeared to be a suitable approach for use with educable mentally retarded adolescents.

Chapter V presents a statistical analysis of the experimental results.

C H A P T E R V

RESULTS

The preceding chapters have described the nature of the problem, reviewed the related literature, set forth the research methodology, and detailed the group response to the treatment processes. The purpose of this chapter is to present the analyses of the data. Chapter VI carries an interpretation of the results.

Before the assessment results were examined the equality of the treatment groups were tested. Accordingly, the 4 treatment groups were analyzed statistically through a one-way analysis of variance. The results from the analyses of variance for chronological age, mental age, and IQ are presented respectively in Tables 4, 5, and 6.

TABLE 4

ANALYSIS OF VARIANCE FOR CHRONOLOGICAL AGE

Source of Variance	df	ss	Ms	F
Between Groups	3	0.3992	0.1331	0.122
Within Groups	24	26.1299	1.0887	
Total	27	26.5291		

TABLE 5
ANALYSIS OF VARIANCE FOR MENTAL AGE

Source of Variance	df	ss	Ms	F
Between Groups	3	0.4306	0.1435	0.087
Within Groups	24	39.7111	1.6546	
Total	27	40.1417		

TABLE 6
ANALYSIS OF VARIANCE FOR IQ

Source of Variance	df	ss	Ms	F
Between Groups	3	39.2500	13.0833	0.228
Within Groups	24	1377.7143	57.4048	
Total	27	1416.9643		

The F value at the .05 level for 3 and 24 degrees of freedom is equal to 3.01. As can be seen in Tables 4, 5, and 6 the obtained F 's do not attain the .05 level of significance. It was concluded on the basis of these results that the counseled and non-counseled treatment groups were comparable as regards chronological age, mental age and IQ.

The research design featured a post-experiment assessment of dependent variables inasmuch as randomization had

reduced the need for a pre-experiment measurement. Therefore, following the completion of the experiment, which was detailed in Chapter III, a variety of assessment instruments were administered and scored. The means and standard deviations for these assessment instruments are reported separately before each two-way analysis of variance. The counseled groups were E_1T_1 and E_2T_1 ; the non-counseled groups were E_1T_2 and E_2T_2 .

In an approach to the question of the outcomes of group counseling with educable mentally retarded adolescents in a public school setting, various hypotheses were stated. These hypotheses were tested with a two-way analysis of variance from the data obtained from the assessment instruments.

In the sphere of classroom behavior as observed by the teachers it was assumed that mentally retarded adolescents who had been exposed to counseling would demonstrate improved behavior as perceived by their teachers. This was stated as follows:

Hypothesis 1. Counseled group members, in contrast to non-counseled group members, will exhibit significantly more adjustment as seen in teacher ratings on a behavior scale.

Through the use of the Behavior Rating Scale (Appendix A) total scores were obtained for each pupil from each teacher (2) and the results combined. Through a one-way

analysis of variance it was revealed that the teachers were not significantly different in their individual ratings and that the results could be combined in this way. On this instrument the range of possible scores extended from 0 to 72 while the actual range was 18 to 67.

A comparison of items on the Behavior Rating Scale between counseled and non-counseled treatment groups is shown in Table 7. A one-way analysis of variance for each item revealed that the items of Self-Confidence, Responsiveness to Educational Techniques, Verbal Aggressiveness and Manageableness were all statistically significant at the .05 level. This was based on 1 and 26 df where the F value at the .05 level is equal to 4.22.

The means and standard deviations for the total scores are presented in Table 8, and when analysis of variance was applied to the data, the results were as indicated in Table 9.

It was found that the experimenter-counselor (E) effect and interaction between experimenter and treatment (ET) were not statistically significant while the treatment (T) effect with an obtained F statistic of 5.935 was significant at the .05 level of probability. Since the computed F exceeded the critical value of 4.26, required for significance at the .05 level, it was concluded that the treatment populations means differed. Further, it seemed that the source of dif-

TABLE 7
 COMPARISON OF ITEMS FOR DISCRIMINATING VALUE
 ON THE BEHAVIOR RATING SCALE

Item	Counseled	Non-counseled	F
Attention	M 3.00 (s 1.41)	M 2.29 (s 1.44)	1.756
Social Confidence	M 3.14 (s 1.41)	M 2.71 (s 1.20)	0.750
Self-Confidence	M 3.21 (s 1.12)	M 2.14 (s 1.10)	6.515*
Self-Help	M 3.14 (s 1.56)	M 2.64 (s 1.50)	0.747
Responsiveness To Educational Techniques	M 3.64 (s 1.28)	M 2.50 (s 1.60)	6.140*
Non-Verbal	M 4.00 (s 1.11)	M 3.43 (s 1.28)	1.588
Verbal Aggressiveness	M 3.50 (s 1.45)	M 2.43 (s 1.16)	4.650*
Honesty	M 3.86 (s 1.46)	M 3.21 (s 1.63)	1.212
Manageableness	M 4.57 (s 1.02)	M 3.71 (s 1.14)	4.415*
Relationship With Other Students	M 3.14 (s 1.56)	M 2.57 (s 0.94)	1.378
Relationship With Teacher	M 3.64 (s 1.39)	M 3.00 (s 1.41)	1.469
Self Control	M 4.00 (s 1.04)	M 3.29 (s 1.59)	1.982

* $p < .05$.

TABLE 8
 MEANS AND STANDARD DEVIATIONS FOR TREATMENT
 GROUPS ON THE BEHAVIOR RATING SCALE

		Treatments		
		T ₁	T ₂	
Experimenters	E ₁	M 44.14 (s 12.81)	M 33.43 (s 10.69)	38.79
	E ₂	M 42.14 (s 8.45)	M 33.14 (s 10.62)	37.64
		43.14	33.29*	

*p < .05.

TABLE 9
 ANALYSIS OF VARIANCE FOR THE
BEHAVIOR RATING SCALE

Source of Variance	df	ss	Ms	F
E (Experimenters or Counselors)	1	9.1429	9.1429	0.079
T (Treatments)	1	680.1429	680.1429	5.935*
ET (Experimenters by Treatments)	1	5.1429	5.1429	0.045
S/ET (Subjects within experimenters by treatments)	24	2750.2857	114.5952	
Total	27	3444.7144		

*p < .05.

ference appeared more related to the treatment effect than to the experimenters-counselors or their interaction with the groups. On the basis of the statistical analyses it was concluded that the hypothesis should not be rejected in this case.

It was also assumed that educable mentally retarded adolescents who had the prescribed counseling would show in self-evaluation better personal-social adjustment than their non-counseled counterparts. The second hypothesis was stated in the following way:

Hypothesis 2. Counseled group members, in contrast to non-counseled group members, will show significantly higher scores on a standardized personality inventory.

This hypothesis was tested through total scores on the California Test of Personality, Elementary (1963). The range of possible total scores on this assessment instrument was from 0 to 144 with the actual scores ranging from 63 to 120.

Through the use of analysis of variance, the results were treated statistically as reported in Table 11. The means and standard deviations for the treatment combination groups are shown in Table 10.

As indicated by the summary table the F ratio for treatments attained the .05 level and the hypothesis was not rejected. It can also be seen that the counselor and inter-

TABLE 10

MEANS AND STANDARD DEVIATIONS FOR TREATMENT GROUPS ON THE
CALIFORNIA TEST OF PERSONALITY

		Treatments		
		T ₁	T ₂	
Experimenters	E ₁	M 92.57 (s 14.91)	M 78.43 (s 9.27)	85.50
	E ₂	M 92.86 (s 22.62)	M 79.29 (s 12.19)	86.07
		92.71	78.86*	

* $p < .05$.

TABLE 11

ANALYSIS OF VARIANCE FOR THE CALIFORNIA
TEST OF PERSONALITY

Source of Variance	df	ss	Ms	F
E	1	2.2857	2.2857	0.009
T	1	1344.1429	1344.1429	5.551*
ET	1	0.5714	0.5714	0.002
S/ET	24	5811.7143	242.1548	
Total	27	7158.7143		

* $p < .05$.

action effects were well below the requisite levels necessary to attain significance.

It was postulated that pupils who had the benefit of counseling would evidence an improvement in self-concept to a greater extent than those who had no-counseling. The dimensions of self-concept were assessed through objective and projective measurements. The objective measurements were tested through Hypotheses 3 and 4. The third hypothesis was as follows:

Hypothesis 3. Counseled group members, in contrast to non-counseled group members, will reveal a significantly more positive self-concept of themselves as measured by a self-rating inventory.

The testing of this hypothesis was implemented through the use of the measure, The Way I Feel About Myself (Appendix B). The instrument has a potential range of scores from 0 to 80, with the actual range on this experiment from 23 to 75.

The means and standard deviations for the treatment groups are presented in Table 12. Treatment of the data by analysis of variance is summarized in Table 13.

Treatment of the data by analysis of variance, as seen in Table 13, disclosed no significant differences between treatment groups and, as such, H_3 could not be supported at the .05 level of probability and the hypothesis

TABLE 12

MEANS AND STANDARD DEVIATIONS FOR TREATMENT GROUPS ON
THE WAY I FEEL ABOUT MYSELF

		Treatments		
		T ₁	T ₂	
Experimenters	E ₁	M 50.29 (s 19.18)	M 49.14 (s 13.48)	49.71
	E ₂	M 50.71 (s 12.38)	M 49.00 (s 12.41)	49.86
		50.50	49.07	

TABLE 13

ANALYSIS OF VARIANCE FOR THE
WAY I FEEL ABOUT MYSELF

Source of Variance	df	ss	Ms	F
E	1	0.1429	0.1429	0.0006
T	1	14.2857	14.2857	0.067
ET	1	0.5714	0.5714	0.003
S/ET	24	5141.7143	214.2381	
Total	27	5156.7143		

was not accepted. In addition, experimenter-counselor and interaction effects revealed no significant differences.

Another approach to the objective assessment of self-concept was seen in Hypothesis 4. It was stated as follows:

Hypothesis 4. Counseled group members, in contrast to non-counseled group members, will show a significantly more positive self-concept of themselves through self-ratings on a trait-adjective scale.

This hypothesis was assayed through the assessment tool, The Children's Self Concept Scale (Appendix C). On this scale the possible range of scores was 5 to 110. The actual distribution was 54 to 102.

The means and standard deviations for the data are shown in Table 14. The analysis of variance for the data is given in the summary table in Table 15.

Although treatment population means showed a trend toward differences with a F statistic of 1.552, it was not statistically significant and the hypothesis was not accepted. As summarized in Table 14, neither differences between experimenters-counselors nor interactions between experimenters and treatments proved to be significant.

The projective assessment of self-concept was made through the use of the SCS-DAP (Appendix D). As the ratings

TABLE 14
 MEANS AND STANDARD DEVIATIONS FOR TREATMENT GROUPS ON
THE CHILDREN'S SELF CONCEPT SCALE

		Treatments		
		T ₁	T ₂	
Experimenters	E ₁	M 78.57 (s 9.76)	M 72.57 (s 9.64)	75.57
	E ₂	M 77.86 (s 9.19)	M 74.57 (s 10.78)	76.21
		78.21	73.57	

TABLE 15
 ANALYSIS OF VARIANCE FOR THE CHILDREN'S
SELF CONCEPT SCALE

Source of Variance	df	ss	Ms	F
E	1	2.8929	2.8929	0.030
T	1	150.8929	150.8929	1.552
ET	1	12.8929	12.8929	0.133
S/ET	24	2334.0000	97.2500	
Total	27	2500.6787		

of the figure drawings were done by independent raters it was first necessary to establish interrater reliability. This was accomplished through the use of Kendall's Coefficient of Concordance (Siegel, 1955). The resultant coefficient, $W=.819$, indicated a high degree of interrater reliability. When tested for statistical significance, $\chi^2 > 66.34$, proved statistically significant at beyond the .001 level of confidence. It was therefore concluded that the raters were using similar criteria.

Hypothesis 5. Counseled group members, in contrast to non-counseled group members, will demonstrate a significantly more positive self-concept of themselves as reflected in composite scores on a variation of the Draw-A-Person test.

On the variation of the Draw-A-Person test, the SCS-DAP, the possible score range was 9 to 45 and the actual range for averaged scores was 17.67 to 34.00.

For this test the means and standard deviations are presented in Table 16 and the analysis of variance in Table 17.

As seen in Table 16, the hypothesis was not accepted when analysis of variance failed to disclose significant differences between the treatment groups at the .05 level. In addition, the experimenter-counselor and interaction effects failed to demonstrate significance.

It was further assumed that those treatment group

TABLE 16

MEANS AND STANDARD DEVIATIONS FOR THE SCS-DAP

		Treatments		
		T ₁	T ₂	
Experimenters	E ₁	M 26.05 (s 4.76)	M 26.00 (s 4.92)	26.03
	E ₂	M 24.67 (s 5.12)	M 25.24 (s 5.23)	24.96
		25.36	25.62	

TABLE 17

ANALYSIS OF VARIANCE FOR THE SCS-DAP

Source of Variance	df	ss	Ms	F
E	1	8.0464	8.0464	0.320
T	1	0.4810	0.4810	0.019
ET	1	0.6696	0.6696	0.026
S/ET	24	602.8701	25.1170	
Total	27	612.0671		

members who were exposed to counseling would indicate a numerical gain sociometrically and, therefore, show improvement in interpersonal relationships. This was measured through choices received and mutuality of choices on a Sociometric Test (Appendix E).

Hypothesis 6. Counseled group members, in contrast to non-counseled group members, will show a significant positive difference in terms of choices received on a sociometric test.

On this dependent variable the combined scores on the three criteria, that is, sitting, working and playing preferences, were statistically treated. The actual distribution of scores ranged from 3 to 35.

The means and standard deviations for the treatment groups are shown in Table 18. The results of the analysis of variance can be found in Table 19.

The F value for treatments was 1.059 and while this was in the direction of significance, it failed at the .05 level and the hypothesis was not accepted. Experimenter-counselor and interaction effects were also not significant.

Hypothesis 7. Counseled group members, in contrast to non-counseled group members, will show a significant positive difference in terms of mutual choices on a sociometric test.

On this dependent variable the combined scores ranged from 1 to 9. The means and standard deviations can be found

TABLE 18

MEANS AND STANDARD DEVIATIONS FOR CHOICES RECEIVED,
SOCIOMETRIC TEST

		Treatments		
		T ₁	T ₂	
Experimenters	E ₁	M 16.00 (s 4.87)	M 14.00 (s 7.64)	15.00
	E ₂	M 16.71 (s 8.71)	M 13.29 (s 6.08)	15.00
		16.36	13.64	

TABLE 19

ANALYSIS OF VARIANCE FOR CHOICES RECEIVED,
SOCIOMETRIC TEST

Source of Variance	df	ss	Ms	F
E	1	0.0000	0.0000	0.000 ^a
T	1	51.5714	51.5714	1.059
ET	1	3.5714	3.5714	0.073
S/ET	24	1168.8571	48.7024	
Total	27	1223.9999		

^aThe unusual F value was rechecked both with regard to the raw data and in the statistical computations. No error was found and it was concluded that the value was due to the nature of the sociometric scores.

in Table 20.

TABLE 20
MEANS AND STANDARD DEVIATIONS FOR MUTUAL CHOICES,
SOCIOMETRIC TEST

		Treatments		
		T ₁	T ₂	
Experimenters	E ₁	M 6.29 (s 0.95)	M 4.29 (s 2.21)	5.29
	E ₂	M 5.71 (s 2.75)	M 3.71 (s 3.04)	4.71
		6.00	4.00*	

* $p < .05$.

The summary of the analysis of variance is reported in Table 21. The F ratio for treatment effect was significant beyond the .05 level and the hypothesis was not rejected in this instance. Therefore, the hypothesis that counseled group members would show more mutual choices than non-counseled group members was supported. The other main effect (E) and the interaction effect (ET) were well below the level required for statistical significance.

TABLE 21
 ANALYSIS OF VARIANCE FOR MUTUAL CHOICES,
SOCIOMETRIC TEST

Source of Variance	df	ss	Ms	F
E	1	2.2857	2.2857	0.405
T	1	28.0000	28.0000	4.952*
ET	1	0.0000	0.0000	0.000 ^a
S/ET	24	135.7143	5.6548	
Total	27	166.0000		

^aThe unusual F value was rechecked both with regard to the raw data and in the statistical computations. No error was found and it was concluded that the value was due to the nature of the sociometric scores.

*p < .05.

In the final chapter that follows next there is offered a discussion of the experiment and conclusions.

C H A P T E R V I
DISCUSSION AND CONCLUSIONS

The study that has been described was designed to evaluate the outcomes of group counseling with educable mentally retarded adolescents in a public school setting, primarily by obtaining statistical significance on scores from a variety of assessment instruments as an indicator of effectiveness, but also through a descriptive analysis of the counseling process. In this chapter there is offered an interpretation of the results, limitations of the study, and implications for practice. In the final section are concluding statements and recommendations for further research.

Discussion

The average attendance at the 12 meetings for the 14 counseled subjects was 11.24 and for the 14 non-counseled subjects was 11.18. Thus, attendance for all treatment groups was approximately equal. It may be inferred that the treatment experiences, whether counseling or no-counseling, were not rejected as indicated by attendance. It would appear that

the effect of this variable was minimized and, therefore, not a crucial factor to be considered.

Interpretation of the results

The quantitative results indicated that the effectiveness of group counseling with educable mentally retarded adolescents in a public school setting can be demonstrated with certain assessment instruments under experimental conditions. Further, in relating the counseling process to the quantitative findings it would seem that the problem-oriented approach had more impact on overt classroom behavior, personal-social adjustment, and interpersonal relationships than on self-concept.

One may speculate on the reasons for significance on the Behavior Rating Scale and the California Test of Personality, Elementary and infer that the kind of symptomatic behavior that is tapped by these dependent variables was related in some way to the content of the problem-oriented counseling as practiced in this experiment. Also, it might be inferred that the levels of counseling achieved, that is, Levels One through Four, were more effective in dealing with the more superficial aspects of personality functioning, such as were tended to be assessed by these dependent variables. Statis-

tical significance on the Behavior Rating Scale was in the direction of correspondence with Mann's (1967) finding of significance at the .05 level with respect to the dependent variable of conduct in the classroom for preadolescent mental retardates.

Item comparisons on the Behavior Rating Scale revealed no particular statistical pattern that could be interpreted in a meaningful way. It would seem that the instrument is of most value as a total measure of overt behavior.

In terms of interpersonal relationships it appeared that the most potent indicator for degree of socialization achieved after group counseling was that of mutuality of choice. While the F statistic for choices received was in the direction of significance, statistical significance was obtained only on mutual choices. Apparently the mechanism regulating mutual choices was most affected by the dynamics of group counseling. In general, the sociometric approach to the assessment of interpersonal relationships with educable mentally retarded adolescents seemed to be highly efficient and was well received by the subjects in the study.

It would do well to consider why the several self-concept measures were unable to show a treatment difference.

The general failure in obtaining statistical significance with regard to self-concept dependent variables may be related to a variety of factors. First, if the self-concept of educable adolescent mental retardates can be modified through group counseling, it may be possible only through a Level Five experience, that is, a discussion of deeply intimate material. Secondly, the nature of the construct, self-concept, is not well delineated and therefore difficult to measure directly with assessment instruments. Thirdly, the projective measure, the SCS-DAP, although showing much promise as possibly the best approach to the assessment of self-concept with adolescent mental retardates because of the absence of social expectancy pressures, needs more work with regard to the nature of the scoring criteria. Fourthly, the objective self-concept measures appear to require more validity and reliability studies with respect to the kind of experiment undertaken in this study.

Although The Children's Self Concept Scale proved to be the most sensitive of the self-concept measures its failure in showing statistically significant differences between treatment groups appeared to be at variance with Mann (1967). The discrepancy found with reference to the use of the assessment instrument may be attributed, in part, to two factors in

Mann's study, that is, (1) the presence of pre- and post-testing which may have been more attuned to the measurement of individual differences in self-concept, and (2) the use of preadolescent subjects, all of whom were boys.

It may be possible to assess changes in self-concept with educable mentally retarded adolescents following group counseling, however, it was not demonstrated in this study through the use of the prescribed measurements.

The advantages of controlled research procedures in counseling experiments seem well illustrated in this study. Although two counselors were used among 4 treatment groups, the quantitative findings indicated that when change did occur with respect to the dependent variables the change was more attributable to a treatment (T) effect and was not a function of the experimenter-counselor (E) or of an interaction between counselor and treatments (ET).

The experimenter or counselor effect did not prove to be statistically significant in any of the analyses of variance. In fact, all of the E effects were well below significance level. This would seem to suggest that the counseling procedures were uniform between both groups and that any changes seen on a dependent variable was not attributable to particular counselor presence in any of the treatment groups.

Interaction effects also failed to reach levels of statistical significance. On the basis of Rosenthal's (1966) work, one might have expected to see more interaction, even with the safeguards of constant procedures and rigid counselor training. If one seeks to explain this lack of interaction, attention is directed to the nature of the assessment instruments used in this study which tended to view behavior in a global way. In such a broad approach to behavioral study there is less chance of interaction than in a more circumscribed tactic. Also, while different styles of counseling groups may have induced more interaction, the dichotomy of counseling as opposed to no-counseling, as seen in this experiment, tended to cancel out any interactive effect. However, this is not to say that in another similar experiment, that interaction would not occur.

Limitations of the study

Although careful efforts were made to provide refined methods, procedures, and research design there were certain built-in obstructions which tended to delimit the study.

The most obvious was the small N which hinders the generalizations and inferences that can be drawn. However, with this kind of special population, in a single school

setting, it will be always difficult to get more representation. The fact that this sample consisted of the total in-school educable mentally retarded adolescent population of the community tended to mediate this drawback.

With regard to the composition of groups, an analysis of the tape recordings of both counseled groups suggested that one, E_1T_1 , had more maturity in dealing with problem situations than E_2T_1 . Also, E_2T_1 had two members who were speech handicapped. Therefore, with such a small N , a matching procedure producing related groups might have resulted in better balanced groups than a randomized assignment and independent treatment groups.

Another limitation was the absence of true control groups as a check against placebo effects. The non-counseled groups used in this study were actually placebo groups in that different kinds of experiences were offered to these pupils. The decision to use placebo groups rather than true control groups was based on the realization that with a small N the intent of the experimental design would best be served by concentrating on offsetting any Hawthorne-like effect resulting from exposure to new experiences for the counseled groups. Furthermore, it seemed necessary to proceed in this way to camouflage the experimental plan.

Another limiting factor was that the subjects in the study were not voluntary candidates for counseling and perhaps did not have enough stress or anxiety to benefit from the counseling experience. However, with a mentally retarded population it might be argued that this would be a negligible shortcoming inasmuch as it is generally felt that mentally retarded adolescents, almost without exception, have handicapping social and self-adjustment problems and are desperately in need of mental hygiene experiences (Garfunkel, 1964).

A further limitation might have been the length of group counseling. Although the related literature did not support long-term over short-term counseling it is possible that more important changes might have been in process at the end of this period which could have been discovered later and worked through by more prolonged exposure.

The most cumbersome limitation was the lack of enough specific research studies with mentally retarded adolescents in public school settings to use as a frame of reference and a point of departure. Thus, it was necessary to generalize methods, procedures and research design relative to this study from poorly designed, executed, and reported investigations in clinical and institutional settings. Although providing some assistance, the deficiencies of the investigations im-

posed a variety of basic research problems.

Implications for practice

This study indicated that group counseling with educable mentally retarded adolescents in a public school setting can differentiate outcomes under certain counseling conditions and assessed by certain measuring instruments. The experiment produced results which showed that what has been demonstrated in institutions and clinics for the mentally retarded can also be duplicated in a public school setting.

The results yield evidence that suggests that behavioral changes can be brought about through a program of group counseling. Although behavioral changes have been seen with regard to improved personal-social adjustment and improved interpersonal relationships, it was most dramatically evidenced through teacher observations and ratings. Therefore, if one of the goals of the public schools is to promote environment-adjusted behavior it appears that this may be assisted through a program of group counseling.

On an organizational basis there seems little question that group counseling experiences should be extended to the educable mentally retarded adolescents who have been accorded the privileges of special class placement. This population

should be scheduled for this service at least as often as non-retardates.

The topic of appropriate school counselor training needed to work with this population should be considered. Although complete professional preparation in school counseling with some orientation to group procedures is probably sufficient, some specialized training or reading in the area of mental retardation might be beneficial. However, it was the opinion of all involved in the project that major counselor adaptations are not necessary in order to deal with educable mentally retarded adolescents in a group counseling context within a public school setting.

The verbal participation and degree of problem-involvement reached by the counseled groups suggests that what are regarded as "garden-variety," familial, or educable mentally retarded adolescents may, in fact, be essentially culturally or psycho-socially handicapped as pointed out by Gladwin (Sarason, 1959). This handicap tends to manifest itself as mental retardation in an academic school setting, but in a counseling situation this handicap was much less evident. Certainly, the labeling process, as dictated by measured IQ, has failed to take into consideration the broad spectrum of abilities and resources which were demonstrated

by group members during the group counseling sessions.

Conclusions

The testing of the hypotheses, through a statistical analysis of the quantitative findings, warranted the following conclusions.

- A. The hypothesis, H_1 , that counseled groups members, in contrast to non-counseled group members, would exhibit significantly improved classroom adjustment on the Behavior Rating Scale, as observed and rated by the classroom teachers, was supported and the null hypothesis was rejected at beyond the .05 level. Therefore it would appear that group counseling with respect to this dependent variable was effective.
- B. The hypothesis, H_2 , that the counseled group members, in contrast to non-counseled group members, would show significantly higher personal-social adjustment through scores on the California Test of Personality, Elementary, was also supported and the null hypothesis was again rejected at the .05 level. It would seem that group counseling with regard to this dependent variable was also effective.
- C. The hypothesis, H_3 , that the counseled group members,

- in contrast to non-counseled group members, would reveal a significantly more positive self-concept of themselves through The Way I Feel About Myself, was not rejected at the .05 level and the hypothesis could not be supported for this dependent variable.
- D. The hypothesis, H_4 , that the counseled group members, in contrast to non-counseled group members, would show a significantly more positive self-concept of themselves on The Children's Self Concept Scale, could not be supported. The null hypothesis was not rejected at the .05 level despite the fact that there was a trend toward significance on this dependent variable.
- E. The hypothesis, H_5 , that counseled group members, in contrast to non-counseled group members, would demonstrate a significantly more positive self-concept of themselves on the SCS-DAP, was not rejected at the .05 level and the hypothesis for this dependent variable could not be supported.
- F. The hypothesis, H_6 , that the counseled group members, in contrast to non-counseled group members, would have a significant positive difference in terms of choices received on the Sociometric Test, could not

be supported. Although there was a direction toward significance, the null hypothesis was not rejected at .05 level.

- G. The hypothesis, H_7 , that the counseled group members, in contrast to non-counseled group members, would have a significant positive difference on mutual choices on the Sociometric Test, was supported inasmuch as the null hypothesis was rejected at the .05 level. The effectiveness of group counseling with respect to this dependent variable was sustained.

Therefore, H_1 , H_2 , and H_7 were able to be supported at the .05 level of significance when the null hypotheses were rejected.

The absence of experimenter-counselor and interaction effects during the statistical testing of the hypotheses indicated that findings were related to treatment effects and less a function of individual counselor presence.

Qualitatively, a descriptive analysis of the group counseling sessions, through the combined use of the tape recordings and counselors' notes of each session, appeared to indicate that the objectives of the counseling procedures had been achieved. The facilitative and problem-oriented periods served their particular purposes as revealed by the group

response to the counseling process. Further, the content of the group counseling sessions, with its emphasis on problem areas and adaptive behavior, seemed connected to the support of H_1 , H_2 , and H_7 .

Recommendations for further research

As was stated in Chapter I this study was intended to verify the assumption that group counseling could differentiate outcomes, that is, prove effective with educable mentally retarded adolescents in a public school setting. In addition, a function of the experiment was to stimulate other inquiries and research. As often happens the experiment raised as many questions as it answered. Some of the future research with educable mentally retarded adolescents may want to concern itself with the following topics.

- 1) There is need for investigations or experiments with regard to the adjustment of educable mentally retarded adolescents based on assessment instruments constructed for, and validated on, this population.
- 2) The question of short-term versus long-term group counseling has not yet been resolved. This issue becomes particularly pertinent when attempts are made to assess such dependent variables as self-

- concept with educable mentally retarded adolescents.
- 3) The effectiveness of group counseling with this population, complemented or supplemented by individual counseling, is worthy of experimentation.
 - 4) There is need for experiments with educable mentally retarded adolescents in public school settings using a variety of techniques taken from the different theoretical counseling positions.
 - 5) A comparative study of group counseling, using identical procedures, with educable mentally retarded adolescents and non-retarded adolescents might contribute to the literature on counseling theory.

This study has demonstrated that group counseling experiences for educable mentally retarded adolescents can differentiate outcomes and bring about behavioral changes. However, there is much more that can be done. The entire sphere of counseling, both group and individual, with mental retardates in public school settings is relatively unchartered territory. Future developments with respect to the counseling of mental retardates in the public schools will depend on the efforts of skillful and imaginative experimenters who have become convinced that this is a fruitful area of exploration.

APPENDICES

APPENDIX A

BEHAVIOR RATING SCALE

Instructions: Please check the response in each category, which in your opinion, best describes the pupil as he or she is now functioning.

I. ATTENTION

- _____ 0. Abstracted--difficult to get and hold attention.
- _____ 1. Easily distracted by extraneous stimuli, does not return easily to task.
- _____ 2. Easily distracted by extraneous stimuli, but returns readily to task.
- _____ 3. Attention to outside stimuli does not impair efficiency.

II. SOCIAL CONFIDENCE

- _____ 0. Reserved, reticent, withdrawn.
- _____ 1. Shy.
- _____ 2. Moderately confident.
- _____ 3. Assured in social contacts.

III. SELF-CONFIDENCE

- _____ 0. Extremely lacking in self-confidence, constantly distrustful of own ability.
- _____ 1. Predominantly distrustful of own ability.
- _____ 2. Predominantly self reliant, occasional evidence of self-doubt.
- _____ 3. Self-confident, relies on own ability.

IV. SELF-HELP (Attempts to be self-directing and self-sufficient in academic activities, handling of educational materials, etc.)

_____ 0. Passive, does not attempt to help self.

_____ 1. Attempts to help self occasionally.

_____ 2. Attempts to help self frequently.

_____ 3. Self-reliant.

V. RESPONSIVENESS TO EDUCATIONAL TECHNIQUES

_____ 0. Not responsive.

_____ 1. Poorly responsive.

_____ 2. Moderately responsive.

_____ 3. Very responsive.

VI. NON-VERBAL AGGRESSIVENESS. (hitting, kicking others, misusing or abusing material)

_____ 0. Consistently inappropriate expressions of nonverbal aggressiveness.

_____ 1. Expressions of aggressiveness more often inappropriate than appropriate.

_____ 2. Expressions of aggressiveness more often appropriate than inappropriate.

_____ 3. Expressions of aggressiveness consistently appropriate.

VII. VERBAL AGGRESSIVENESS (Cursing, angry comments, excessively demanding, expressions of hate, defiance, rebelliousness)

_____ 0. Docile. Does not express hostility in an aggressive fashion, makes no demands on teacher. Very aggressive, expresses hostility consistently inappropriately in an aggressive fashion.

- _____ 1. Docility or hostile aggressiveness more often inappropriate than appropriate.
- _____ 2. Docility or hostile aggressiveness more often appropriate than inappropriate.
- _____ 3. Assertive. Responds consistently in an appropriate fashion where aggressiveness is indicated.

VIII. HONESTY

- _____ 0. Thoroughly dishonest. Cannot be trusted.
- _____ 1. More often dishonest than honest.
- _____ 2. More often honest than dishonest.
- _____ 3. Completely honest (does not cheat, lie, steal, etc.)

IX. MANAGEABLENESS

- _____ 0. Completely intractable. Constantly disobedient.
- _____ 1. More often disobeys or ignores commands than obeys.
- _____ 2. More often obeys than disobeys.
- _____ 3. Mostly obedient.

X. RELATIONSHIP WITH OTHER STUDENTS

- _____ 0. Does not get along with other students.
- _____ 1. Has relatively few friends. Does not make friends easily.
- _____ 2. Has some friends, but forms close friendships with them. Or: Has many friends but does not keep them long or form close friendships.
- _____ 3. Has many friends. Appears to make friends easily.

XI. RELATIONSHIP WITH TEACHER

- _____ 0. Does not get along with teachers.
- _____ 1. Gets along with teachers occasionally, or gets along only with men or only with women.
- _____ 2. Gets along fairly well with teachers.
- _____ 3. Gets along very well with all teachers.

XII. SELF CONTROL

- _____ 0. No self control. "Blows stack" constantly.
- _____ 1. Poor self control.
- _____ 2. Moderate self control.
- _____ 3. Good self control.

APPENDIX B

THE WAY I FEEL ABOUT MYSELF

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. 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 like being the way I am	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 schoolwork	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 schoolwork	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 disobedient at home	YES	NO
36. I am unlucky	YES	NO
37. I worry a lot	YES	NO
38. My parents expect too much of me	YES	NO
39. I usually want my own way	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 have a pleasant face	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 a lot 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 wish I were different	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 dislike my brother (sister)	YES	NO
73. I have a bad figure	YES	NO
74. I am often afraid	YES	NO
75. I am always dropping or breaking things	YES	NO
76. I cry easily	YES	NO
77. I am different from other people	YES	NO
78. I think bad thoughts	YES	NO
79. I can be trusted	YES	NO
80. I am a good person	YES	NO

METHOD OF SCORING

The Way I Feel About Myself was scored according to the following instructions.

Items are scored in the direction of high (positive) self-concept. It is suggested that the total number of "highs" be added and written on the front of the scale, and then the number of "lows" be added and written below it. These should sum to 80.

1. No	21. Yes	41. Yes	61. No
2. Yes	22. No	42. Yes	62. No
3. No	23. Yes	43. Yes	63. Yes
4. No	24. Yes	44. Yes	64. No
5. Yes	25. No	45. No	65. No
6. No	26. No	46. No	66. No
7. No	27. Yes	47. No	67. Yes
8. No	28. No	48. No	68. No
9. Yes	29. Yes	49. Yes	69. Yes
10. No	30. Yes	50. No	70. Yes
11. No	31. No	51. Yes	71. No
12. Yes	32. No	52. Yes	72. No
13. No	33. Yes	53. No	73. No
14. No	34. No	54. Yes	74. No
15. Yes	35. No	55. Yes	75. No
16. Yes	36. No	56. No	76. No
17. Yes	37. No	57. Yes	77. No
18. Yes	38. No	58. No	78. No
19. Yes	39. No	59. No	79. Yes
20. No	40. No	60. No	80. Yes

APPENDIX C

THE CHILDREN'S SELF CONCEPT SCALE

I AM	not at all	not very often	some of the time	most of the time	all of the time
1. Friendly					
2. Happy					
3. Kind					
4. Brave					
5. Honest					
6. Likable					
7. Trusted					
8. Good					
9. Proud					
10. Lazy					
11. Loyal					
12. Co-operative					
13. Cheerful					
14. Thoughtful					
15. Popular					
16. Courteous					
17. Jealous					
18. Obedient					
19. Polite					

I AM	not at all	not very often	some of the time	most of the time	all of the time
20. Bashful					
21. Clean					
22. Helpful					

METHOD OF SCORING

The Children's Self Concept Scale is made up of 22 trait-descriptive adjectives. Nineteen of these are positive and three are negative. Scoring was on a basis of 1 point for the first column, 2 points for the second column, and so forth to 5 points for the last column, except in the case of the three negative adjectives (lazy, jealous, bashful) which were scored in inverse fashion.

APPENDIX D

SCS-DAP

CHARACTERISTICS TO BE RATED

1. Reinforcement. Shading of the boundaries of clothing or the figure. Heavy dark lines or parts of the drawing emphasized through retracing over the same area.
2. Erasures. Any attempt to alter or perfect all or part of the drawing through erasure.
3. Sketchy lines. Parts of the body, particularly the outline defined by light, broken, blurred, vague, fuzzy lines.
4. Transparency. Body of the figure completely transparent or inadequately clothed so that body parts ordinarily covered are shown.
5. Distortion. Any unnaturalness or irregularity in form. Any non-human aspects to drawn figure often displayed by size disproportion.
6. Incompleteness. Figure not drawn complete, lacking in significant body parts or clothing.
7. Opposite sex identifications. Figure drawn is of the opposite sex of the subject or if of the same sex, opposite sex characteristics are displayed.
8. Primitiveness. Over-all figure is crudely and roughly drawn. Specific points are confusion of full and profile view of the head, mouth emphasis, trunk incomplete, omission of the neck, and disorganized body representation.
9. Immaturity. Drawing is marked by elaborate treatment of the mid-line such as Adam's apple, tie, buttons, buckle, and fly on trousers. There is emphasis on mouth and breasts.

RATING SCALE FOR SCS-DAP

(0-20%)	(21-40%)	(41-60%)	(61-80%)	(81-100%)
5	4	3	2	1
Markedly absent				Markedly present

SCS-DAP SCORING SHEET

Drawing No: _____

1. Reinforcement _____
 2. Erasures _____
 3. Sketchy Lines _____
 4. Transparency _____
 5. Distortion _____
 6. Incompleteness _____
 7. Opposite Sex
Identification _____
 8. Primitiveness _____
 9. Immaturity _____
- TOTAL= _____

APPENDIX E
SOCIOMETRIC TEST

During the rest of the year we may be changing our seats around, or working in small groups and playing some group games. You might be able to help me arrange for groups that work and play best together. You can do this by writing other pupils' numbers under these places that say who you would like to have sit near you, to have work with you and to have as a partner in group games. (On another sheet of paper you will see that each pupil has a separate number.) You may choose anyone in the room or (Mrs. _____'s) (Mr. _____'s) room, including these pupils that are absent today. Your choices will not be seen by anyone else.

Make your choices carefully so that the groups will be the way you really want them.

Remember

1. You may choose anyone from (Mrs. _____'s) or (Mr. _____'s) room, including these that are absent.
2. You should look at all names and numbers very carefully.
3. You should make all five choices for each question.
4. You may choose a pupil for more than one activity (to sit, to work, to play) if you wish.

5. Your choices will not be seen by any other pupil.

I. I would like to sit near these pupils.

1.

2.

3.

4.

5.

II. I would like to work with these pupils.

1.

2.

3.

4.

5.

III. I would like these pupils as partners in group games.

1.

2.

3.

4.

5.



APPENDIX G











APPENDIX L





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