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The use of a mini course as a tool for identification and intervention with mainstream middle school special needs students experiencing academic dysfunction.

Alexander Rocco Ferraro

University of Massachusetts Amherst

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THE USE OF A MINI COURSE AS A TOOL FOR IDENTIFICATION
AND INTERVENTION WITH MAINSTREAM MIDDLE SCHOOL SPECIAL
NEEDS STUDENTS EXPERIENCING ACADEMIC DYSFUNCTION

A Dissertation Presented

By

ALEXANDER ROCCO FERRARO

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

DOCTOR OF EDUCATION

MAY 1991

School of Education
THE USE OF A MINI COURSE AS A TOOL FOR IDENTIFICATION AND INTERVENTION WITH MAINSTREAM MIDDLE SCHOOL SPECIAL NEEDS STUDENTS EXPERIENCING ACADEMIC DYSFUNCTION

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By

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THE USE OF A MINI COURSE AS A TOOL FOR IDENTIFICATION AND INTERVENTION WITH MAINSTREAM MIDDLE SCHOOL SPECIAL NEEDS STUDENTS EXPERIENCING ACADEMIC DYSFUNCTION

MAY 1991

ALEXANDER ROCCO FERRARO, A.B., MERRIMACK COLLEGE
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The pilot study involved ten experimental and ten control mainstreamed special needs students. Three negative behaviors, known as x, y, and z behaviors from the Teacher Questionnaire, were targeted and charted, initially, on No Effect, and then on Effect Charts. Also charted were four rating areas: academic achievement, self-esteem, misdirected learning activities, and negative social behaviors, in a range from one to ten.

Both groups were administered the Weinberg Screening Affective Scale Modified Form and the Piers-Harris Children's Self Concept Scale. The experimental group were involved with a ten day mini course and workbooks and, later, teacher directed reality testing of the targeted behaviors at three different times over a nonconsecutive five day period.

Educators should be aware that dissonance manifested in academic dysfunction is the student's attempt to maintain
consonance of his or her perceptions of failure. Academic dysfunction is based on Festinger's (1957) cognitive dissonance theory and Beck's (1979) cognitive therapy of depression. Academic dysfunction uses positive affect to reduce dysfunction and achieve consonance. Negative affect influences levels of success of middle school students. Academic dysfunction is an educationally related condition based on early childhood experiences of negative feedback by parents and significant others, and relates to the child's, and the student's, success in thinking and doing. In the home, this is manifested by an inability to respond to the parents' satisfaction in parent-child relationships. The result is a lowering of self-esteem and the expectation of future failure. The condition continues in the school, manifested by non productive behavior, misdirected learning activities, and/or negative social behaviors.

Amelioration is through positive affective teacher interaction with reality testing of student ability in the classroom, and a mini course which offers suggestions for study scheduling, evaluation of current school status and booklets concerned with: understanding the self, self-esteem, peer pressure, stress management, attitude, using imagination, managing time, improving personal skills, and talking about mental health. The assumption is that both home and school contribute to school failure. The school must offer failing students a means for overcoming academic dysfunction.
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CHAPTER I

ACADEMIC DYSFUNCTION

Introduction and Background:
Students Who Exhibit Academic Dysfunction

Regardless of levels of intelligence, many students will exhibit the condition of academic dysfunction some time in their academic careers; some, more than others. "Academic dysfunction," must be only a statement of introduction for the research and not a designated label. Students will bring the condition into their adult life. They bring perceived future failure experiences based on childhood's years of public school, dysfunctional, education.

The educational profession has been perceived as less than effective in teaching students to become productive members of society. Nearly one third of Boston Public School students fail the ninth grade after leaving middle school (Boston Globe, October 3, 1984).[1] Almost one-half will not graduate (Boston Globe, June 21, 1984).[2] Failure continues to be a way of life for many of these students who lack the life skills a solid education can provide. Yet, the school is asked to prepare students for full-life roles at a time when modern industrial society and big-city living complicate the school's role (Seasholes, 1965).[3]
Education is not solely a school responsibility. The home must accept some responsibility for the child's lack of self-esteem, character, discipline, and social/emotional development. One of the school's responsibilities is to provide opportunities for positive self-esteem and success in the academic setting. The school should also publicize or suggest ways parents can prepare children for education.

In 1621, Robert Burton described the plight of childhood emotional conflict in his *Anatomy of Melancholy*. The assertion of parental authority is often confused with threatening, chiding, striking, or being overly stern. This behavior often destroys a child's personal courage and the desire to be happy and take pleasure in life (Weller et al., 1984). Parents and teachers need to understand that negative emotional or affective responses to childhood academic or cognitive achievement can be as handicapping as any form of child abuse and neglect.

Strecker and Appel (1962), addressed the adolescence period as one fraught with storm and strife in bringing impulses into reality with the outside world. Home life often contributes to student failure by fostering the child's "un-sponsored independence," or free reign. Often there is limited involvement by the home and inconsistency in maintaining expectations and standards for responsible child behavior (Clark, 1987).
While lack of parental social and emotional positive feedback is a research concern, the school's best solution is to provide opportunities for success (Glasser, 1969).[8]

Today's school conditions and educational problems are trends pointing to tomorrow's sociological ills (Seasholes, 1965).[9] Psychological "disorders" need to be addressed. Weller et al., (1984) state that the school is a major sphere of influence in a child's life, and remedial education should be included in the treatment of those "disorders" which interfere with the educational process, (Quay and Werry 1979).[10] Those strategies should be coordinated among the school, home and others working with the child (Weller et al., 1984).[11]

Academic dysfunction may be seen as a condition particularly evident in the school setting. As a condition, academic dysfunction interferes with a student's academic achievement. It does this, over time, as a result of development of: a poor self-image, low self-esteem, low academic achievement, and extremes in negative social behavior. The extremes are outward antisocial destructive behavior and benign blind participation in academic tasks. If one could record the developmental history leading to academic dysfunction, it would include many instances of negative evaluations of the student, from childhood to the present. The negative evaluations would be couched in negative emotional affect as expressed by verbal, visual,
and physical communication. Whether warranted or not, the degree and manner of negative affective response will have had a demeaning effect upon the student's self-concept.

Although not solely responsible, the school can help to reduce academic dysfunction. The school accomplishes this by providing both the arena--the classroom--and the intervention--the teacher with affective reality testing methods--for working with academic dysfunction students.

Statement of Problem

Students with academic dysfunction exhibit: low achievement, low self-esteem, non productive behavior, misdirected learning activities, and negative social behaviors.

While the home contributes to the condition of academic dysfunction, many schools have not provided intervention programs for meeting the combined affective and cognitive needs of academically dysfunctional students. The schools should take the initiative in developing programs that will compensate for the lack of affective and cognitive development, stemming from the home.

The purpose of this study was to design and test an identification and intervention process to address academic dysfunction in special needs mainstream students. Could an intervention model, using a mini course which included reality testing by the teacher using Socratic methods,
reduce academic dysfunction in a selected mainstream population of prototypes 502.2 and 502.3 special needs students of an urban New England middle school?

**Formulation of an Identification and Intervention Tool**

As stated in Definition of Terms, academic dysfunction is a resulting negative emotional state of academic (intellectual), cognitive dissonance in school age individuals; the condition may be caused by poor past and current learning (intellectual), cognitive experiences. Past experiences may forecast possible failure in new and current cognitive learning activities. Anticipated failure is not perceived as dissonant, the possibility of success is. Therefore, the tendency will be to remain consistent and anticipate failure. The thought of success is historically unproven. The dissonant element is pushed aside for the more consonantly perceived reality of failure.

At home, the inability to respond to the parents' dissatisfaction in parent-child relationships results in a lowering of self-esteem and consequent expectation of future failure. This continues into the school. The focus of involvement changes from the child's being a victim of erroneous judgments in the home, to a final acceptance of the negative parental evaluations as true; the negative parental evaluations are compounded by additional negative evaluations in the classroom.
In the school, low grades and affective negative communication by way of correction become restatements of earlier negative parental corrections and evaluations. They are, in fact, restatements of a lack of cognitive development. However, when this other authority figure, the teacher, reaffirms a general acceptance of the student's poor intellectual ability, especially before his or her peers, the dysfunctional student can be said to have a negative real world experience which evaluates him or her as academically and intellectually deficient.

One possible source of the student's lack of success remains a low maturation in mental development. What may be occurring is a lack of cognitive maturation development. During Piaget's concrete operational stage of development, hindering cognitive development by continuing negative affective evaluations by others, may direct that the child continue to function at the affective level. There may not have been sufficient objective learning experiences during previous and ensuing stages of development, upon which the child could move to a higher level of maturation. As a result, this lack of maturation leads to a lack of cognitive development and causes the student's misguided perceptions to reaffirm, as Ogletree (1976) states, "Thinking bound to inner-life, emotionally and affectively oriented."[12]

Ogletree focused in on what may be the basic cause of frustration for teachers, parents, and students in the area
of education. All participants in the child's education may have to spend more time understanding both the pattern of growth and development, and the progress of cognitive and affective development of the child, if they are to help the child mature:

The child cannot be forced or coerced from one stage of cognitive development to a higher stage; he must wait until he is maturationally ready. Neither can he skip a cognitive stage in his development. Physical and experiential maturation are the prerequisites for cognitive development.[13]

Thus, the middle school student is destined to those limits of ability, motivation, and those perceptions of the future shaped and reshaped in the home, family, and community, which include the school. The middle school academic dysfunction student feels unjustly wronged, but believes that parents and teachers might be correct in their negative evaluations, if only because of their repeated occurrence. Blame is pragmatically delegated to the school: teachers, schedules, textbooks, and all. Idiosyncratically, the student reasons and perceives the personal intellectual or cognitive failure as being the result of conditions over which he or she had no control and which destined him or her for failure. The student cannot go beyond his or her own emotional perceptions (idiosyncratic) with their tags listing delegated blame for one situation, condition, or another. The student is too caught up with his or her own
emotions and thinking, to the exclusion of the reality of a given situation, in this instance, the school, the classroom, the current lesson, to be objective.

Whatever the initiating cause, the student gives in to the reported lack of ability to meet the challenges in the classroom and becomes a poor or failing student. The student accepts the negative evaluations because he or she is unable to change them and acceptance is easier. Being a victim of misunderstanding is easier to cope with than being made to challenge those at the root of the misunderstanding, the school, by way of greater academic success. Such successes would preclude an involvement in assignments, a desire to establish increased and/or continuing levels of success, a commitment to work toward that success, and the acceptance of the self and the teacher (and parent) as positive contributors to the student's academic success. The student perceives the problem of failure as unique to the student, that others cannot or will not participate in making the student successful. This is where teachers and parents must take the initiative and share in positive learning experiences with the student. The student must come to the objective conclusion that parents and teachers are there to help. However, if it is business as usual with continuing negative evaluations, the perceived objective reality may not appear to stray far from the truth. The
condition of academic dysfunction causes perceptions of failure, destroys initiative, and removes hope.

The decision to accept the negative evaluations is not made frivolously. This is especially significant where parental teasing or anger has preceded the situation. Ridicule and fear of loss of parental love may be the closest the child ever comes to consciously seeing himself or herself, as a victim.

Truth is not denied. There is merely a new focus but from the child's point of view. There is a reaffirmation of childhood delegated blame. Depending upon the degree of dissonance, parental or teacher attitude versus the need to challenge the dissonant element, will be the child's perception of the threat to the self. This perception will cause the child to change the dissonant element to an assumed positive one. In this instance, the child is a self-chosen victim of perceived parental lies. In the classroom, as within the home, the student learns to accept what is believed to be, on the adult's part, intentional negative evaluations of intellectual ability of the child. The student focuses on erroneously perceived negative classroom situations where he or she is a victim of uncaring and unconcerned teachers. This new focus permits the student to foil any and all attempts to challenge the student's intellectual ability within the new role of a misbehaving student: a student with negative social
behaviors. How the negative social behaviors are acted out will depend on the level of self-esteem of the student. If the self-esteem is high, the student will be outspoken and display negative leadership qualities. If self-esteem is low, the student will keep to himself or herself and be a follower or a loner.

In the schools, these students either attempt to work with whatever ability they have, limited as it may be, or, regardless of ability, will not perform academic work. They may not trust the educational system and react with negative social behavior. The latter are more conditioned for failure by way of negative expectancy. The former are initially limited by ability and then, also, by negative expectancy.

Rationale and significance of study

Rationale. The research theory assumption was that a triad of (1) self, (2) home, and (3) community, (any new or awaited future experience, including school) prepare the student for early and later academic success. A tool was needed to assist students lacking adequate home and school preparation to achieve affective and cognitive development.

This tool had to: (1) establish identification criteria, as was done with the Teacher Questionnaire and observed dysfunctional behavior, (See Teacher Questionnaire, Characteristics of Non Productive Behavior, Appendix A., p.
(2) offer supportive evidence, as found in the review of the literature, (3) offer interventions which would take the student from a present low level of academic achievement, to a more realistic and objectively evaluated level of academic achievement, as was done with the mini course and positive reality testing interaction by the teacher, and (4) provide educators with an example of the kind of success which can be achieved in dealing with students with the condition of academic dysfunction, as demonstrated by the pilot study.

Although the teacher's role is not one of a clinician or psychologist, teachers contribute to the development of the child affectively and cognitively. Teachers should become involved in programs which combine sensitivity training in dealing with the positive affective nature of communication in the classroom, and with reality testing of students.

Burrow (1953) cites the value of lay scientific contribution. The study of behavior by laymen is, perhaps, even more important than by scientists. The scientific method often studies phenomena in artificial isolation overlooking reasons for difficulties in natural relationships.[14] The study model offered the academically dysfunctional student opportunity for intervention and the teacher an intervention tool.
Significance of study. This study is significant because it can be an important contribution to the affective and cognitive development of students with the condition of academic dysfunction. The study also provides a tool for determining populations and identifying students with academic dysfunction. It is, further, an intervention process to aid in the affective and cognitive development of these same students.

Prior to completing the analysis of the compared information, teachers involved were asked to respond to the research. Two teachers, one, P. C., involved in giving the mini course, and another, S. M., involved with reality testing and charting behaviors for the mini course in the science class, responded, and responded positively when questioned about the value of the mini course.

When asked:
(1.) Was there a noticeable change in the research group?
The response was:
P.C.: "Yes, The students were happy to have a common goal. They looked forward to the discussion regarding goal setting and behavior. . . ."
S.M.: "Yes. children in the research group had more positive response to me as the adult. I also noticed a more tolerant cooperative attitude with peer group."
(2.) Should the mini course be a part of middle school course programming?
P.C: "Definitely. I would suggest teacher training prior to the mini course so that there is a more complete understanding of the process and outcomes expected."

S.M.: "Yes, I also would like to see the mini course as given to the students."

(3.) Should the mini course be integrated, used with, a particular course, for example, English.

P.C.: "Yes! It could be integrated with English, social studies or reading very easily. Better still--this mini course could be part of the curriculum, introduced at the sixth grade level."

S.M: "I think the mini course would be beneficial to any academic area as given. I think that in most cases there was not a tremendous improvement in academic areas but more in attitudes, and positive behaviors toward academics."

"Useful as a homeroom behavior mod tool."

Study and the need rationale

There are a lack of data citing identification and intervention models for students experiencing academic dysfunction. Data were needed for research replication, in order to demonstrate the efficacy of the mini course.

Hypothesis

The more frequent the overt positive affective interventions in classroom reality testing situations, the
Assumption three. Achieving positive self-esteem is possible using reality testing with students. That is, having the teacher guide the dysfunctional student through a successful lesson and allowing the student to evaluate his or her ability after demonstrating success in a previously difficult academic area. Thus, the student learns to adjust inner resources to meet difficulties, adjusted by positive affective interaction in the form of increased self-esteem.

Theoretical rationale

The child-become-student in the middle school is subject to the academic dysfunction triad of: (1.) self, (2.) home (family), and (3.) the community (any new or awaited future experience, including the school). Academic dysfunction is a resulting negative emotional state of academic (intellectual), cognitive, dissonance in school age individuals; the condition may be caused by poor past and current learning (intellectual), cognitive experiences. Past experiences may forecast possible failure in new and current cognitive activities. Anticipated failure is not perceived as dissonant, the possibility of success is. Therefore, the tendency will be to remain consistent and anticipate failure. The thought of success is historically unproven. The dissonant element is pushed aside for the more consonantly perceived reality of failure.
greater the positive behavior becomes more consistent with the changes.

Research questions

**Question one: academic dysfunction.** Can planned, positive affective teacher interaction and student reality testing experiences in the classroom, result in positive student behavior?

**Question two: academic dysfunction.** The mini course involved identification and intervention to promote academic progress. Can identification result from the use of questionnaires, low student grades, and teacher observed overt dysfunctional student behavior, as recorded by the participating teachers? Intervention involved affective teacher interaction, reality testing by the teacher using the Socratic method, and the use of the mini course workbook in the classroom, resulting in measurable rated academic progress.

Assumptions and theoretical rationale: academic dysfunction

**Assumption one.** Many students are involved in misdirected learning activities from benign unrewarding and useless participation to outright reluctance to work.

**Assumption two.** Negative social behaviors range from introverted and unassuming to destructive behavior.
**Assumption three.** Achieving positive self-esteem is possible using reality testing with students. That is, having the teacher guide the dysfunctional student through a successful lesson and allowing the student to evaluate his or her ability after demonstrating success in a previously difficult academic area. Thus, the student learns to adjust inner resources to meet difficulties, adjusted by positive affective interaction in the form of increased self-esteem.

**Theoretical rationale**

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The middle school child is particularly vulnerable to problems of affective development. Factors complicating affective and cognitive development in these students are the onset of puberty, new school and classroom, and changing classrooms. Other complications are new, diversified peer pressures, dependency on past achievement, and perceptions that new authority figures will not understand their needs or feelings. These factors create additional complications when the middle school child foresees and recalls family involvement on a superficial, if not misunderstood, level.

The more frequent the overt positive affective interventions in classroom reality testing situations, the greater the positive behavior becomes more consistent with the changes.

Limitations of the study

The study was limited to:

(1.) The ten experimental and ten control students in the population studied, which included prototypes 502.2 and 502.3 special needs mainstream students of an urban New England middle school, in two intact regular class sections, having the same subject, science, and teacher when the students were monitored.

(2.) Comparison of the total raw scores in the Weinberg Screening Affective Scale Modified Form (See Appendix B, p. 150) and The Piers-Harris Children's Self
Concept Scale (The Way I Feel About Myself) (See Appendix C, pp. 151-156), to determine if changes in positive responses were made. Also compared were the charted and rated behaviors taken from the Teacher Questionnaire (See Appendix A, p. 149) and charted on the Intervention No Effect and Effect Charts (See Appendices D, and E, Forms 1. and 2., Charting, pp. 157 and 158).

Since the population was small and selective, the results cannot be generalized. This was a pilot study rather than a broad intervention model. It was not within the scope of this study to test beyond this initial intervention. Insight was needed relating to the basic issues being studied: academic dysfunction identification and intervention, and academic dysfunction theory. Information and insights gained from this pilot study should provide conceptual clarification and information for an intervention model of larger scale and longer duration.

**Introduction and Definition of Terms Used**

**Introduction**

There are many contributing elements to the academic dysfunction triad. Academic dysfunction must be seen as the result of the child or student receiving negative affective verbal, visual, or physical responses from parents and significant others within the triad consisting of the
student's: (1) self, (2) home (family), and (3) community (school, future). Manifestations of academic dysfunction are: non productive behavior, misdirected learning activities, poor self-image, low self-esteem, low achievement and extremes in negative social behavior. The extremes are outward antisocial destructive behavior and benign, blind participation in academic tasks.

**Negative social behavior.** There are many negative social behaviors. These include inappropriate use of language; disrespect for authority figures, peers, and parents; engaging in aggressive behavior with teachers or peers; having difficulty accepting correction; losing temper easily; having no respect for another's feelings; being purposefully insensitive; damaging things belonging to oneself and others; disrupting and bothering others; acting out; and clowning in class. In academic dysfunction these behaviors are directly related to academic and school situations. All the negative social behaviors preclude the student's initiating the negative component behavior. In those instances, the student reacts as a result of a present dissonant academic/school related situation. The student chooses to change a negatively perceived present academic situation to a more consonant, although negative, "social behavior" situation. Thus, the disapproval associated with that of a failing student is refocussed to that of a
student who does not behave. The greater focus rests with
the misbehavior, and not a lack of academic ability.

**Reality testing behavior.** A motivation activating
behavior state for producing both positive and negative
motivation behavior. In academic dysfunction, reality
testing behavior involves the individual student's
consciously and objectively verifying, through teacher
guided demonstration, enhancement, or questioning in a
learning experience, that learning can take place, as when
such positive learning experience is understood by the
student to have been productive and an improvement in the
current lesson or experience.

The student can lay claim to understanding the lesson
presented and can demonstrate at least an improved level of
ability or interest in the subject. The core of educational
reality testing behavior is the understanding of current
academic limits along with potential for future academic
growth, provided the student can accept the new and current
success as proof for possible future success.

**The Four Stages of Academic Dysfunction**

**Priming**

Ongoing re-experiencing of any negative personal
social-interaction condition, especially within the home,
community, or school. Can be compared to the incremental
theory of learning. As a result of past ongoing negative
responses, one grows more susceptible, more primed, to react negatively in similar future situations. Academic dysfunction avoidance priming replaces negative reactions with positive ones, thereby increasing self-esteem.

When continued, anxiety causes a priming effect leading to low levels of self-esteem and motivation, which begin a pattern of negative thinking. Negative behavior patterns cause the child to seek explanations for the negative cycle in erroneous evaluations of reality. Dissonance can occur between the love objects, parents, and the apparent unjustified negative parental evaluations.

Delegated blame

This is the act of ridding the self of awareness of the dissonant element(s) which may require the child to delegate dissonance blame to some other person, place, thing, or condition. Delegating blame for negative consequences outside one's own responsibility continues through adolescence and becomes academic dysfunction, when there is no objective reality testing of the causes and results for the dissonant elements.

Idiosyncratic victim

This is a learned defense toward reported academic (intellectual) failure. When one has been told, one has three strikes against one at the outset, failure is not one's fault. One becomes a "victim" (idiosyncratic) of
other persons, places, things, or conditions. The child seeks the love and concern of the parents, in order to maintain a high position in the motivational hierarchy. Yet, parents are at the heart of reported academic failure. The child has to retain love for the parents, despite the parents' false negative evaluations. The child initially delegates blame to himself or herself, for causing the negative evaluations. This is done at the expense of self-esteem, which is sacrificed. The child becomes the practical and idiosyncratic victim of negative parental evaluations.

There can be more immediate situations resulting in the child experiencing himself or herself as a real, as opposed to an idiosyncratic, "victim." These would involve situations which result in separating the child from one or more elements of a positive and stable triad. Examples of this might be death or divorce in the family, moving out of the known community, or personal injury or sickness, which are made worse as being the result of an unjust perceived punishment of situations over which the child had no control.

Manifestations

By adolescence's end, love and belonging needs are given up for safety and security needs. Without any positive interventions, esteem, mastery, competence and
prestige may not develop. Self-actualization grows meaningless. Academic dysfunction may be developed.

**Definition of Terms**

**Academic dysfunction**

A resulting negative emotional state of academic (intellectual), cognitive, dissonance in school age individuals; the condition may be caused by poor past and current learning (intellectual), cognitive experiences. Past experiences may forecast possible failure in new and current cognitive activities. Anticipated failure is not perceived as dissonant; the possibility of success is. Therefore, the tendency will be to remain consistent and anticipate failure. The thought of success is historically unproven. The dissonant element is pushed aside for the more consistent, consonantly perceived reality of failure. (Researcher's definition).[15]

**Affective development**

As relating to academic dysfunction, it is the increasing complexity or process of emotion or mood encountered by the child in initial and subsequent academic situations. The dysfunctional child usually perceives the expressed mood, as in the teacher correcting the student, as a negative or dissonant response. There may be a need for the child to understand the teacher's emotional response in the child's learning situations and a teacher's
responsibility to individualize emotional, affective responses, to meet the child's needs and at the child's level of development. In affective teaching, the teacher aims to bring out the positive factors in the learning situation, in response to the affective needs of the learner, the mood of the situation or learning environment, and to bring about a positive result to the learning experience (Researcher's definition).[16]

Cognitive consistency

The notion that a person's cognitions (beliefs, perceived behaviors, etc.) will tend to be logically and psychologically consistent with one another. If inconsistencies are present, the individual attempts to reduce them by changing his cognitions, behavior, or both so that they are consistent with each other (Wolman, 1973).[17]

Cognitive development

In academic dysfunction, the process which allows the child to know and to be aware when relating to thoughts and ideas encountered by the child in initial and subsequent academic situations. The dysfunctional child usually perceives the cognitive situation, because of initial dissonant experiences in learning, to be negative and also to be indicative of future failure. Not having built past learning experiences on positive learning experiences, the
child may not know or be aware of the significance of materials being studied and the child may assume that the process of failure will continue. Subsequent similarly perceived failures may deepen the student's negative perceptions. In affective teaching, the teacher attempts to guide the student through positive reality testing situations which will encourage further successful experiences (Researcher's definition).[18]

Cognitive dissonance

(L. Festinger) A motivational state which exists when an individual's cognitive elements (attitudes, perceived behaviors, etc.) are inconsistent with each other. The tension produced by this state may be reduced by adding consonant elements; changing one of the dissonant elements so that it is no longer inconsistent with the other, or by reducing the importance of the dissonant elements (Wolman, 1973).[19]

Middle school

Schools with grades six, seven and eight (Researcher's definition).[20]

Mini course

The identification/intervention process for academically dysfunctional students (Researcher's definition).[21]
Identification is made by the classroom teacher by means of targeted behaviors selected from the Teacher Questionnaire. These behaviors are noted as the X, Y, and Z behaviors the teacher wants to see changed for the targeted student. Also noted for improvement and used for identification are four rating areas found on the No Effect and Effect Charts and which are rated on a scale of one to ten: 1. Low academic achievement - to higher grades, 2. Low self-esteem - to greater class participation, 3. Misdirected learning activities - to greater class participation, and 4. Negative social behaviors - to positive behaviors. In the research, the status as a special needs student satisfied the requirement that the student have identifiable academic problems which required remediation. The mini course also involved testing, using the Piers Harris Self Concept Scale to measure self concept and the Weinberg Screening Affective Scale Modified Form to measure for possible depression. While academic depression is at the core of academic dysfunction theory, the depression, because of its usually mild and subtle nature in this condition, is not generally manifested in the academic setting; it is for this reason that a test for depression, using the Weinberg Screening Affective Scale Modified Form, is necessary.

Intervention consists of teaching students using the mini course, Part I workbook, which is concerned with an evaluation of both current and long range academic plans of
the student, objectively evaluating why the student has problems with subjects, how to study, and reality testing of academic dysfunction in the classroom. Reality testing involves the teacher guiding the student by Socratic means, using positive affective communication, to arrive at subject matter solutions. Mini course workbook, Part I, includes: developing a positive student learning attitude; What I want to be; How I can achieve this goal; My role model; My education should include; The personal commitment I should make; Objectives and behaviors for my school subjects; and the K.I.T. Study Schedule.

Motivation, growth

(A. H. Maslow) Strivings toward self-actualization and knowledge which motivate behavior when lower physiological needs are satisfied (Wolman, 1973).[22]

Motivational hierarchy

(A. H. Maslow) A hierarchy of human motives which determine behavior. The physiological needs are postulated to be the most basic. Needs for security and safety are at the next level. Love, affection, and belonging form the next category followed by needs for esteem, mastery, competence and prestige. The highest level need is the need for self-actualization which does not appear until the lower level needs are satisfied (Wolman, 1973).[23]
Self-acceptance

A healthy attitude toward one's worth and limitations, consisting of an objective recognition of each quality and an acceptance of each as being part of the self (Wolman, 1973).[24]

Self-actualization

(A. H. Maslow) Developing and fulfilling one's innate, positive potentialities (Wolman, 1973).[25]

Self-esteem

n. 1. belief in oneself; self-respect (McKechnie, 1977).[26]

Socially adept

street-wise (Boston School Committee, 1982).[27]

Special needs mainstream students

Those students coming under Public Law Chapter 766, or Federal Law 94-142, in resource or supportive academic remediation classes in mainstream programs with 502.2 or 502.3 prototypes.[28]

Chapter summary. The following are subsequent chapters and their brief summaries.

Chapter II. Review of the literature: Introduction, theory development of academic dysfunction, formulation of an identification/intervention tool, link between academic
dysfunction and masked childhood depression, four stages of academic dysfunction, the teacher's role in student success, teacher attitudes and expectations, and summary.

Chapter III. The design of the study: The study question, experimental design, methodology, instruments used, pilot study population, mini course model, expected outcomes, limitations, and evidence sought.

Chapter IV. Results: No Effect Charting, Effect Chart Ratings, Piers Harris Scale, and Weinberg Screening Affective Scale Modified Form.

Chapter V. Discussion: Discussion and summary.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The review of the literature includes the following areas of concentration: theory development of academic dysfunction, formulation of an identification and intervention tool, link between academic dysfunction and masked childhood depression, and the teacher's role in student success.

Theory Development of Academic Dysfunction

In developing academic dysfunction theory, the researcher used both personal experience and related documented studies. Foremost in its development were: dissonance theory of Leon Festinger (1957),[29] cognitive therapy by Aaron T. Beck (1979),[30] the study of depression by Weller et al., (1984)[31] and others: (Elkind, 1970)[32]; (Maslow, 1970)[33]; (Skinner, 1974)[34]; (Adler (Mairet), 1964)[35]; and (McClelland, 1953),[36] as noted.

Personal experience showed that special needs students presented problems found in the general school population, but with a higher degree of academic failure. Experience also indicated that culture, social class, and family
economics, while varied, could not be said to contribute to school failure as much as the lack of positive social/emotional affective response given to the school child by parents.

**Formulation of an Identification and Intervention Tool**

Academic dysfunction behavior identification does have a behavior profile, as a result of the research. Students with academic dysfunction can be identified as students with preconceived negative perceptions of their own lack of academic ability. In essence, almost any failing student is implicated. As a group, they may be found in special needs classes. However, academic dysfunction identification concerns certain patterns of behavior which are found in the lack of positive social/emotional affective response given by the student in the school setting.

Intervention must change a student's preconceived negative perception, which bore on his or her lack of academic ability. Labeling maybe the foremost method of characterizing student ability. Yet, labels can be damaging when they pinpoint a student's weakness but offer the student neither solace nor necessary learning skills.

**Labeling**

A dynamic unity of dysfunction can be anticipated when labeling of a child occurs: the recollection of past and
anticipation of future failure. However, there are components to break down the self-fulfilling prophecy of labels (Barber et al., 1969).[37]

Labeling presents an example of the "principle of congruity" (Osgood and Tanenbaum, 1955)[38] as the label relates to the perceived self-esteem of the student. If the labeling is consistent, comes from parents and others, and the student is made to believe the label is his or hers, the tendency would be to agree with the label. This would relieve a great deal of the dissonance on the part of the student but would not resolve the learning problem. The problem causing low self-esteem and negatively evaluated ability would not have been addressed.

In designing the mini course model, the role of idiosyncratic thought as expressed by Beck and others (1979) in *Cognitive Therapy of Depression*, was seen as an important area to be addressed, if the model was to provide for an ameliorative response to the dysfunctional child's needs.

One may question why the child and, later, the student, maintains the idiosyncratic view of the self as failure? It should be understood that the view of the self as failure is a pragmatic, practical, choice made by the student. The student may be fearful in that challenging his or her own ability, the student will ultimately fail. Experience can lead a person to fear, and to avoid initial occurrences of dissonance (Festinger, 1957).[39] Fear of
dissonance can lead to reluctance to take action and commit oneself. If action cannot be delayed, there may be a cognitive negation of the action (Festinger, 1957).[40] Negative expectancy becomes the norm, a norm of consonance resulting from the expectancy of negative evaluations of others with the student's own negative self evaluations. There is "cognitive overlap" (Festinger, 1957).[41] when teacher expectancy and student perception agree. The greater the overlap, the more consistent the elements become.

Using mini course intervention

The student is first involved with evaluating his or her present academic state. It is usually a deficient academic state which has the student blaming teachers, the school, the textbook, or some other condition, for his or her lack of success in a particular subject. The student is guided, by way of the mini course workbook questions, to address reasons for a lack of academic success. Goals and the requirements for reaching the selected goals at the middle school, high school, and post high school levels are stated by the student. An attempt is made to identify and clarify causes of academic success. Too often, failing students are encouraged to study harder, to make study schedules, and to commit themselves to positive changes in school activities. Yet, because five or six prior years of
poor work habits, they cannot resolve their failing condition over several weeks of work. The student continues to waiver in his or her studies. The student continues to receive the same negative dialogue of the previous five or six school years. Teacher correction remains the iteration of past failures. Any failure, large or small, causes the recollection of past failures.

It was necessary that any mini course model include interventions which students could reflect upon as both real and the result of their new attitude and approach to their academic activities. The positive teacher interventions provided for this along with reality testing by the student in the classroom. Errors or failures in academic subjects did not need to be reflections of intelligence. The student had to be shown that academics required development of proficiency in a given subject, and that a lack of proficiency did not automatically indicate a lack of ability. Rather, it usually indicated a lack of understanding of the subject studied.

In discussing a boy who has made a decision between playing ball and going to the circus, for example, D. K. Adams (1954)[42] describes a boy, who, for the first time can perceive that a ball game and a circus are both recreational in general (Festinger, 1957).[43] In dysfunction terms, the student perceives that the labeled failure and the perception of failure, are one and the same
experience. In putting the intervention model into operation, the academic deficiencies can be seen, not as a lack of ability, but rather, as a lack of adequate preparation, inattention in class, or lack of commitment to homework materials. While current levels of ability relating to given academic subjects can be determined, this need not preclude to the student that the current level of academic achievement will remain constant and not improve. The student must be shown that an active participation in the learning situation can be rewarding. A lack of ability can be countered by a determination to seek help and to evaluate the academic success in terms of learned ability to perform, versus the often self-imposed notion of an inability to perform in a given academic subject.

Wright and Miller (1981) noted group membership in a math class has little effect on a person's anxiety unless membership reflected actual mathematics performance or attitude toward mathematics.[44] In special education math classes, group attitude is often similar. Group performance is known or suspected to be less than average.

Anxiety, cheating, and social status may be related. Test anxious students (Wittmaier, 1972), were found less likely to have effective study habits and more likely to delay academic tasks than ones with low anxiety.[45] In the relationship between cheating and distracting study conditions, it was concluded that individuals frustrated in
attempts to learn will likely cheat (Houston, 1976)[46]. Teachers need preparation to lessen low achievement of the socially disadvantaged, according to Fishman, (1963).[47]

Brookover and Gottlieb (1964),[48] cite Hollingshead (1949) when they report that attainment of desirable rewards and values of the middle class vary positively with social class ladder position; youngsters reflect within the school, attitudes, values, and behavior patterns of parents in the larger society.[49]

Quoting a very early study, Middletown: A Study in American Culture (Lynd and Lynd, 1929),[50] presented comments by working class mothers who stressed peer pressure as manifested through snobbishness, style of dress and economics, as cause for children dropping out of school.[51] Similar conditions continue to exist today.

Coleman (1959),[52] suggests that adolescents do not always reflect the values and attitude of their parents; social class does not predict the individual's attitudinal orientation. Educational institutions differ in respect to social climates and alter the impact of social class in respect to values, attitudes and behavior (Brookover and Gottlieb, 1964).[53] Elizabeth Douvan and Joseph Adelson (1966) refer to "social class-to-be," involving expectations, hope, and dread. The thoughts are of what one becomes because of one's parents, what one hopes to be, and what one dreads being. These form the identity which
encompasses both the past-in-present and leap from present to future. Prior to these conditions are constructions of the self begun in the Oedipal stage and earlier.[54]

Perry London (1970) finds that the family's role as the arbiter of behavior has been declining as economic interdependence of family members decreases and physical mobility increases. The family becomes less than a sufficient repository of experience to guide the young. Peers become more important, though neither more experienced nor wiser, because they share the risks of the future.[55]

**Emotion**

The affective domain deals with emotional growth of the student. Its development is as important as, and effects growth in, the cognitive domain.

B. F. Skinner, (1974) regards emotion as a hypothetical state, a predisposition to act in a certain manner that is the function of an individual's history. [56] On the intellectual side of the mind, one's experiences, inferences, plans, intentions, purposes, and so on, are aspects of human behavior attributable to contingencies. There is a complex relationship among three things: (1) the situation in which behavior occurs, (2) the behavior itself, and (3) its consequences (Skinner, 1974).[57] These can be translated into: (1) negative learning experiences, (2) academic dysfunction, and (3) failure.
Leon Festinger's (1957) theory of cognitive dissonance modifies behavior and feeling with "new information."[58] Gazzaniga (1973) suggests that in dissonance theory, not only can behavior change, but follow from attitude change, and attitude change can follow from shifts in behavior.[59]

Alfred Adler (Mairet, 1964) describes manifestations from individual decisions or selection. This barricade of symptoms hides the student and keeps him or her secure.[60] One can imagine the mind set of the continually failing student. The student selects and develops symptoms until they appear to be real obstacles and, depending on lifestyle, develops bodily tensions, mental and bodily disturbances.

Underwood (1949) notes that unpleasant words evoke avoidance response, pleasant words, approach response, neutral affective words, neither approach nor avoidance responses.[61] How much greater importance is positive affective spoken communication at home and at school?

David McClelland's (1953) motivational concept (Fogiel, 1980)[62] addresses affiliation and achievement motives. Experiences representing a moderate discrepancy from past experiences lead to positive affect and approach behavior while the opposite is true for large discrepancies from past experiences (Fogiel, 1980).[63] Failing students may be destined to avoid academic challenges because of this.
Mosley and Smith, (1980), offer five factors, most often mentioned by students as instructional tactics that work. These instructional tactics that work are: (1) Clear, complete explanations and concrete examples; (2) Positive, relaxed learning environment; (3) Individualized instruction; (4) Adequate academic learning time; and (5) Motivation and interest.[64] Upon examination, one can see that each of these five factors which elicit positive responses from students can be seen as positive affective teacher interventions. To be effective, they must respond to both the emotional need and academic need of students. They mirror the complex relationship among Skinners' three contingencies, mentioned earlier: (1.) the situation in which the behavior occurs--student need, (2.) the behavior itself--instructional tactics by the teacher responding to the student's intellectual/cognitive situation, and (3.) its consequences--student success due to the teacher's affective response to student need.

The value of matching materials with the learner (Berneman & Dexter, 1980),[65] motivation through language arts (Rowell, 1977),[66] and merging reading skills with content area subjects (Morrow, 1980),[67] can be viewed as examples of teaching methods which can play a role in creating a positive affective, emotional, response. A thought of Lesley M. Morrow fits the research hypothesis and philosophy: We are teachers of students first and of content
second. If student's lack the basic skills to learn, it is our responsibility to teach those skills.[68] While the material under study has skills and objectives for the learning experience, the manner and recipient of the learning experience skills are tied to both the motivation stirred within the student by the teacher and the acquired objectivity by the student. What is not often recognized is that a positive response or success by the student is an emotional experience, a positive one rather than a negative one. Children want to learn and to succeed.

Skinner's view of emotion as attributable to contingencies based on the situation in which it occurs, the behavior itself, and the consequences (Skinner, 1974)[69] translates into negative learning experience, academic dysfunction, and failure.

Brookover's (1965) longitudinal data areas concern perceived evaluations, self-concept, and achievement,[70] and can be compared with the academic dysfunctional triad of self, community (school or future), and home and family. Brookover's remarks suggest the possible role of a reality testing teacher using positive affective interaction to build self-esteem.[71]

Including Festinger's dissonance theory in this strategy, we see the two conflicting elements which, here, determine dissonance: (1) the student's positive perceptions of self and ability, and (2) the student's perceptions of
negatively held views of the parents and others important to the child of perception of that ability. Brookover's (1965) data corroborate this. Dysfunction develops because of a resultant dissonance (Festinger, 1957).[72] There is a twofold need: 1. students must change negative perceptions of ability to positive ones, and 2. parents and others influential in the child's life must couch negative evaluations of and to the child in positive affective speech and show that they care for the child.

As affiliative needs require parental responses, there is a direct relationship between a child's dependence satisfaction and consequent nurturing, that is, satisfied dependence, "consonance," and a fear of losing parental love, "dissonance."

**Link Between Academic Dysfunction and Masked Childhood Depression**

Eight models of depression were reviewed (Weller et al., 1984). These relate to behaviors manifested by students with academic dysfunction. The pilot study research agrees in theory with several models: psychoanalytic, behavioral reinforcement, learned helplessness, cognitive distortion, life stress, and sociological models.[73] What are assumed to be everyday occurrences in the academic setting, devoid of psychiatric or clinical intervention, mirror behavior found in the psychiatric literature. Yet, academic dysfunction is not
addressed as clinically significant in its theoretically measurable quantity.

Weller's research seems to corroborate the rationale behind the mini course, with its emphasis on positive affective interventions in academic settings. Attempts to motivate depressed children through pressure and criticism should be avoided. Such attempts may lead to increased depression (Hollon, 1970).[74] Suicidal children, being immature and impulsive, may react excessively to minor stress (Toolan 1975).[75], (Weller et al., 1984)[76]

Four Stages of Academic Dysfunction

Academic dysfunction also relates to three of Piaget's developmental stages: pre-operational (2-6 years), concrete operational egocentric (7-11 years), and formal operational periods (11-15 years and older).

Priming

Priming may happen at any time. This can be compared to Piaget's pre-operational egocentrism (2-6 years) (Elkind, 1970).[77] In dysfunction, priming is negative, perceived as an objective evaluation by the recipient, and occurs after the sensorimotor and pre-operational periods.

Clark, and Lowell (1953) among others, that affective value of informational input to the organism depends on its relation to the organism's then-existing adaptation level (Smith, 1969).[79] This has bearing on early childhood intrinsic motivation (Hunt, 1965).[80], (Smith, 1969).[81] This also relates to the child's adaptability to respond to emotional speech which, in some instances, could relate negative affect as negative priming possibly beginning in infancy.

During the preschool period the symbolic function becomes active, shown by language development. Recalling Underwood (1940) on the affective quality of spoken words, words used at this stage may call the attention of the child to both positive and negative situations.

Egocentrism flows from the child's inability to contrast clearly between thought and perception. In academic dysfunction, a child's experiences are qualified by negative affective perceptions.

Delegated blame and victim

Delegated blame and idiosyncratic victim stages occur at approximately the same time. Delegated blame occurs after the child's acceptance of negative priming and assumptive realities early in Piaget's concrete operational egocentrism period (7-11 years) (Elkind, 1970).[82] This is the latency period of minimal intensity of "family romance"
between parents and child. As this concerns the pilot study, problems can arise when the child's perceived ability comes into conflict with the parents' negative appraisal of that ability.

Assumptive behavior is often done in the spirit of "fun" or "play," and the child is aware that he is operating according to convenient fiction (Elkind, 1970). As student, the child's own behavior, and the behaviors of others, to reach perceived goals, is rationalized.

Initially, these goals are conscious pragmatic perceptions. Through priming, the goal perceptions become habitual or automatic. The practice of delegated blame continues through repetitive use.

In academic dysfunction, the use of the child's cognitive blaming of other persons, places, and things for creating the negative situation finds fault with the parent for blaming the child. On the practical level, the child fears the loss of parental love, if the parents discover the child's dissatisfaction with them. Because of this, the child accepts the parental view as true and blames himself or herself for not living up to parental expectations. Personal guilt, reasoned or perceived, is essential in delegated blame.

Idiosyncratic victim stage also occurs during Piaget's concrete operations period (7-11 years), (Elkind, 1970) At this stage, thinking is bound to inner-life and is
emotionally-affectively oriented (Ogletree, 1976).[86] In academic dysfunction, there is the added rationale that the child's view of the self and a view of perceived parental rejection, as a victim of parental misjudgment, is hidden from the parents.

The relation of assumptive behavior to the child, and a complementary assumptive reality, is suggested by Edmund Gosse (1909). This behavior can occur during the concrete operational period. Sometimes, the child discovers he or she knows more than the parents. The assumption of Elkind's cognitive conceit is: if the adult is wrong in one thing then the adult must be wrong in nearly everything.[87] An assumption develops that negative evaluations are made without perceived just reason. In academic dysfunction, these observations lead to the assumption that future parental evaluations will be lies.

"Cognitive ineptitude" (Elkind, 1970)[88] exists when children persist in the belief that others know everything and they know nothing. Add negative evaluations by important figures in the child's life to cognitive ineptitude, and a demeaning dissonant experience results. Where Elkind speaks of assumptive realities being "temporary," arising out of particular situations and that these "frequently" occur when the child knows he has done
something wrong,[89] academic dysfunction, however, accepts these as ongoing phenomena which result as habitual constructions.

Manifestation

Manifestation occurs during Piaget's formal operational period (11 years to 15 years and older.) It is during this period that the child can think about his or her thinking and that thinking is more objective and more free of emotional life, (Ogletree, 1976).[90] Dysfunction theory holds that manifestation occurs most strongly during this extended time period, but only if dysfunction has not been reality tested and new positive academic experiences have not been introduced into the child's life.

Glasser (1971) discussed failure where children were unable to find an independent role, a satisfactory sense of who they were. Because they were lacking a success identity, many young people turned against their parents, society, and eventually turned against themselves.[91]

Much of the decision making by academically dysfunctional students for delegating blame and becoming an idiosyncratic victim, can be explained by Festinger's (1957) theory of cognitive dissonance.[92]

Festinger's description of the attempt to reduce dissonance is to reduce inconsistencies. The child reduces dissonance by removing a condition of conflict: denial or
avoidance of conflict. Festinger's theory aligns itself with delegating blame. The student goes to the less resistant element, thus eliminating dissonance.[93]

The student must change the measure of failure to a measure of success. Pressure to reduce dissonance, does not guarantee the reduction. Dissonance may even be increased (Festinger, 1957)[94] and negative social behavior occurs.

Educators should be aware that dissonance manifested in academic dysfunction is the student's attempt to maintain consonance of his or her perception as a failure. Attempts to change cognitive elements are resisted first and foremost by their responsiveness to reality, (Festinger, 1957)[95] as when parents and teachers evaluate students openly and negatively. When dissonance is appreciable and attempts to reduce it fail, discomfort will be clearly and overtly manifested (Festinger, 1957).[96] In academic dysfunction this results in outbursts of negative social behavior or a cycle of nonproductive behavior or misdirected learning activities, and in a recurring cycle of perceived failure.

Patterns of idiosyncratic thinking may be so strong as to make such thinking the acceptable norm. This is cited in research done by Osgood and Tannenbaum (1955).[97] A tendency is to change either the evaluation of the opinion or the evaluation of the source in directions reducing dissonance (Festinger, 1957).[98]
In dealing with negative affect, the child learns early that parental dissonance is not conducive to love and belonging. Negative affect can be dealt with by acceptance. Acceptance becomes consonance.

The Teacher's Role in Student Success

Once the academic dysfunction student is identified, the positive affective intervention teacher's role in developing student success in the classroom becomes the tool for academic dysfunction intervention. The role of teacher attitude, emotional tone, affect, must be understood by the educator.

While it is true, that positive affective interventions in the school may counter negative affective influences of the home on the student, it is not the purpose of the classroom interventions to focus on any negative affect from the home, unless this negative affect relates to student failure. Positive classroom interventions which do react counter to ongoing negative affect in the home can become an awakening experience for the student, an awakening where opposing evaluations by significant others can be placed in newly defined contexts. Whether or not, the newly defined contexts help to build an understanding of the student in a positive self-concept, depends upon the level of maturity and personal growth of the student.
The researcher's belief is that academic dysfunction can be ameliorated through positive affective teacher interaction and classroom reality testing of student ability. Teachers must learn to identify dysfunction and have available interventions, such as the mini course, which stresses positive reality testing by the student through the teacher's Socratic interventions, and the mini course workbook which concerns suggestions for study scheduling, topics relating to current student needs, goal setting, and self-esteem development to help students achieve higher grades. This means that the teacher treats all students with dignity, communicates that the student does have self-worth and tries to demonstrate this relative to the amount of success which the teacher can help the student achieve in the class, and demonstrates that the learning experience is one fraught with both trial and error, and a necessary reflection on past failure in order to plan for successful future outcomes.

Defining teacher effectiveness is difficult; relating teacher effectiveness to academic dysfunction amelioration is a natural course which must be followed. Substantial progress relating teacher behaviors to classroom outcomes is seen in Ornstein & Levine (1981).[99] Ornstein and Levine cite Barack Rosenshine (1979) in iterating that which is not attended to and taught in academics is not learned;[100] and Donald M. Medley (1979) when they relate that the effective
teacher directly emphasizes academic activities and devotes more time to academic skills. [101] The authors point to the need for positive, student achievement and enhancing skill intervention in the school setting.

Land and Smith find that teacher clarity, which is concerned with the use of vagueness terms, in mathematics learning contributes with significant differences (0.05) in favor of a no vagueness group, where there is clear teaching, compared to a high vagueness group, or unclear teaching, (Land & Smith, 1979). [102] As a tool, academic dysfunction interventions, must be clearly presented and understood by students, if positive change is to occur.

Other research areas cite extrinsic and intrinsic motivation (Anne Netick 1977), [103] use of a traditional study method such as SQ3R as a learning aid cited by Johns & McNamara, (1980), [104] and, studying techniques cited by Hudson, (1981). Hudson found that if students knew studying techniques, adequate remediation could overcome poor preparation and frequently graded assignments with daily feedback could overcome poor motivation. [105] When a student is motivated and given techniques and understanding for academic success, dysfunction interventions will work.

Teacher attitudes and expectations affect student success

A "special needs" (Massachusetts Public Law 766, 1972) [106] label, may stigmatize. Dunn (1969) finds that
labeling a child "handicapped" reduces the teacher's expectancy for him to succeed.[107] Barber et al. (1969), agree, using the "educable mentally retarded" label.[108] Alfred Adler's (Philip Mairet, 1964), inferiority and superiority theory, mirrors the self-fulfilling prophecy of personal defeat felt by some failing students, who, losing their courage and self-confidence, divert their goals to the useless side of life. Fear of defeat arranges the emotions and actions until an allaying situation is reached.[109] Components breaking the self-fulfilling labeling prophecy (Barber et al. 1969) are: 1. teacher must attend to, 2. comprehend, 3. and retain expectancy; 4. teacher must transmit expectancy to the student; 5. student must attend to, 6. comprehend, and 7. act upon the expectancy.[110]

Students must see themselves, where they are, and how to proceed to their potential. This can be difficult for the academic dysfunction student with a history of failure. New positive learning experiences can be the new information which will change behavior, however, if the new information is given in a positive emotional atmosphere, the possibility of more reward can change the past focus of negative consonance to a new positive consonance. If anything, a failing label is temporarily halted. With new positive learning experiences, negative labels will have no place. The researcher believes that (1) students' conditions do not always warrant clinical referral, (2) positive teacher
intervention is useful, and (3) the academic setting, using the proposed model intervention, is an amelioration tool.

Summary of the Literature

The research presented can be said to represent thoughts centering on creating motivation through consonance, success in an academic setting. Success in the classroom can be a reality. It is positive input: new positive information, which can change a student's perception of self and raise his or her self-esteem. Success for the academically dysfunctional student occurs when the student can follow a lesson and look to the teacher for further explanation and even greater challenges. This can occur only if we give the student a sound basic education before he or she is required to use that basic education at a higher level.

If, students have love and belonging needs (Maslow, 1954),[111] but are alienated because of poor academics, language deficiency, or poor self-image, it is counterproductive to reinforce that alienation through nonproductive criticism. Such students would revert to a lower level in Maslow's hierarchy of needs: the safety and security level. In moving to lower levels of the hierarchy, the student may well reflect negative social behaviors or misdirected learning activities. The role of affect, feelings and emotions, must be seen as an important factor
in encouraging some students to succeed and to overcome academic dysfunction.

As a tool, academic dysfunction theory used the strategies, thoughts, and theories of many individuals. Academic dysfunction is a compilation of many theories, by reason of the resultant strategies for population identification and the kinds of interventions developed. The thoughts on dissonance and consonance expressed by Leon Festinger's (1957) dissonance theory helped to define and describe the role of emotion and how changes in attitude, as expressed by Gazzaniga (1973), can follow from shifts in behavior in academic dysfunction. David McClelland's (1943) motivational concept addressed affiliation and achievement motives which indicated that students can possess a pattern for academic dysfunction. Benton Underwood's (1949) study of pleasant and unpleasant words strengthened dysfunction theory by demonstrating the use of positive, negative, and neutral affective words producing approach, avoidance, or neutral behavior response. Together, Festinger, McClelland, Underwood, and Weller and Weller helped to determine the identifiable depression behaviors which could be related to the academic situation. Aaron Beck's (1979) reality testing strategies and objective approach of cognitive depression theory focused on an objective and immediate response to the assumed low level of cognitive depression of targeted students, indicating that classroom reality testing
may be a method of intervention. Weller and Weller's, (1984) up-to-date perspectives on major depressive disorders in prepubertal children and comments on nine models, or theories of depression, emphasized the breadth of depression in children and the need for remedial education coordinated among the school, home, and others working with the child. The Wellers' works helped give substance to academic dysfunction theory. David Elkind's interpretive essays on Jean Piaget, with implications for present day educational and psychological theory and practice, helped to define the stages of academic dysfunction. B. F. Skinner's (1974) regard of emotion as a hypothetical state, a predisposition to act in a certain manner that is the function of an individual's history, reinforced the hypothesis that academic dysfunction resulted from negative contingencies which translate into negative learning experiences, academic dysfunction, and failure. Philip Mairet's (1964) editing of Alfred Adler's Problems of Neurosis, A Book of Case Histories, presented clearly how "Useless Goals of Superiority," were relevant to the continued maintenance of academic dysfunction behavior, in that the display of superiority by purposeful nonproductive behavior or conditioned misdirected learning activities or negative social behaviors in academic dysfunction, were nothing less than behaviors conditioned by actual experiences of inferiority. Adding educational components as suggested by
Mosley and Smith's (1980) positive instructional tactics, Berneman and Dexter's (1980) emphasis of the value of matching materials with the learner, and Lesley M. Morrow's philosophy that, as teachers, we are teachers of students first and of content second, we should understand the need for academic dysfunction intervention taking place within the school setting in order to positively change the dysfunctional behavior. The teacher's role in academic dysfunction amelioration is most important.

Taken together, both the clinical and educational theories have contributed to the development of academic dysfunction theory, its identification and intervention techniques, and have helped to deduce from them, empirical results which should occur from use of the mini course workbook and recommended positive reality testing interventions in the classroom.
CHAPTER III

THE DESIGN OF THE STUDY

The Study Question

The study was designed based on the question: Can a mini course be used as a tool for identification and intervention with mainstream middle school special needs students experiencing academic dysfunction? "Academic dysfunction," is meant to be only a descriptive term to introduce the research and not a designated label. The academic dysfunction condition ranges from a mild academic depression—which is most often not manifested in the classroom—and relates to areas expressed in literature encompassing psychological, learning, and social theories; included were those ideas expressed by: Adler (Mairet, 1964), Beck (1979), Burton (Weller and Weller, 1984), Festinger (1957), Glasser (1969), Hollon (1970), Hunt (1961, 1963, 1965), Maslow (1954), McClelland (1953), Ogletree (1976), Osgood (1955), Skinner (1974), Smith (1969), Strecker and Appel (1962), Underwood (1949), and Weller and Weller (1984), and have been interpreted as stressing conditions which keep individuals from achieving their intellectual cognitive potential, especially middle school students who have a history of academic failure.
The researcher's hypothesis was: The more frequent the overt positive affective interventions in classroom reality testing situations, the greater the resultant positive behavior. The effectiveness of a mini course as a tool for identification and intervention with mainstream middle school special needs students experiencing academic dysfunction, for which no data is available, was tested. Academic dysfunction is manifested by misdirected learning activities, non productive behavior, and negative social behavior.

Experimental Design

Methodology

The research was guided by Yin's (1984) *Case Study Research: Design and Methods*. A pilot study was conducted. This procedure was desirable because of the limited size of the available research population and the anticipated need for possible refinements in a pilot study.

Over the years it became obvious to me, first, as a teacher of the educable mentally retarded, and then as a resource room special needs teacher, and also as a teacher in a summer Italian bilingual program, that academic success had much to do with areas that were not being addressed in the classroom. Models were developed; initially, one which theorized that learning had more to do with how material was presented to a particular student or students, rather than
just presenting traditional appropriate student grade level material and teaching the obvious skills connected with it. Teachers had to be sensitive, not only to what a student did or did not know, but also, to the mental feedback relative to the student's self-esteem for those things which the student had difficulty learning. However, even with student progress using this guide, students were still not working up to expectations. The next model included the theory that students should have both traditional and non traditional teaching aids and methods made available to them, including records, tape recorders, videos, calculators, photocopying student works, cam-corders, computers, and the use of mind control techniques to positively contribute to the learning situation. It was while researching this last model that it became apparent, that there would still be students who were not reaching the reasonable expectations which were set for them. Regardless of the model and attempts at motivation there was going to be a constant gap in the learning process. There was no inclusive or more inclusive model available. A newer model was developed which attempted to teach the student how to learn. Students were to be taught the learning process, not the stimulus--response and psychological aspects, although the mechanics of vision, hearing, speech, memory, and movement were to be covered briefly, but rather, what a student had to do to learn. This latter model included scheduling study time, how to
read and write a paragraph, how to study, where to study, how to study simple facts, how to outline, how to answer questions, and so on. Ultimately this model revolved around teaching the student to think. This model appeared to be going in the right direction. However, even this model lacked the wherewithal to get certain students to learn. The reason for the certainty with which a model was determined to be worthwhile or not, was that the methods were tried, perhaps not as completely and to the extent wanted, but they were tried to the point that would make one realize their value and limitations. One thing did not change. These students, having difficulty learning in the classroom, were identifiable. In constructing the models, using arrows for various influences upon the student, one ended up with stick drawings of a student being crisscrossed with arrows with various notations. These drawings were always representing students who did not respond to any of the many interventions which were tried. The drawings were representative of students who either were failures or were getting by, by the skin of their teeth. In going over the models, it soon became apparent that the missing element was the student, himself or herself. Most often, one looked for the motivating factor as being either, other or outside the student—or even internal motivation. What was missing was the student as motivator—not internally motivated, but as the self-mover of the motivation process—as a participator
in the learning process. The reason these students did not learn was because they did not participate in their own learning. They were being taught, too. Many of these students were witnesses to their own failures, but hardly ever participants—knowingly moving with the learning situation—to the point where they could ask relevant questions or, even, ask for more challenges. Students are most often subject to the learning experience and not made an active participant in it. The basic assumption is that basic concerns must be addressed for learning to take place: the learner, the learning situation, and the material to be learned. Whether one treats these basic concerns as a total unit or individually, the tendency is to ignore what effects the learner, beyond age, I.Q., grade level, and reading level. Quite simply, how does the learner relate the learning situation, the learning material, and himself as a learner—to himself as a, yet, unknowing and growing neophyte in the arena of academia? With this new look at the student, we do not see the student in a classroom setting with books, maps, pictures, brightly lit, and colorful surroundings which focus on a smiling face caught up in the wonderment of new learning possibilities. Instead, the reality is that we have a student, looking up at and into an adult world, about which he or she has not the faintest idea how to participate in, except for the routine of school and lessons. Beyond the routine there is
the unknown. What some would paint as a world of discovery and wonderful learning experiences, in reality, for some, becomes the world of discovery that they were born lacking the intelligence of some of their peers, that which appears to be the obvious to others, remains a mystery to them. That the repeated remarks by those who love him/her are so true, their child is stupid, is dumb, never does things right, never remembers anything—not even in school.

The models called for new kinds of interventions to be used by a teacher. However, even with the interventions already mentioned, the same students were still, theoretically, not achieving up to expectations. When expectations are mentioned, an example comes to mind. It is of a student who could not bring himself to perform classroom assignments. The student is a likable, well behaved, shy, almost passive boy, who does not volunteer, do homework, or cause trouble. His work in the shops is passable and sometimes became a point of discussion at student lunch. The visible change which came over this student when he discussed his projects or playing games after school, completely changed his demeanor. The reason this is mentioned is because during the first weeks of school, when he was taken aside, out of the classroom, and asked why he did not do his homework or participate in school discussions, he stated quite matter of fact, that I need not concern myself with teaching him, because, and
coming as close as possible in recalling that statement: "I know I am dumb and stupid. My father told me I can't learn. You don't have to try to teach me. I know I am stupid and can't learn." He didn't learn much that year, but he did laugh with and mix with the other students, something that took a while to happen. He could do just about any chore in the classroom and do it well and with pride, but the intellectual activities had a mental block around them. This student may be one extreme, but there were others who demonstrated more subtle forms of building walls around their academic abilities—or lack of them. There were the students who could not recall classroom discussions concerning writing assignments, but could repeat from memory by rapping or singing, an entire song or many songs. The students who could not do math or recall when to use a particular mathematical operation, but could give you statistics in baseball, hockey, or football. Students who could not add, subtract, multiply, or divide on paper, but who could give you dollar and cents answers immediately, when money concerned them. Students who glowed when their involvement in sports or art were mentioned, but who cowered and broke eye contact when grades were to be mentioned or they were about to be called upon. Students will respond to those learning situations which have relevance for them. If the learning experience is pitted with many failures, we can say the student is a failure, but that thought of failure
will have relevance for the student—the thought of being successful will not have relevance because it happens infrequently or not at all.

In building and rebuilding models for meeting the challenges of students who do not learn, with the many arrows that have missed their mark, eventually, there were those that struck home: besides the student being a participator in his/her learning, that student's psychological lifestyle: his or her attitude about himself or herself, had to be dealt with. In retrospect, with so many models of stick figures with arrows, seesaws that were meant to maintain balance as various conditions or weights were placed upon them, and webs which structures were put out of shape each time an additional condition was placed upon them, all pointed to the common sense observations: success builds upon success, failure can bring more failure, students want to learn, students do not want to be failures, positive evaluations by teachers tend to make students more positively concerned with future evaluations of their academic ability, and negative evaluations by teachers tend to make students more negatively concerned with future evaluations of their academic ability. In some instances, students would rather argue, get into fights, and risk suspension, rather than being held accountable for work they did not or could not do. These situations would provoke disagreement and argument and would reinforce an already
strongly student held belief that they were failures at
school and a source of trouble to themselves and their
families.

In noting the negative reaction of teachers to the
obvious outspoken and crude remarks by students, it became
obvious that what teachers say to students also can have a
negative affect and effect. Not only is what a teacher says
so important that the teacher should guide his and her
communication, it is also just as important to be aware of
how—in what emotional tone—that communication is given.
Such a background resulted in the development of this pilot
study. While academic dysfunction theory is not even given
a hint of a panacea for students with a history of negative
interventions, it takes one into the direction that modern
education must now accept: schools must teach the individual
learner and not attempt to teach a classroom of learners
without consideration of their individual differences. For
too long, education has been oriented from the vantage point
of teaching children to be mature in their lives as
learners. In even their dress, the child is made to look
like the young adult, the young adult is made to look like
the adult, and the adults reverse their directions wanting
to revert back to the youth and childhood they never fully
experienced. The time must come when educators start
treating children as children: with the nurturing needs
which respect, dignity, and truth demand we treat children
with. Imagination in the classroom has been stifled by a lack of funds for remedial programs, home economics, shops, sports, music, art, drama, debating, teaching various foreign languages including the classic languages, new textbooks, equipment; greater funding for higher education and course and curriculum development; and availability of local school programs for adults at no cost, and which are occupationally related, if not educationally necessary. Telling a child to use his or her imagination in a writing assignment, for example, is not sufficient. Students must have had made available to them some concrete knowledge about which they can tether their imagination, but yet, let their imaginations run free of the restrictions of the world in which they find themselves. To many, the encouragement to use their imagination is to think about something outside the limits of their knowledge. Imagination is the free reign to go from what is known and into the unknown, to make the unreal imaginable. This is a heavy task for those students who cannot get a grasp on what they are expected to know, especially, in an environment which seeks only to correct and to stress individual mistakes.

**Instruments and documents used and their sequence**

The following instruments and documents, used by each of the subjects in the research, are consistent with the study.
(1.) **ABSTRACT/HUMAN SUBJECT GUIDELINES** The abstract, (See Appendix F, Abstract/Human Subject Guidelines, p. 159), indicated the procedures, methods, and degree of involvement of the potential subjects. Screening of subject participants before selection, in the abstract, refers to the targeted X, Y, and Z behaviors. The three behaviors: items X, Y, and Z, would be selected by the participating teacher from the 22 items of negative behaviors found in the Teacher Questionnaire. The teacher could also determine up to any three other negative behaviors selected for change and substitute those for ones in the Teacher Questionnaire. No revelatory or critical case was found in the study.

(2.) **Written Consent Form** This form, (See Appendix G, Written Consent Form, p. 160), was used by students in the pilot study. It is noted that the five days for mini course class work had to be extended to ten school days, because of, both, overall interest, and individual student concerns, for example, individualized: study schedules, evaluation of current academic problems, and forming of educational goals.

(3.) **The Teacher Questionnaire** This questionnaire, (See Appendix A, Teacher Questionnaire (Characteristics of Nonproductive Behavior), p. 149) which had been field-tested, was the initial instrument used, once the research population was established. The Teacher Questionnaire contained a list of 22 negative student
behaviors from which the participating teacher selected, or added, up to a combination of, three behaviors, to be labeled X, Y, and Z behaviors, to be observed. There was no ordering of behaviors from highest to lowest severity. The three behaviors were considered equally and a matter of selection sequence.

(4.) The No Effect Chart (See Appendix D, No Effect Chart, p.157), charted the selected X, Y, and Z behaviors from the Teacher Questionnaire. The teacher also rated the students on the Effect Charts, twice, in four areas on a scale of 1 to 10 on: low academic achievement, low self-esteem, misdirected learning activities, and negative social behavior. The first time recorded the initial rating before the mini course on the No Effect Chart, and the second time, recorded the rated areas after the five non consecutive days of charting the X, Y, and Z behaviors on the Effect Chart. The initial charted positions and rated areas became the basis for comparison with the five non consecutive charted observations and the final rating on the Effect Chart.

(5.) The Effect Chart (See Appendix E, Effect Chart, p.158), plotted the progress of a student's initial X, Y, and Z behaviors, after the workbook phase of the mini course, and during five nonconsecutive days of intervention and observation; at the end of which time, the teacher also
gave the final rating in the four areas with the 1 to 10 rating scale.

(6.) *Weinberg Screening Affective Scale Modified Form*, *Weinberg Screening Affective Scale Modified Form*, (See Appendix B, *Weinberg Screening Affective Scale Modified Form*, p. 150), was developed by Adams (1986).[112]

The *Weinberg Screening Affective Scale Modified Form* used, contained 15 questions requiring a "yes," or "no" response. The *Weinberg Screening Affective Scale Modified Form* was selected because it offered a correlation of 85% for the *Weinberg Screening Affective Scale Modified Form* when compared to the *Weinberg Screening Affective Scale*, and the *Beck Inventory* questions, (Richard Adams, 1986) which Beck (1979) designed for use in his cognitive depression therapy. The modified *Weinberg scale* determined if response patterns occurred by way of depression scores, because academic dysfunction is believed to be related to low levels of depression.

A comparison of control and experimental data determined the before and after testing depression scores of students with the targeted behaviors. A similar comparison was made with the before and after administration of the *Piers Harris Children's Self Concept Scale* (See Appendix C, *The Piers-Harris Children's Self Concept Scale*, p. 151).[113]
The III. Results, and IV. Discussion, (See Appendix H, Results/Discussion, p. 162), information, is taken directly from Richard Adams' (1986) study, and presents findings from a large scale study of an adolescent population which had an 18.1%, of the respondents strongly suggestive of depression, when using both the Weinberg Screening Affective Scale and the Beck Depression Inventory.

The Discussion, emphasized the high degree of predictability (85%) using the Weinberg Affective Scale Modified Form, and when compared to both the Beck Inventory and the Weinberg Screening Affective Scale used in the Adams' study.

(7.) Adam's study 8 and 9. (See Appendix I, Adam's study 8 and 9., p. 163). The Roman numerals in table 8 correspond to the eleven categories listed in II-B-3, of the original study. Table 9 gives management recommendations for any results obtained through the use of the Weinberg Screening Affective Scale Modified Form.

(8.) The Piers-Harris Children's Self Concept Scale (The Way I Feel About Myself) (See Appendix C, Children's Self Concept scale, p. 151), was selected because it is quickly completed (15-20 minutes), has 80 questions requiring a "yes" or "no" response, and can be administered in group form with a requirement of approximately a third-grade reading knowledge. This was applicable to a special needs middle school population where some students read at a low
grade level. The questionnaire can be administered on an individual basis to those reading below the third grade level. It was also selected because scoring can be done by educated non-psychologists.[114] The Piers-Harris manual cautioned against studies which attempt to measure change after a single laboratory event, and offers a week of camping as an example. It was believed that the reality testing interaction between experimental subject and teacher, and participation in discussions using the mini course workbook, involved more time, and were more direct and individualized involvements with identified problems to which the students could respond, and the scale was deemed appropriate for the study.

(9.) A Student Information Sheet (See Appendix J, Student Information Sheet, p. 164), profiled the student.

The forms mentioned were used to measure either the positive or negative changes in raw total scores from an initial total score response as compared with the final of two subsequent scores of the same questionnaires, or to record pilot study involvement.

Preparation for the pilot study

The pilot study required two separate, fixed, and consistent populations, one, available for both the mini course and the science class interventions, and the other, acting as the control group. The grade eight resource
students were most accessible to the researcher and participating teachers for administration of the mini course, filling out questionnaires, administration of the teacher interventions, observation, and charting. The resource students were best suited for the research because they were a school population which had been identified as academically at risk of failing, if they did not receive resource room intervention. The majority of these students' classroom behaviors were also well known.

The grade eight resource students also offered a better framework for evaluation because of their known past academic and behavior performance in the school. The populations of other grades of special needs students did not provide this option, but were, likewise, limited as to populations available for the research. The ability to provide an effective mini course to either one of the research populations was limited to these two classes. Both groups consisted of male and female and predominately Afro-Americans, Hispanic, and some Anglo American students.

What was most limiting, was the availability of potential research participants.

The average resource class population for a particular subject at the school could run from eight to twelve students, more or less. Therefore, student grade sections and resource room subjects also had to be considered. The experimental and control groups were in different grade
sections and would attend the science class at different times. This insured the status of the control group by denying them any opportunity to witness the reality testing situations with the experimental group. Also important, was that the intervention science teacher was not made aware, exactly, of the mini course or workbook contents.

The experimental and control populations of available students both met the criteria of at least ten mainstream students in each group, each group having the same grade and teacher in the intervention science class, composed of regular and special needs mainstream pupils.

Student selection was by special needs mainstream status and teacher selected behaviors. Behavior selections were based on the identified X, Y, Z behaviors from The Teacher Questionnaire.

The research population, when compared with the regular education population, differed in: identified academic special needs in the areas of reading, language art, and math. Many students in the regular education population could be referred for similar special needs assistance. What distinguished the resource student from the regular education population was the degree of identified weakness(es) in academic areas with an individual educational plan.

Notices were sent out to parents of eighth grade resource students, concerning a parents' meeting and seminar
on Gary Smalley's (1988)[115] videotape on parenting and an opportunity to question the researcher about the proposed research. The seminar was scheduled to coincide with Open House at the school. A parent of a potential research student attended the seminar, heard the explanation of the research, and deferred from signing a consent form. Only one research student's parent attended the first seminar. It was later learned that this was a parent of a student from the experimental group. Five parents of regular education students dropped in to view the video and were told about the proposed research. Those in attendance wanted to know how they could motivate their children to get better grades. They were shown the student mini course materials which included homework study schedules, student Scriptographic booklets,[116] told about the need for a personal student study area with readily available materials, and about the need for parental concern for student academic activities. Parent related Scriptographic discussion materials were also made available.[117]

The number of parents of special needs students attending the open house would determine if future parent meetings would be practical. The result of general attendance, at the open house and notices sent with each grade eight special needs student, demonstrated a lack of interest in attending an evening session. Parents were then informed that another meeting would be arranged during the
school day. A second, morning, viewing of the video was scheduled. There was one parental response. Although it was not known at the time, this parent was, also, a parent of one of the experimental students. Students stated parents were working or too busy at home during the school day, to attend school meetings.

**Pilot study**

The pilot study consisted of two parts, administration of a mini course, which acted as an identification and intervention tool, and the testing component, using questionnaires, which was conducted before and after interventions. The affective teaching and reality testing done by the observing teachers, for charting purposes, were also part of the testing component.

After the permission slips were returned, the names of the two resource class populations, each population from a different grade eight section, were separated into two envelopes. A toss of a coin, a quarter, was used to determine which of the populations would be the experimental and which the control group. The envelopes were shuffled and the top envelope would determine both its population status and that of the other envelope, after the coin toss. Heads named the experimental group and tails, the control group. The toss of the coin was made. Heads won. The list in the top envelope became the experimental group; the
second envelope's list became the control group. Research group selection was by chance.

Once the control and experimental populations were identified, student No Effect Charts were completed with their noted behaviors by the intervention teacher and the initial positions charted, prior to any interventions. The intervention teacher had observed each member of the research population and then determined the behaviors, known as X, Y, and Z behaviors, which were to be observed for improvement. Later, the No Effect Chart would be compared with the Effect Chart containing five non consecutive days of charting.

Research Population

The population prototypes. The research population of 502.2 and 502.3 mainstream special need students, consisted of an experimental and a control group of ten students each. The 502.3 students attended a resource room for up to three subjects, the 502.2 students, for up to two subjects.

Age distribution. In the following figure, Figure 1., the Age Distribution of the Twenty Subject Research Population is given.

A single asterisk indicates specific age populations for research subjects who did not complete participation in the research due to moving or transfer. The double asterisk indicates the final research population.
Age Distribution of the Twenty Subject Research Population

Age Range: 12 years 11 months to 15 years 6 months
Age Range Difference = 2 years 7 months (Based on age September 1, 1989)

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>13*</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>14*</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>15*</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20**</td>
<td>100 %</td>
</tr>
</tbody>
</table>

* Deduct 1 each, moved or transferred
** Final research population = 17 = 100 %

Figure 1.

Age Distribution of the Twenty Subject Research Population

Ethnicity. In the following Figure 2., is given the ethnicity and prototype of the research population being compared. The population in figure 2, represents those subjects who completed the research. The population does not include two Afro-American females from the experimental group, prototypes 502.3, or, one, Afro-American female from the control group, prototype 502.2.

In the original experimental group there were two, (2), 502.2 students: two (2) Afro-American females, and eight, (8), 502.3 students comprised of two (2) Afro-American females, two (2) Afro-American males, one (1)
Ethnicity of the Research Population
(Seventeen Subjects)

Legend: M = Male   F = Female

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>M</th>
<th>F</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afro-Am.</td>
<td>8</td>
<td>4</td>
<td>47%</td>
</tr>
<tr>
<td>502.2</td>
<td>5</td>
<td>4</td>
<td>29%</td>
</tr>
<tr>
<td>502.3</td>
<td>3</td>
<td>0</td>
<td>18%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6</td>
<td>1</td>
<td>35%</td>
</tr>
<tr>
<td>502.2</td>
<td>2</td>
<td>1</td>
<td>12%</td>
</tr>
<tr>
<td>502.3</td>
<td>3</td>
<td>0</td>
<td>18%</td>
</tr>
<tr>
<td>White</td>
<td>3</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>502.2</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>502.3</td>
<td>3</td>
<td>1</td>
<td>12%</td>
</tr>
<tr>
<td>Totals</td>
<td>17</td>
<td>11</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 2.
Ethnicity of the Research Population

Hispanic male, one (1) white female, and two (2) white males. The experimental group was to lose two (2) 502.3 Afro-American females because of transfers.

In the original control group there were six (6), 502.2 students: three (3) Afro-American females, one (1) Afro-American male, one (1) Hispanic female, one (1) Hispanic male; and four, (4), 502.3 students: one (1) Afro-American male, and three (3) Hispanic males. The control group was to lose one (1) 502.2 Afro-American female because of moving out of the city.
The student numbers were the result of 34 requests to participate in the research. Out of this number, there were 21 positive respondents, one of whom was dropped as a candidate for the research. This was a substantially separate student who had been moved into the less restricted setting of the resource room for reading but, could not, yet, attend the mainstream science class, and therefore, could participate as neither an experimental nor a control group subject.

The research population broke down to 10 in the experimental group, and 10 in the control group. However, before the research was completed, two of the experimental subjects transferred to other schools, two 502.3 prototypes, and one control, prototype 502.2 subject, who moved out of the city. All were black Afro-American females. The total research population was reduced to seventeen (17) subjects: eight (8) experimental, and nine (9) control.

Control group subjects

The ages of the subjects represent ages on September 1, 1989. The identifying numbers given are the same numbers used with the statistics in Chapter IV.

ID# 3: an Afro-American female, aged 13 years, 8 months, with a 502.2 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 3. Has unusual difficulty learning things. and 4. Is
discouraged by own academic problems achieving below own expectations.

ID# 5: an Hispanic male, aged 14 years, 3 months, with a 502.3 prototype. Behaviors selected for change were: 3. Has unusual difficulty learning things. 10. Presents self as an independent, foolhardy, self-assured individual who has no need for schooling. and 20. Disruptive, tends to bother others, acting out.

ID# 6: an Afro-American female, aged 14 years, 1 month, with a 502.2 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 13. Functions best when time and activities are highly structured. and 16. Low-key personality.

ID# 7: an Hispanic female, aged 14 years, 10 months, with a 502.2 prototype. Behaviors selected for change were: 3. Has unusual difficulty learning things. 12. Appears to feel unworthy (poor self-concept) in academic setting. and 16. Low-key personality.

ID# 8: an Hispanic male, aged 13 years, 6 months, with a 502.3 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 3. Has unusual difficulty learning things. and 12. Appears to feel unworthy (poor self-concept) in academic setting.

ID# 17: an Afro-American male, aged 14 years, 3 months, with a 502.2 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations.
11. Shows unproductive classroom activities. and 22. Class clown/clownette or does not feel they have an academic problem.

ID# 19: an Hispanic male, aged 15 years, 1 month, with a 502.3 prototype. Behaviors selected for change were: 10. Presents self as an independent, foolhardy, self-assured individual who has no need for schooling. 13. Functions best when time and activities are highly structured. and 22. Class clown/clownette or does not feel they have an academic problem.

ID# 22: an Afro-American male, aged 14 years, 4 months, with a 502.3 prototype. Behaviors selected for change were: 3. Has unusual difficulty learning things. 4. Is discouraged by own academic problems achieving below own expectations. and 6. Has difficulty in accepting correction.

ID# 25: an Hispanic male, aged 14 years, 10 months, with a 502.2 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 3. Has unusual difficulty learning things. and 17. Is average or better in some areas but unusually poor in others.

ID# 30: an Afro-American female, aged 13 years, 11 months, with a 502.2 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 3. Has unusual difficulty learning things. and 16. Low-key personality. This student was a member of the
control group but moved and did not respond to final questionnaires.

Experimental group subjects

ID# 2: an Afro-American female, aged 14 years, with a 502.2 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 16. Low-key personality. and 18. Has difficulty with oral spelling, oral directions, oral assignments.

ID# 4: a white male, aged 14 years, 6 months, with an original 502.3 prototype who was mainstream in math on a trial basis, which lasted from the end of the first marking term to June. For all practical purposes, this was a 502.2 student. Behaviors selected for change were: 3. Has unusual difficulty learning things. 4. Is discouraged by own academic problems achieving below own expectations. and 12. Appears to feel unworthy (poor self-concept) in academic setting. The parent of this student viewed the parenting seminar tape.

ID# 9: an Hispanic male, aged 14 years, 7 months, with a 502.3 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 3. Has unusual difficulty learning things. and 5. When under stress shows inappropriate behavior.

ID# 11: an Afro-American female, aged 14 years 7 months, with a 502.2 prototype. Behaviors selected for
change were: 13. Functions best when time and activities are highly structured. 16. Low-key personality. and 18. Has difficulty with oral spelling, oral directions, oral assignments.

ID# 12: an Hispanic male, aged 12 years, 11 months, with a 502.3 prototype. Behaviors selected for change were: 3. Has unusual difficulty learning things. 4. Is discouraged by own academic problems achieving below own expectations. and 12. Appears to feel unworthy (poor self-concept) in academic setting.

ID# 14: an Afro-American male, aged 13 years, 9 months, with a 502.3 prototype. Behaviors selected for change were: 5. When under stress shows inappropriate behavior. 10. Presents self as an independent, foolhardy, self-assured individual who has no need for schooling. and 22. Class clown/clownette or does not feel they have an academic problem. The parent of this student viewed the parenting seminar tape.

ID# 21: a white male, aged 13 years, 5 months, with a 502.3 prototype. Behaviors selected for change were: 3. Has unusual difficulty learning things. 11. Shows unproductive classroom activities. and 12. Appears to feel unworthy (poor self-concept) in academic setting.

ID# 24: an Afro-American female, aged 14 years, 10 months, with a 502.3 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations.
3. Has unusual difficulty learning things, and 18. Has difficulty with oral spelling, oral directions, oral assignments. Was a member of the experimental group but was transferred to another school before mini course was given.

ID# 28: an Afro-American female, aged 15 years, 6 months, with a 502.3 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 4. Is discouraged by own academic problems achieving below own expectations. and 17. Is average or better in some areas but unusually poor in others. Was a member of the experimental group but was transferred to another school before mini course was given.

ID# 29: a white female, aged 13 years, 7 months, with a 502.3 prototype. Behaviors selected for change were: 2. Is achieving below teacher's expectations. 4. Is discouraged by own academic problems achieving below own expectations. and 17. Is average or better in some areas but unusually poor in others.

It should be noted, that students ID# 14 and ID# 4, were the only students in the experimental group to make improvement in all areas. The parents of the two students were the only parents of participants to attend the seminar and view the parenting tape. This result brings into question whether the video had a greater impact on the positive results of the pilot study, or no impact at all. On the surface, it is assumed that the video did have a
positive impact. However, the fact that these two parents had taken what has to be considered "extra concern" for their child's academic achievement, by attending a school sponsored activity, must also be considered. Does the parental involvement demonstrated by these two parents reinforce the hypothesis that the positive academic improvement of students is related to the degree of concern and guidance demonstrated by parents? This is believed to be the case.

All students were administered The Piers-Harris Children's Self Concept Scale, and The Weinberg Screening Affective Scale Modified Form.

Identification of students to participate was by condition of special needs mainstream status, and by way of three teacher selected observable negative student behaviors, known as X, Y, and Z behaviors, which the teacher wanted to see changed in a grade eight science class student. Being a special needs mainstream student meant that a student had already been identified as having a special need. In the research population, that was a deficiency in any combination of reading, English, or math. The 502.2 students had up to two subjects in the resource room and the 502.3 students had up to three subjects in the resource room. The observed negative student behaviors were either those already listed, or added by the observing
teacher, to the Teacher Questionnaire, as X, Y, and Z behaviors.

Intervention was by participation of the experimental student population in a mini course and involvement in positive reality testing interventions in the eighth grade mainstream science class. The mini course assisted students in establishing present and long range educational goals and offered suggestions for resolving current academic problems. This was also done by helping the students objectively assess their responsibility in contributing to their own failure. The intervention by reality testing focused on the positive intervention of the science teacher with the experimental student during a science lesson; the use of reality testing, involved the teacher using positive affective interaction, with the Socratic method, to guide the student to participate in a positive learning situation.

After the mini course had been given, the experimental students received affective reality testing interventions on five nonconsecutive days, in their science class.

Pilot study time line

The time line for completing the pilot study was as follows in Figure 3. In actual working through the pilot study, an additional five (5) days were needed to complete
the mini course. This affected the time line from that point on, adding an additional five days.

### Pilot Study Time Line

<table>
<thead>
<tr>
<th>DAY</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Teacher Instruction:</td>
</tr>
<tr>
<td></td>
<td>Explanation of theory, philosophy, and goal of project. The activities include</td>
</tr>
<tr>
<td></td>
<td>filling out:</td>
</tr>
<tr>
<td></td>
<td>i. Student Information Sheet</td>
</tr>
<tr>
<td></td>
<td>ii. Teacher Questionnaire</td>
</tr>
<tr>
<td></td>
<td>iii. No Effect Chart and</td>
</tr>
<tr>
<td></td>
<td>iv. Effect Chart</td>
</tr>
<tr>
<td></td>
<td>v. Parental notification and approval for project participation</td>
</tr>
<tr>
<td>2.</td>
<td>Teacher Questionnaires submitted</td>
</tr>
<tr>
<td>3.</td>
<td>Initial student participation:</td>
</tr>
<tr>
<td></td>
<td>i. Filling out Student Information Sheet</td>
</tr>
<tr>
<td></td>
<td>ii. Administration of:</td>
</tr>
<tr>
<td></td>
<td>(a.) Weinberg Screening Affective Scale (Modified Form) and</td>
</tr>
<tr>
<td></td>
<td>(b.) Piers-Harris Children's Self Concept Scale</td>
</tr>
<tr>
<td>4.</td>
<td>through Day 8. (5 days):</td>
</tr>
<tr>
<td></td>
<td>Mini course taking place</td>
</tr>
<tr>
<td>9.</td>
<td>through Day 24. (15 days):</td>
</tr>
<tr>
<td></td>
<td>Affective teaching and reality testing taking place in classroom. Teacher also charting targeted behaviors.</td>
</tr>
<tr>
<td>25.</td>
<td>Chart completion by affective teacher</td>
</tr>
<tr>
<td>26.</td>
<td>Review of research data</td>
</tr>
<tr>
<td>27.</td>
<td>Administer WSAS-MF and P-H SCS</td>
</tr>
<tr>
<td>28.</td>
<td>through Day 30:</td>
</tr>
<tr>
<td></td>
<td>Review and evaluate data</td>
</tr>
</tbody>
</table>

Figure 3.

Pilot Study Time Line
Mini Course Model for Identification and Intervention

In reviewing literature leading to the formulation of an identification/intervention process for dealing with academic dysfunction, it was found, that, for the home, in dealing with negative affect, the child learns early that parental dissonance is not conducive to love and belonging; for the school, the constant negative affect, that is, correction which the child is made to believe reflects intellectual ability, had to be dealt with by acceptance. Acceptance becomes consonance. Based on the findings of the review of the literature, the mini course model was proposed that served as both an identification and intervention process for the academically dysfunctional student.

Identification was made by the classroom teacher by means of targeted behaviors found in the 22 negative item Teacher Questionnaire. These were the X, Y, and Z behaviors the science teacher wanted to see changed in the student and behaviors the science teacher would be observing on five non consecutive days of observation. The observing science teacher was not limited to these 22 negative items from the Teacher Questionnaire; this teacher could have added up to any three other negative behaviors which this teacher sought to see changes in.

The intervention consisted of teaching students of the experimental group with the mini course workbook, which
concerned itself with an evaluation of both current and long range academic plans of the student, objectively evaluating why the student has problems with subjects, how to study, and reality testing of academic dysfunction in the classroom. The reality testing was teacher directed toward a specific student concerning a specific behavior or academic question. The teacher guided the student by Socratic means, using positive affective communication, to arrive at subject matter solutions. Target behavior in the classroom was then charted on five (5) nonconsecutive days of observation by the observing science teacher.

The mini course was presented as part of the Resource class's Reading/Language Arts program. Students read the material and then discussed the various topics. Homework was assigned and kept in the mini course diary, which was a total of approximately one hundred twenty pages (thirty single sheets of blank paper, including the mini course diary cover, folded in half and stapled). Students knew at the outset that their diaries were their personal property. This was done because many of the responses in the workbook required personal reflections which were subject to change, but which offered each student a written framework from which future reflections could be compared and questioned. The mini course teacher sought the verbal responses from students and guided these responses to answer the individual student's concerns. By each student verbalizing his or her
response, it became evident, that some concerns were quite common to the entire class. Among these united concerns were likes and dislikes for a subject or teacher. Through objective discussions, most concerns were resolved to the teacher's satisfaction. The majority of time was spent on Part I of the mini course and especially on the study schedule. While Part II of the workbook was covered, much of the booklet material and discussions lacked the appeal and zest of Part I.

The mini course workbook had two parts. Part I included: Developing a positive student learning attitude; What I want to be; How I can achieve this goal; My role model; My education should include; The personal commitment I should make; Objectives and behaviors for my school subjects; and the K.I.T. Study Schedule.

Part II included chapters: I. How to Understand Yourself ...and Others, II. What You Should Know About Self-Esteem, III. Peer Pressure, IV. What Must You Do to Think Positively About Yourself?, and V. Anger. The chapters related directly to the Scriptographic booklets used, except for IV., What Must You Do to Think Positively About Yourself?, which merely reviewed previous material.[118]

The mini course model permitted positive changes to take place in the academic environment. Dissonance theory holds that dissonance can be reduced or eliminated because our feelings are frequently modified in accord with new
information (Festinger, 1957).[119] Use of the mini course workbook, affective teaching, and reality testing by the teacher, brought a positive change in the environment providing for positive student experience. The purpose of the affective teaching lessons was to have identified students achieve new learning skills. While this is not a new concept, teachers dealing with students with the condition of academic dysfunction, attempt to teach new material to students at successive grade levels. However, these students have been primed for failure. They must be re-primed for success.

Video on parenting. During school "open house," five parents viewed the video on parenting, one was later identified as a parent of an experimental group child. The others, were parents of regular classes students. A parent of a child later identified as being in the experimental group, also viewed the video during a morning, school, presentation.

Teacher instruction. Teachers received instruction in research theory, materials, guidelines, maintaining Effect Charts, filling out the Teacher Questionnaire, and in using affective behavior and reality testing with students.

Anticipated changes. May have been parallel changes: (1) Changes in behavior, (2) changes in perception. Whether
change happened first in perception, or from reality testing, was uncertain. However, the research group was observed to be positively affected by the mini course and the interventions.

**Observations.** These were control and treatment group observations during science class.

**Documentation.** Documentation was taken from the data instruments, using pattern-matching, and data comparison.

**Comparison.** Pattern matching of charts provided comparison between the negative behaviors and positive interventions for the experimental group. For the control group, pattern matching of charts provided for negative behavior charting, but without interventions. Student and teacher questionnaires, and before and after WSAS-MF and The Piers-Harris Children's Self Concept Scale, also provided charted data for comparison.

**Anticipated variations.** Expected variations of data were to reflect noticeable differences between the control and experimental groups:

1. The control group did not demonstrate any noticeable increase in class participation, although some showed improved changes in behavior.
2. The experimental group demonstrated an increase in class participation, a decrease in targeted negative behaviors and
an increased rate of learning reflected in classroom participation, student to teacher and student to student attitude, overall performance, and in other than targeted behaviors, during the interventions, such as an overall improvement in attitude.

**Expected outcomes.** Expected outcomes focused on how and why academic dysfunction is ameliorated in the classroom. **How** was determined to be the mini course workbook and discussions helping students clarify goals for success. **Why** was assumed to be the student's affective reaction to demonstrated teacher interest with student concerns and the teacher using positive affective communication, as the substantial reason for successful outcomes.

**Measuring results.** The data measured changes in behavior in the academic setting. For the experimental group, this included changes in behavior before and after the interventions. That is, before, as the result of baseline charting on No Effect charts and rating, and, after, as a result of the mini course during reality testing interventions, charted on the Effect Chart.

For a useful pilot study, academically dysfunctional students should fall in the low range on the Piers-Harris Self Concept Scale, and have up to three positive responses on the WSAS-MF, indicating some depression.
Objectivity. Only science classroom behaviors were observed and reported. Only reported data was used.

Limitations of the study

The study was limited to:

(1.) Ten experimental and ten control mainstream students, of an urban New England middle school, from two intact regular class sections, having the same subject (science) and teacher when the students were monitored.

(2.) Students with complete data on: Teacher Questionnaire, for original input, three administrations of the Piers-Harris, "How I Feel About Myself," and the Weinberg Screening Scale Modified Form, completed No Effect and Effect charts with ratings and charting progress. This eliminated three students: two experimental students with incomplete data because of transfer (ID# 24 and ID# 28) and one control student who had moved (ID# 30).

(3.) Comparison only of raw scores, to determine if changes in responses, are made.

The final qualifying students numbered nine control and eight experimental. Since the population was small and selective, the results could not be generalized. This was a pilot study rather than a broad intervention model. It was not within the scope of this study to test beyond this initial intervention. Information and insights gained from
this pilot study should provide conceptual clarification and information for an intervention model of larger scale and longer duration.

**Limits of supportive evidence.** Participating teachers: the mini course teacher and the observer-intervention teacher, worked independently from each other and were given materials and instructions for teaching, observations and recording of data. Educationally relevant changes of observed targeted behaviors as charted, and raw scores from the test instruments, supported the research results. These changes concerned participation and response to affective teacher interventions. Intervention, the testing procedure phase, in the pilot study, was limited to: resulting teacher evaluations for any real loss or gain, reality testing, affective encouragement, and teacher counseling, if given.

**Limits of contrary evidence.** Contrary evidence was limited to misreading behaviors. It may be that the conflict, dissonance, noted as failure and negative social behaviors, are the result of attempting to achieve in the academic setting. While students in both groups may have done poorly, or not changed, in the rating of the four rating behaviors, some of these same students did show progress in their charting of targeted behaviors.
CHAPTER IV.

RESULTS

The compared "Results," figures contain the raw scores of each of the eight experimental and nine control student participants in each of two charted and two tested areas, prior to, after the mini course, and twenty days after the interventions. These tested areas were: No Effect and Effect Charting, Effect Chart Ratings, the Piers-Harris Self Concept Scale, and the Weinberg Screening Affective Scale Modified Form.

Information

The Results figures information from the following tested areas include: (1) Charting. No Effect Charts, which contain: (a) the initial or base line scores for each of the individual pupil Teacher Questionnaire behaviors, known as the X, Y, and Z behavior scores, and (b) the initial or base line Chart Ratings in the four rating areas. (2) The Effect Chart and Rating. These scores represent: (a) the charting of the X, Y, and Z behaviors over a nonconsecutive five day period of observation, and (b) pupil scores in the four rated areas, found in the rating section at the bottom of the No Effect and Effect Charts and which are rated on a
scale of one to ten: 1. Low academic achievement - to higher grades, 2. Low self-esteem - to greater class participation, 3. Misdirected learning activities - to greater class participation, and 4. Negative social behaviors - to positive behaviors. These rating scores, along with the X, Y, and Z observed behavior scores, were recorded twice, first, to record the base line or initial score on the No Effect Chart, and second, to record the final rating scores on the Effect Chart, twenty days after the Science teacher's interventions. It must be emphasized that the Effect Charting contains the final of the five nonconsecutive observation days of scoring of the three selected Teacher Questionnaire behaviors, known as the X, Y, and Z behaviors. The initial charting of behaviors comes from the base line rating at the bottom of the No Effect Chart. One should not confuse the charting of the X, Y, and Z behaviors recorded prior to the mini course and subsequently on five nonconsecutive days of observation, with the recording of the rating of the four behaviors found at the bottom of the Effect and No Effect Charts, which were recorded prior to the mini course and twenty days after the end of the interventions. Both the charting of the X, Y, and Z behaviors, shown by two separate X, Y, and Z scores, and the four rated areas, were reported only twice, although the X, Y, and Z behaviors were observed and charted on five different occasions. Only the initial and final X, Y, and Z
behavior scores are used. (3) The Piers-Harris Self Concept Scale. These total raw scores were also recorded on three separate occasions, representing prior, post mini course, and the post science teacher observation and intervention strategies, twenty days after the science teacher's interventions. That is, the Piers-Harris scores provided self-concept scores representing prior, post mini course, and post science teacher observation and interventions strategies, scores; the final, or third, score was obtained twenty days after the science teacher's observation and intervention strategies, and (4) The Weinberg Screening Affective Scale Modified Form. Because the levels of depression are not, usually, observed in the academic dysfunction student, it is necessary that the depression level be measured by testing. The levels of depression were indicated by a score of one or greater on the Weinberg Screening Affective Scale Modified Form. The Weinberg Screening Affective Scale Modified Form was also administered prior to the mini course, after the mini course, and twenty days after the science teacher's observations and interventions.

Each of the figures include one or more of the following categories: Improved, Improved & No Change, Improved/Declined/No Change, Improved & Decline, Declined, and Declined & No Change.
Fractions, seen on the charted figures, represent fractional parts of the group responding to a given category. The percentages reflected by these same fractions are given in corresponding figures labeled Percentages, as in Figure 5. Percentages. The fractional representations of the percentages are given in order to give a realistic value and significance to the stated percentages, which can be misleading due to the small population in the pilot study.

Legends appear in figures and in the text. There are two legends in the figures. The first legend refers to the substitution of the * to represent the decimal, .5, in the results figures. The second legend also uses the *, but represents the number of times a behavior was used in Figure 7., Occurrence of Charted Teacher Selected Questionnaire Behaviors. Other uses of * within the text, are explained within the text.

The following statements relate to their charted data and come from their corresponding accompanying figures. The No Effect and Effect Charts, (Charting Forms 1. and 2.), can be found in Appendices D and E, p. 157 and 158.

No Effect and Effect Charting

The following data, Figures 4, 5, and 6, relate to the three teacher selected behaviors: X, Y, and Z, taken from the Teacher Questionnaire, in the evaluation of pilot study students. The data reflect a comparison of charted base
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<thead>
<tr>
<th>ID#</th>
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<th>Behaviors: X-Y-Z</th>
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<th>Control</th>
<th>Combined</th>
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<td></td>
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<tr>
<td></td>
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<td>(Before)</td>
<td>(After)</td>
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<td>+3, +4, +4*</td>
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<td>3-4-6</td>
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<td>0, +2, +3</td>
<td>0, 0, +2</td>
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</tbody>
</table>

**Figure 4.**

Results: No Effect and Effect Charting
line positions on the No Effect Chart and the data from the last of the non consecutive five days of behavior observation positions on the Effect Charts. The Figure 4. data are underlined and in a column.

**Improved.** In the Improved category, one sees the Before X, Y, and Z behaviors with improvement demonstrated by improvement in all three behaviors as of the final, After, charting. In Figure 5. Percentages, relating to the No Effect and Effect Charting of the X, Y, and Z behaviors, the experimental group had a 75% improvement rate \((6/8)\), 19% greater in Effect Charting of the three teacher selected behaviors over a nonconsecutive five day observation period by the science teacher, than the control group with \((5/9)\) improvement. Improvement in charting of each of the

<table>
<thead>
<tr>
<th>Category</th>
<th>Experiment</th>
<th>Control</th>
<th>Combined</th>
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<tbody>
<tr>
<td>Improved</td>
<td>((6/8))  75 %</td>
<td>((5/9)) 56 %</td>
<td>((11/17)) 65 %</td>
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<tr>
<td>Improved &amp; No Change</td>
<td>((1/8)) 13 %</td>
<td>((2/9)) 22 %</td>
<td>((3/17)) 18 %</td>
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<tr>
<td>Improved &amp; Declined</td>
<td>-</td>
<td>((1/9)) 11 %</td>
<td>((1/17)) 6 %</td>
</tr>
<tr>
<td>Declined:</td>
<td>((1/8)) 13 %</td>
<td>-</td>
<td>((1/17)) 6 %</td>
</tr>
<tr>
<td>Declined &amp; No change</td>
<td>-</td>
<td>((1/9)) 11 %</td>
<td>((1/17)) 6 %</td>
</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td>100 %</td>
<td>100 %</td>
<td>100 %</td>
</tr>
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</table>

Figure 5.

Percentages: No Effect and Effect Charting
student's three targeted behaviors for the two groups was 65% (11/17). Improvement in the experimental group is represented by students ID#: 4, 9, 11, 12, 14, and 29, and in the control group by students ID#: 3, 5, 6, 8, and 25.

<table>
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<th>Results: Ethnic No effect and Effect Charting</th>
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<tbody>
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<td>Improved:</td>
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<tr>
<td>XGrp/8</td>
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<tr>
<td>75%</td>
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<td>Experimental Group Improved:</td>
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<td>Afro-Am.</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
<tr>
<td>Control Group Improved:</td>
</tr>
<tr>
<td>Afro-Am.</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improved &amp; No Change: 13% 22% 18%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental Group Improved &amp; No change: None</td>
</tr>
<tr>
<td>Afro-Am.</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

| Control Group Improved & No Change:       |
| Afro-Am. | White | Hispanic | Other |
| Male     | 1      | -        | 1     |
| Female   | -      | -        | -     |
| %        | 6.0%   | -        | 6.0%  |
| TOTAL    | 1      | -        | 1     |

Figure 6.

Results: Ethnic No Effect and Effect Charting

Continued Next Page
Improved and No Change. This category indicates those students who have shown both improvement and no change in the three targeted X, Y, Z, observation behaviors. This category is important in that it indicates--by matching the three Teacher Questionnaire Behaviors (Column labeled T/Ques. Behaviors) with each of the initial three charted scores, the Before X, Y, and Z scores with the After scores, which in this case, are scores which represent behaviors the student had a problem improving--no change--and--
improved— which X, Y, and Z behaviors the student did improve in. The experimental group was represented by 13% (1/8) of its population, in this category, and the control, by 22% (2/9). This represented 18% (3/17) of the total population.

In the experimental group, student ID# 2 shows no change in X and Y behaviors, behavior number 2 (X): Is achieving below teacher's expectations, and behavior 16 (Y): Low key personality, but does show an improvement in Z behavior 18 (Z): Has difficulty with oral spelling and oral directions, oral assignments. That improvement went from a -3 to a -.5; the decimal .5 is signified by the character: *, as explained in the Legend on the Results figures. Student ID# 2 showed a 2.5 point improvement in behavior Z, 18 (Z): Has difficulty with oral spelling, oral directions, oral assignments.

In the control group, student ID# 17 improved in behavior 2 (X): Is achieving below teacher expectations, and behavior 11 (Y): Shows unproductive classroom activities, and showed no change in behavior 22 (Z): Class clown/clownette or does not feel they have an academic problem.

Control group student, student ID# 19, improved in behavior 10 (X): Presents self as an independent, foolhardy, self-assured individual who has no need for schooling, and behavior 13 (Y): Functions best when time and activities are highly structured, but did not change in behavior 22 (Z):
Class clown/clownette or does not feel they have an academic problem.

**Improved and declined.** The improved and decline category is self explanatory in that individual students showed both an improvement and a decline in their charting of the X, Y, and Z behaviors. As with the Improved and No Change category, the Improved and Declined category targets those behaviors which may be either more easily responsive to affective teaching, or the student's consonant behaviors, that is, negative behaviors more readily accepted and practiced by the student because these behaviors distract the teacher from the more basic and embarrassing--dissonant behavior connected with that of a student corrected for a lack of academic ability in the classroom, to that of a socially adept student. The latter behaviors will require greater effort on the part of the teacher, especially in reality testing and affective teaching strategies, combined with greater need for the teacher to use positive responses with this student.

The improved and decline scores can be seen by comparing the *Before* results with the *After* results. The control group had 11% (1/9) of its population in this category, represented by student ID# 7, who declined in behavior 3 (X): Has unusual difficulty learning things, and improved in behavior 12 (Y): Appears to feel unworthy (poor self-concept) in academic setting, and also improved in
behavior 16: (Z) Low-key personality. This represented 6% (1/17) of the total population.

Declined. Those in this declined category declined in all three of the X, Y, and Z behaviors. There was 13% (1/8) of the experimental group, represented by ID# 21, who fell into this category, 6% (1/17) of the total population. The control group was not represented in this category.

The experimental group, represented by student ID# 21, declined in behavior 3 (X): Has unusual difficulty learning things, behavior 11 (Y): Shows unproductive classroom activities, and behavior 12 (Z): Appears to feel unworthy (poor self-concept) in academic setting.

Declined and No Change. In this category, 11% (1/9) of the control group are found, 6% (1/17) of the total population. Again, as with categories: Improved and No Change, and Improved and Declined, Decline and No Change separates the problem behaviors into levels of difficulty to change, although these are not discussed, as such, in this study because the study did not originally seek to measure each behavior into levels of difficulty. This would be an area for future study.

The experimental group was not represented in this category.

The control group was represented by student ID# 22, who declined in behavior 3 (X): Has unusual difficulty learning things, behavior 4 (Y): Is discouraged by own
academic problems achieving below own expectations, and behavior 6 (Z): Has difficulty in accepting correction.

Comments. Whether they be experimental students or control, the targeting of behaviors from the Teacher Questionnaire and charting them for a base line score, and then comparing that score with the final score of subsequent scores, demonstrates the value of charting in the research, along with the selection of behaviors found in the Teacher Questionnaire. That the control group will not be seen to respond as anticipated prior to the research, that is, with only a slight measure of progress, re-emphasizes the value of numerical scores used in the charting and also the numerical scores used in the rating of behaviors.

Teacher selected behaviors. The most frequently selected behaviors for charting can be seen in Figure 7. These behaviors and frequency of occurrence were: 3, Has unusual difficulty learning things. (11 times); 2, Is achieving below teacher's expectations. (7 times); 12, Appears to feel unworthy (poor self-concept) in academic setting. (6 times); and 4, Is discouraged by own academic problems achieving below own expectations. (5 times).

Comments. It must be noted, the intervention teacher could have provided any three behaviors not listed on the Teacher Questionnaire, but did not. That the four most frequently observed behaviors in order of selection were: 3, 2, 12, and 4, and the other selected behaviors in their
<table>
<thead>
<tr>
<th>Behavior</th>
<th>Number:</th>
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<tbody>
<tr>
<td>3. Has unusual difficulty learning things.</td>
<td>ID's: 4, 9, 12, 29, 3, 5, 8, 25, 7, 21, 22.</td>
</tr>
<tr>
<td>2. Is achieving below teacher's expectations.</td>
<td>ID's: 9, 32, 6, 8, 25, 2, 17.</td>
</tr>
<tr>
<td>12. Appears to feel unworthy (poor self-concept) in academic setting.</td>
<td>ID's: 4, 12, 29, 8, 7, 21.</td>
</tr>
<tr>
<td>4. Is discouraged by own academic problems achieving below own expectations.</td>
<td>ID's: 4, 12, 29, 3, 22.</td>
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<tr>
<td>16. Low-key personality.</td>
<td>ID's: 11, 6, 2, 7.</td>
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<td>10. Presents self as an independent, foolhardy, self-assured individual who has no need for schooling.</td>
<td>ID's: 14, 5, 19.</td>
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<tr>
<td>13. Functions best when time and activities are highly structured.</td>
<td>ID's: 11, 6, 19.</td>
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<tr>
<td>22. Class clown/clownette or does not feel they have an academic problem.</td>
<td>ID's: 14, 17, 19.</td>
</tr>
<tr>
<td>5. When under stress shows inappropriate behavior.</td>
<td>ID's: 9, 14.</td>
</tr>
<tr>
<td>11. Shows unproductive classroom activities.</td>
<td>ID's: 11, 2.</td>
</tr>
<tr>
<td>18. Has difficulty with oral spelling, oral directions, oral assignments.</td>
<td>ID's: 11, 2.</td>
</tr>
<tr>
<td>6. Has difficulty in accepting correction.</td>
<td>ID's: 22.</td>
</tr>
<tr>
<td>17. Is average or better in some areas but unusually poor in others.</td>
<td>ID: 25.</td>
</tr>
<tr>
<td>20. Disruptive, tends to bother others, acting out.</td>
<td>ID: 5.</td>
</tr>
</tbody>
</table>

64% (14/22) of the questionnaire comments (Comments: 2., 3., 4., 5., 6., 10., 11., 12., 13., 15., 16., 17., 18., 20., and 22.) were selected. 36% (8/22) of the questionnaire comments (Comments: 1., 7., 8., 9., 14., 15., 19., and 21.) were not selected.

Figure 7.

Occurrence of Charted Teacher Selected Questionnaire Behaviors

order of selection: 16, 10, 13, 22, 5, 11, 18, 6, 17, and 20, represented 64% (14/22) (63.64%) of the questionnaire
behaviors selected, gives a strong indication that the student with academic dysfunction is visible in the classroom and is identifiable through the questionnaire behaviors. The four behaviors, 3, 2, 12, and 4, represented 18% (4/22) (.1818) of the questions but occurred with 57% (29/57) (.5686) of targeted behaviors. In total, 64% (14/22) (.6363) of the participating students' academic dysfunctional behaviors were represented on the Teacher Questionnaire. In no instance, did the observing teacher select behaviors other than those listed in the Teacher Questionnaire. While the clustering of behaviors: 3, 2, 12, and 4, as seen in Figure 7., represent 57% (29/51) (.5686) of the total teacher selected behaviors, if behavior 16 is added to this clustering population, then, these five behaviors represent 65% (33/51) (.6470) of the teacher selected behaviors.

What the use of the charted behaviors, as shown in Figure 5., Percentages, demonstrates, is that there was a 75% total improvement in all three behaviors for members of the experimental group and 56% total improvement in all three behaviors for members of the control group. These combined to give an overall improvement of 65% for both the experimental and control groups, with the experimental group having a 19% improvement rate better than that of the control group, when all three behaviors were reported and percentages were considered separately and not as a part of
the total population of 17 students. Otherwise, the rate of improvement is just 6\% (0.0588).

The results of charting, refer to Figure 4., Results statistics. For simplification, one need only multiply the number of students by the number of targeted behaviors, to determine the range of the statistics, (17 students x 3 behaviors = 51 behaviors, equaling twenty-four behaviors possible for the experimental group and twenty-seven behaviors possible for the control group). When improvement in each behavior, rather than a clustering of three improved behaviors is measured, the results give a 79\% improvement for the experimental group (19/24, go see Improved ID#: 4, 9, 11, 12, 14, 29 and Improved & No Change ID#: 2), and a 78\% improvement for the control group (21/27, go see Improved ID#: 3, 5, 6, 8, 25 and Improved & No Change ID#: 17, 19, and Improved & Decline ID#: 7). While this would contradict any notion of vast improvement for only the experimental group, what is indicated is that increased observation for targeted negative behaviors may reveal other than targeted behaviors or that targeted negative behavior cues are really not as prevalent as one would expect. It may well be that the high degree of dissonance effect upon the teacher has more to do with teacher expectations or anticipation than the actual behaviors, when observed or anticipated prior to the student's expressed cues. Perceived observation by the student might present a
suggested teacher dissonance which places a student on notice that he/she is being observed. Such student perceptions can be said to encourage students to avoid teacher dissonance by attempting to change those behaviors which elicit negative responses from the teacher. Even if the perception is in error, the results can be positive for the student. It may be that perceptions—or awareness—such as this, are what caused the control population to reduce their targeted negative behaviors. There does not appear to be any other explanation. One might speculate that, perhaps, the teacher's selections were, themselves, in error. That this may be possible is indicated by the experimental student, student ID# 21, who is the only student in the study to have declined in all three X, Y, and Z behaviors: 3 (X): Has unusual difficulty learning things, 11 (Y): Shows unproductive classroom activities, and 12 (Z): Appears to feel unworthy (poor self-concept) in academic setting; this student was also the recipient of the mini course and positive affective science teacher interventions. However, there is the greater possibility that student awareness played a major role in responding to obvious teacher observation of student behavior, especially of targeted--known negative student behaviors. To speculate otherwise would be to infer that the targeted behaviors were erroneous, did not exist. Student progress indicates they do exist. As this relates to student ID# 21, this lack of
awareness and lack of progress in the three targeted behavior area may indicate a passive nature for this student. However, even in hindsight, this cannot be verified with data. That this student did improve in his Effect Chart ratings, specifically number 1: Low achievement - to higher grades, and number 2: Low self-esteem - to greater class participation, and remained unchanged in number 3: Misdirected learning activities - to greater class participation, and a negative direction in number 4: Negative social behaviors - to positive social behaviors, does indicate positive movement of this student. If we add the student's Weinberg Screening Affective Score Modified Form of: 1 - 1 - 0 , we see additional progress in a tendency away from depressed behavior.

Effect Chart Ratings

The "RATING # 1 RATING # 2," data, Figure 8., Results, and Figure 9., Percentages, and Figure 10. Ethnic Results: Effect Chart Ratings, relate to the four behavior rating areas on a scale of one to ten, for each member of the research population. These rating areas are found on the bottom of the Effect and No Effect Charts. As can be noted by reading the four rated areas, the rated areas relate directly to academic progress in the classroom. These rating areas are: 1. Low academic achievement - to higher grades, 2. Low self-esteem - to greater class participation,
3. Misdirected learning activities - to greater class participation, and 4. Negative social behaviors - to positive behaviors. These rating scores were recorded

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<th>Fractional Part:</th>
<th>Results: Effect Chart Ratings</th>
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<td>ID# 19 10-13-22</td>
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Figure 8.

Results: Effect Chart Ratings
twice, first, to record the base line or initial score on the No Effect Chart, and the second time, to record the final rating scores found at the bottom of the Effect Chart, twenty days after the science teacher's interventions. The rating scores are a comparison of initial rating data with the data from the last ratings found at the bottom of the Effect Charts. The following chart of Figure 9., Percentages, is a simplification of the Figure 8., Results.

Improved. The four rating areas were: 1. Low academic achievement - to higher grades, 2. Low self-esteem - to greater class participation, 3. Misdirected learning activities - to greater class participation, and 4. Negative social behaviors - to positive behaviors. The experimental group improved by 38% in the four rated areas, go see students ID#: 4, 14, and 18. The control group, improved by 22%, go see students ID#: 3 and 2. Together, both scores represent 29% of the total population. The difference between the experimental and control scores was 15%, with the experimental group showing the 15% improvement beyond the control group, when the percentages are reported separately for each distinct, unique, population and not as part of the total population of 17 research students, otherwise, the rate of improvement is 6% (.0588 3/17 = .17647, less 2/17 = .11764, equals: .0588).
No Change. The no change category includes students whose initial and final ratings mirror each other because there was no change. The experimental group had 25% in this category represented by students ID#: 9 and 29. The

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<th>Control</th>
<th>Combined</th>
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<tbody>
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<td>(3/8) 38 %</td>
<td>(2/9) 22 %</td>
<td>(5/17) 29 %</td>
</tr>
<tr>
<td>No Change</td>
<td>(2/8) 25 %</td>
<td>(2/9) 22 %</td>
<td>(4/17) 24 %</td>
</tr>
<tr>
<td>Improved &amp; No Change</td>
<td>(2/8) 25 %</td>
<td>(4/9) 44 %</td>
<td>(6/17) 35 %</td>
</tr>
<tr>
<td>Improved, Declined &amp; No Change</td>
<td>(1/8) 13 %</td>
<td>(1/9) 11 %</td>
<td>(2/17) 12 %</td>
</tr>
<tr>
<td>TOTALS:</td>
<td>100 %</td>
<td>100 %</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Figure 9.

Percentages: Effect Chart Ratings

control group had 22% in this category, represented by students ID#: 5 and 22. The combined experimental and control group totals in this category represent 24% of the total population. The pre study significance of a No Change status for the control group was merely to record the anticipated consistent and unchanged behavior, with the possibility of both some improvement and some decline. However, for the experimental group, a significant change in the direction of improvement was anticipated. That two students in the experimental group showed no change, indicating that, despite the mini course and affective teaching and reality testing interventions, two students
remained unaffected, was not anticipated. While this, on the surface, tends to indicate the interventions played no role in the behaviors of these two students, ID#: 9 and 29, it will be noted on Figure 14., Results, the chart of the Weinberg Screening Affective Scale Modified Form, that these two experimental students significantly lowered their depression scale scores, ID#: 9, from a 6 to a 5, to a 1, and ID#: 29, from a 5 to a 3, to a 2, while the control group students in this category actually increased their depression scores: ID# 5, from a 1 to a 3, to a 3, or did not lower their depression scores, ID# 22, who began as a 1 and ended as a 1. That is, control group ID# 5, went from a 1 to a 3, and remained at a 3, and ID# 22 went from a 1 to a 3, and returned to a 1.

Improved and no change. The experimental group had 25% and the control group had 44% in this category, 35% of the total population. This category was represented by the experimental group students, ID#: 2 and 12; and the control group by students ID#: 7, 8, 17, and 19.

Improved, declined and no change. The experimental group had 13% and the control group had 11%, 12% of the total population. This category was represented by experimental group student ID# 21, and control group student ID# 25. Figure 10., Ethnic Results, follows.
Neither group was represented in the Declined or Declined and No Change categories.

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<th>CGrp/9</th>
<th>Ttl/17</th>
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<td>Female</td>
<td>%</td>
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<td>1</td>
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<td></td>
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Figure 10.
Figure 10 continued.

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<table>
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<tr>
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Comments. It was originally assumed that the rating of improved behaviors would parallel the improved charted progress of the targeted behaviors. This did not occur. Parallel results occurred only with four students, 24% (4/17) of the total experimental population: students ID#: 3, 4, 6, and 14 (see Figure 8., Results, p. 111). There was no match for an across the board decline in behaviors.

It was noted that students with negative scores on either or both the Piers-Harris and Weinberg questionnaires, tended to improve in two or more charted behaviors. Yet, these same students did not completely improve or decline in the four rating areas (students ID#: 5, 7, 8, 19, and 25),
suggesting a lack of improvement in each, or two of the four, rated areas, at least, might indicate problems of self-esteem and/or academic dysfunction, without use of the Piers-Harris or Weinberg Modified Form scale scores. Study data replication is needed to verify this. One discrepancy to this notation, was experimental student ID# 11, who increased the Weinberg Screening Affective Scale Modified Form score, indicating proneness to depression, but also improved in the four rating areas. Whether increases in depression scale scores, over a given testing cycle, can signal a change to positive behavior, is an area for future study.

Only 29% (5/17: experimental 3/8 = 38%, control 2/9 = 22%) of those students who improved in all three X, Y, and Z behaviors also improved in all four rating areas. In the experimental group, the students were: ID#: 4, 11, and 14. The control students were: ID#: 3 and 6.

**Piers-harris**

This test was to measure self concept scores indicative of academic dysfunction, which is concerned with low levels of depression. While the resulting test scores were valid for measuring self concept, a question remains as to the relationship of the given raw scores to determine academic dysfunction and low level depression. In the following figures, Figure 11. Results, data, covers only the total
raw scores and not cluster scores, and Figure 12., Percentages, simplifies Figure 11., Results. These figures are followed by Figure 13., containing Ethnic data.

**Improved.** The experimental group had 100% improvement and the control group 67%. This was 82% of the total population. A comparison of identification numbers reveals that 75% (6/8, students ID#: 4, 9, 11, 12, 14, and 29) of the same experimental group students improved completely in both the Effect Charting and the Piers-Harris results and only 22% (2/9, students ID#: 3, 6) of the same control group students achieved the same result.

The data indicates that the interventions were responsible for the improvement in the experimental group. While the data indicates that the interventions were responsible for 53% (6/8 = 75% experimental, less 2/9 = 22% control, giving a 53% improvement rate beyond the control group) improvement beyond that of the control group, when we take each improvement score equated to the entire population, then we get a lesser and more realistic score of 23% improvement for the experimental group (6/17 = 35%, less 2/17 = 12%, giving the experimental group a 23% (.2353) improvement beyond the control group).

**Declined.** The control group was represented by 33% (3/9) of the control group students. Those representing
the control group were identified as being students ID#: 5, 8, and 25; they represented 18% of the total population.

Comments. The initial presumption that the Piers-Harris scores would show the academic dysfunction student falling below the average scale, scoring at the low

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Figure 11.

Results: Piers-Harris Self Concept Scale
Percentages: Piers-Harris

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<th>Experiment</th>
<th>Control</th>
<th>Combined</th>
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<td>(6/9) 67%</td>
<td>(14/17) 82%</td>
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Figure 12.

Percentages: Piers-Harris

Ethnic Results: Piers-Harris Self Concept Scale

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Improved and No Change: NONE

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<td>Female</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>%</td>
<td>-</td>
<td>-</td>
<td>18%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 13.

Ethnic Results: Piers-Harris Self Concept Scale
end of forty-six to seventy raw score, was wrong. Anticipated raw scores were supposed to fall well below the low average cited above. While raw cluster scores were not compared, it may be that comparison patterns may exist with those scores.

Even attempting to contrive a large number of students falling into a below average self-esteem level, comparing both initial and final scores, failed. With the mean average score set at 58.24 and taking a spread of five points above and below that score for an average score range: fifty-three to sixty-three, we see contrived initial middle average range scores, (10/17) 58.82%, of scores falling into a middle average (with students ID#: 22= 62, 21= 60, 29= 60, 5= 60, 4= 59, 11= 56, 6= 55, 17= 55, 3= 54, and 8= 53).

Taking scores above the middle average range, as an initial high average of sixty-four and above, we see a contrived above average score with (4/17) 23.53% of the students (students ID#: 14= 71, 12= 70, 9= 70, and 2= 67).

This leaves us with a low average population falling below a raw score of fifty-three, with 18% (3/17= 17.65%) in this low average group: (students ID#: 19= 52, 7= 43, 25= 43).

When we compare the final scores, using the same criteria for the final contrived average range spread, fifty-three to sixty-three, we get a middle average with a
population of 41% (7/17) = 41.18% (students ID#: 21 = 63, 11 = 62, 29 = 62, 17 = 60, 19 = 60, 5 = 58, and 7 = 53).

Taking all those final raw scores above the middle average range, as a final high average, we see a population of (8/17) (47.06%) 47% (students ID#: 6 = 76, 12 = 75, 4 = 73, 14 = 73, 22 = 73, 9 = 72, 3 = 71, and 2 = 70).

This leaves us with a final low average population falling below a raw score of fifty-three, with the following population, representative of 12% of the total population (2/17) = 11.76% (students ID#: 8 = 52 and 25 = 35).

In iterating the above information, one can assume that nothing significant has occurred. What is not obvious, is that out of all the initial and final scores, those scoring the highest and falling into the average and above average range were students from the experimental population. What is significant about this, is that the initial scores of the experimental group indicated that they should continue to maintain their original level of scores. This had nothing at all to do with the mini course, unless we assume that the final increases were due to the interventions. However, even this is nebulous because in the final raw scores they are the control students (3/17), 17.65%, ID#: 3, 6, and 22, who leave the middle average range to enter the high average range.

There was a 23.53% difference between the number of students scoring high in the initial score (4/17) and the
number of students scoring high on the final score (8/17), with the difference going to the higher final score.

There was a 17.64% difference between the number of students scoring in the middle range in the initial score (10/17) 58.82% and the number of students scoring in the middle range on the final score (7/17) 41.18%, with the difference going to the initial score, which was higher.

There was 5.89% difference between the number of students scoring in the low range in the initial score (3/17) 17.65% and the number of students scoring in the low range of the final score (2/17) 11.76%, with the difference going to the initial score which was higher. What these numbers do not indicate is the positive progress that the two lowest scorers (students ID#: 8 and 25) made, while scoring very low self-esteem scores. Positively, both of these students improved in their charted behaviors and at least one of their rated behaviors. Negatively, each student increased their Weinberg Screening Affective Scale Modified Form by one point, indicating a tendency to depression (final scores of 4 and 5, respectively). Such charted and rated behavior might be considered typical for a good number of inner city public school students but does not signal the presence of a tendency to depression to the average teacher or parent. Without measures as the Weinberg Screening Affective Scale Modified Form and use of a
self-concept scale such as the Piers-Harris, the academic
dysfunction student might not be identified.

Although the scored tendency to low self esteem by the
research population is not as numerous as the scored
tendency to depression, using the Weinberg Screening
Affective Scale Modified Form, one can assume that with a
greater accumulation of test data results on academic
dysfunction students, a ratio of self concept scores to
scored depression total raw scores will give a range of
scores on tests, such as the Piers Harris Self Concept
Scale, which may indicate levels of depression. This may be
done either by total raw scores and comparing them with the
Weinberg Screening Affective Scale Modified Form, or taking
the combination of total raw scores with an identified range
of individual cluster scores from within the Piers Harris
test, to determine self concept raw scores and charting
which, may be indicative of depression.

The accompanying use of the charting of Teacher
Questionnaire X, Y, and Z behaviors, and rating students in
the four rating areas have proven their value for providing
readily obtainable statistics, as demonstrated by the
positive use made of the charted results.

Weinberg screening affective
scale modified form

The data (See Figure 14., Results) from this instrument
compares the initial and final positive responses, followed
by related Figures 15., Percentages, and 16., Ethnic Results. The depression scale increases with each positive response and indicates possible depression.

### Legend: $* = .5$

#### Results: Weinberg Screening Scale Modified Form

<table>
<thead>
<tr>
<th>Fractional Part</th>
<th>Experiment WSAS Raw Scores</th>
<th>Control WSAS Raw Scores</th>
<th>Combined WSAS Raw Scores</th>
</tr>
</thead>
<tbody>
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<td>ID# T/Ques.</td>
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<td># 2</td>
<td># 3</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>3</td>
</tr>
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<tr>
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<td>5/9</td>
<td>6/17</td>
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<td>4</td>
</tr>
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</tr>
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<td>TOTALS:</td>
<td>8/8</td>
<td>9/9</td>
<td>17/17</td>
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</table>

Figure 14.

Results: Weinberg Screening Scale Modified Form
### Percentages: Weinberg Screening Scale Modified Form

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<tr>
<th>Category</th>
<th>Experiment</th>
<th>Control</th>
<th>Combined</th>
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</thead>
<tbody>
<tr>
<td>Improved</td>
<td>(7/8) 88%</td>
<td>(4/9) 44%</td>
<td>(11/17) 65%</td>
</tr>
<tr>
<td>Declined</td>
<td>(1/8) 13%</td>
<td>(5/9) 56%</td>
<td>(6/17) 35%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 15.

### Ethnic Results: Weinberg Screening Scale Modified Form

<table>
<thead>
<tr>
<th></th>
<th>XGrp/8</th>
<th>CGrp/9</th>
<th>Ttl/17</th>
</tr>
</thead>
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<tr>
<td><strong>Improved</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental</td>
<td>88%</td>
<td>44%</td>
<td>65%</td>
</tr>
<tr>
<td>Group Improved:</td>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
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<td>-</td>
<td>1</td>
</tr>
<tr>
<td>OTHER</td>
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<td>-</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<td>4</td>
<td>10</td>
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<td>2</td>
<td>2</td>
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</tr>
<tr>
<td>Female</td>
<td>1</td>
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<tr>
<td>%</td>
<td>18%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<tr>
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<tr>
<td>%</td>
<td>6.0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<td>%</td>
<td>30%</td>
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<td><strong>TOTAL</strong></td>
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</tbody>
</table>

Figure 16.

Ethnic Results: Weinberg Screening Scale Modified Form
Academic dysfunction holds that the majority of the research population would score at least one or more positive responses. The data in Percentages Figure 15., indicated the changes in initial and final positive responses, and simplified the data from Figure 14.

**Improved.** In this category, the experimental group had 88% (7/8) improvement, the control group, 44% (4/9). This was 65% (11/17) of the total population and a 44% improvement by the experimental group, above the control group, when improvement is not considered as part of the total population. Otherwise, there is 18% improvement (7/17= .4117, less 4/17= .2352, giving an improvement rate of .1784), when the entire population is considered.

**Declined.** The experimental group showed a 13% decline, represented by student ID#: 11, while the control group showed a 56% decline in this Declined category, represented by students ID#: 5, 7, 8, 19, and 25. This was 35% of the total population. However, when each group's rate of decline is taken as part of the total population, the control group shows a 24% greater decline rate than that of the experimental group (5/17= .2941, less 1/17= .0588, which equals .2353).

**Comments.** Taking Adams' (1986) recommendations of up to three positive responses, to observe and reevaluate,
sixteen out of the total study population, (16/17) 94% (94.12%), did give one initial positive response, (1/17) (5.88%) gave no response. This was 100% for the experimental group and 89% (8/9) (88.89%) for the control group.

Those giving no initial positive response was zero (0), or none, for the experimental group and one, (1/9) (11.11%) of the control group, represented by control group student ID# 6. Although ID# 6's pattern began with zero (0), and went to a 1, it dropped to zero (0) on the next administration of the Weinberg Screening Scale Modified Form, twenty days later. This individual student, ID# 6, represented (1/17) (5.88%) of the total population.

Those giving more than three positive responses were six for the experimental group (6/8) (75%), represented by students ID#: 2, 9, 12, 14, 29, and 11. The control group was represented in this category by one student, ID# 7, which was (1/9) (11.11%) of the control group population, together, representing 41% (7/17) (41.18%) of the total population.

Those giving less than three initial responses, but not a zero, were one, ID# 21, (1/8) (12.50%) for the experimental group and five students, ID#: 3, 17, 22, 1, and 8, (5/9) (55.55%) of the control group, together, representing (6/17) (35.29%) of the total population.
It is noted that ID# 6 had no initial response, that is a zero (0) response, and was not counted here.

When the above figures are compared with results after the interventions we see that the interventions are responsible for:

1. an increase in the number of no responses, that is, not registering any depression as demonstrated by a zero (0) initial response on the Weinberg Screening Scale Modified Form in the experimental group, to a final response where three experimental students registered zero. These three experimental students were students ID#: 2, 14, and 21. This represents a 38% (37.50%) increase for the experimental group and an 18% (17.65%) increase for the total population.

2. a decrease in the number of more than three responses from six students to one student. This represents an 83% (83.35%) reduction in this category responses, a 33% reduction in the experimental group, and a 35% reduction (35.29%) of the total population.

3. an increase in the number of students having less than three positive responses, from one student to three.

An 88% (87.50%) improvement in Weinberg Screening Scale Modified Form scores can be ascribed to the interventions with the experimental group. The Piers-Harris scores show a 100% increase. Effect charting for the experimental group improved 75%. Rating for the
experimental group, that is those having improvement in three out of the four rating areas, was also 75%.

Overall, this was (87.5 improvement in Weinberg Screening scale Modified Form, + 100.0 improvement in Piers Harris Self Concept Scale, + 75.0 improvement in Effect Chart of X, Y, and Z behaviors, + 75.* (*= having scores with at least 3 out of 4 improved)) improvement in the rating areas found at the bottom of the No Effect and Effect Charts and which were rated on a scale of one to ten: 1. Low academic achievement - to higher grades, 2. Low self-esteem - to greater class participation, 3. Misdirected learning activities - to greater class participation, and 4. Negative social behaviors - to positive behaviors. These rating scores were recorded twice, first, to record the base line or initial score on the No Effect Chart, and second, to record the final rating scores on the Effect Chart, twenty days after the science teacher's interventions, = 84.378% an 84% improvement ascribed to the interventions. [Control group was 66.67 + 44.44 + 55.56 + 22.22* = 47.22%] This was a 37% improvement over the control group (* Rating scores with at least three out of four improved).

The mini course identification worked for both the experimental and control groups and the intervention process demonstrated definite progress for the experimental group, if, at least, in attitudinal change toward academics. Then the need for an available intervention tool, such as the
mini course in the public schools, speaks for itself. There is also a direct need for psychological counseling. The quality of that psychological student (learning) counseling should have a clinical orientation and a community mental health referral mechanism.

**Final Comments.** The parallel changes hoped for did not occur. It was assumed that changes in behavior would be reflected in a similar fashion from an initial Piers-Harris raw score, initial Weinberg Modified Form scores, and into the charted and rating scores. Parallel improvement occurred only in 23% (23.53%) of the total population, two experimental and two control students, (ID#: 4, 14, and 3, 6) as stated in the comments of the Effect Chart Ratings. The parents of the two experimental students represented here (ID#: 4 and 14), viewed the video on parenting.

The 23% parallel improvement of scores was far below what was anticipated from the interventions. The anticipated 50% of the population, having combined high positive responses on the Weinberg Screening Scale Modified Form and scores falling below the average score on the Piers-Harris, did not occur. An element is possibly missing which has not been considered. It may well be that changes did not occur as readily as the interventions were presented. Perhaps the next attempt at academic dysfunction research will be with an entire sixth grade population,
provided such an inclusive project can be done. Students would receive the mini course over a longer time period and with the reality testing of particular students being a part of the ongoing teaching strategy of the school. This would permit the re-administration of the test instruments at the beginning and end of each successive year of middle school. This would be a realistic measure of any changes in behavior.

What has been suggested is cognitive overlap: reinforcing positive behaviors throughout the student's middle school career with positive affective communication (teaching) and reality testing. While this may suggest that the onus of changing student behavior is upon the schools, the schools merely reinforce those positive behaviors which must be fostered at an early age in the home. If failing students are to become successful, it is necessary that the association of both the home and school change. Schools and the family are subject to the whims in the spheres of technology, economics, and social philosophy. A lack of integrity and leadership which diminishes the dignity of the human being, especially of the school age child, in any of the three spheres, diminishes progress in the other two spheres. The child, as student, bears the brunt of new experiences in cycles of events, where each child is a forerunner of an oncoming generation.
Academic depression in academic dysfunction students

In the No Change category of the Effect Chart Ratings, we found that two of the experimental students, ID# 9 and 29, showed no change in their four rating behaviors, indicating that the interventions played no role in the behavior of these two students. However, in Figure 14. Results, Weinberg Screening Scale Modified Form, there was improvement in their depression scores. Academic dysfunction theory holds that depression does exist but that depressed behavior is neither usually nor necessarily manifested. It is for this reason that levels of depression must be sought. If the low levels of depression could be manifested, the student behavior patterns might be quite different from those measured on the Teacher Questionnaire.

It is precisely that observable behaviors do not always give an indication of depression or a lessening of depression scores, which the academic dysfunction theory contends that depression can and does exist, even when it is not manifested by "depressed" behavior, that is, passive behavior as opposed to the anxious and acting out behavior stressed in the Teacher Questionnaire. The notion that the depressed student will be free of anxiety and acting out behavior and should act depressed, are in error. It is precisely because students with academic dysfunction do not manifest depression, but do display acting out behavior
found in the clinical literature that academic dysfunction identification and intervention are important in order to give students a chance for academic improvement. While negative evaluations by significant others will cause the academic dysfunction student to lose his/her self esteem, function at lower academic achievement levels, display negative social behavior, misdirected learning activities, and non productive behavior, the total effect upon the student begins with minimal depression which, itself, exists, but is not always manifested in school behavior.

Even the control group student who showed no change in the four rated areas, reaffirms that hypothesis that the contributing factors may be their increase in tendencies towards depression.

Response patterns

Students who improved on the Piers-Harris scale usually also improved on the Weinberg Screening Scale Modified Form. Similarly, those who declined on the Piers-Harris usually showed a decline on the Weinberg Screening Scale Modified Form. However, this decline was not carried over into the Effect Charts or the rating, although, some scores showed parallel improvement and both the Piers-Harris and Weinberg Screening Scale Modified Form did show some decline in the Effect Charts.
Ninety-four percent (94.12%) (16/17) of all students registered at least one positive response on the Weinberg Screening Scale Modified Form. This should give credibility that academic dysfunction involves a minimal level of depression. The Teacher Questionnaire, teacher observation and grades, and the Weinberg Screening Scale Modified Form, remain the best predictors of academic dysfunction. The Weinberg Screening Scale Modified Form appears to be the best test for determining depression in academic dysfunction students.

Eighty-eight percent (88.24%) (15/17) of charted behaviors showed some improvement. This may well be the result of the teacher's monitoring of individual behaviors which originally were selected for preferred change. That is, repetitious misbehavior may be only the result of observation of misbehavior cues—cues which may not always be present when the behavior is being acted out in a positive manner. Teachers themselves may have their own levels of expectancy once they have determined a behavior is not to their liking. The fact that these teacher selected behaviors improved, even in the control group, may indicate that teacher perceptions are equally affected by student behavior. Reappraisal of student behaviors may be good for parents, teachers and students, alike.
CHAPTER V.
DISCUSSION

Research Discussions

The rationale for the study stated that there are a lack of data citing identification and intervention models for students experiencing academic dysfunction, and that data were needed for research replication.

The purpose of the instruments used, especially the Weinberg Screening Scale Modified Form, was to substantiate that the scored levels of depression would exist in the research population. It was estimated that 50% would fall into a category that listed depression. Initially, 94%, (16/17) of the research population fell into that category. Six percent, 6%, (5.8), (1/17) of the research population did not register an initial depressed score. After the interventions, and counting only the experimental group of eight students, 38% (3/8) of the students did not score on the depression scale. However, 75% (6/8) of the experimental group also showed a decline in depressed scores. This was indicative that academic dysfunction, as defined, does border on depression and the mini course interventions did have a positive result upon the experimental population. Whereas the control group,
initially, had 89% (8/9) of its population registering on the depression scale; at the end of the study the percentage remained the same: 89%.

Even when decreases from the original depressed scores are considered, only one student (1/9) 11% of the control group showed improvement. The initial control group scores increased for 56% (.5555) (5/9) of its population, however, 89% (.8888) (8/9) continued to register on the depression scale at the end of the study. This is compared to a 38% reduction in depressed scores in the experimental group.

The problem with presenting academic dysfunction theory and qualifying the initial low level of depression which is a part of the condition, is that educators look at the term "depression" and expect to find the student in a depressed condition. When depressed behaviors do not appear to be on the Teacher Questionnaire, educators disregard the possibility of academic dysfunction students having any depression at all. This alleged inconsistency in academic dysfunction theory can keep educators and researchers from giving academic dysfunction any serious thought. What has to be remembered is that the level of depression is not of such a significant nature, that is, such that if one were not aware of the scored level of depression, one would dismiss the academic dysfunction student's behavior as merely a negative laissez faire attitude on the part of the student.
Because the special needs population would already relate to cognitive dissonance by virtue of being in a labeled situation and having an identified special need—another way of expressing a lack of success with a given academic subject—the population should reflect a high percentage of depressed scores on the Weinberg Screening Scale Modified Form. The percentage for Adams' study which included twenty-three high schools, was 13.4% (13.35). That was with a population of three thousand two hundred ninety-four students (3,294) with a depressed, by Weinberg criteria, population of four hundred forty (440) students.

For the pilot study depressed population to have an equivalent total population, as compared to that of the Adams' study, the pilot study population would have had to have been 127 (126.8) students from which the seventeen pilot study students represented 13.4% of the population. The pilot study involved only twenty students, originally. The question remains, however, if one hundred twenty-seven middle school students in the city were given the Weinberg Screening Scale Modified Form, would the depressed population remain at 13.4? Giving way to biases caused by the socioeconomic conditions and the constant tensions connected with drugs, street crime, and one parent parenting, one might expect an even higher than 13.4% of the population being depressed.
This initial data on academic dysfunction (depression) may encourage others to do research in this area.

The hypothesis, the more frequent the overt positive affective interventions in classroom reality testing situations, the greater the positive behavior, is deemed to be correct. The affective presentation of the mini course, the affective teaching and affective reality testing interventions, both individually and in combination, produced a 75% average improvement rate (see Figure 17 Improvements Noted, next page) in the experimental group, which was a 28% greater average improvement rate than the control group, which had a 47% average improvement rate.

The following relate to the research questions.

Question one, on academic dysfunction, was concerned with whether student failure was due to emotionally inappropriate perceptions and responses in the classroom, based on past negative intellectual experiences? A corollary question was: Can planned positive affective teacher interaction and student reality testing experiences in the classroom, result in positive student behavior?

The study suggests that new and positive interventions produced positive results in the study population (See Figure 17. Improvements Noted). That past negative intellectual experiences were a direct cause cannot be answered unless students in the research have a complete history which indicated the time and extent of negative
feedback that parents had for their child. It is unlikely that such a search would be fruitful because the basic assumption is that such negative dialogue and evaluations were done unknowingly by the parents and guardians. As to whether positive affective teacher interaction and student reality testing in the classroom results in positive behavior, the results of the research comments by participating teachers, and improvement in Weinberg Screening Scale Modified Form scores and effect charting, would suggest a positive answer. Seventy-five percent of the experimental group improved as a result of the mini course and interventions. This was 28% more than the control group, which had an overall success rate of 47%.

Question two on academic dysfunction, was concerned with: Can academic dysfunction be a non-medical, clinical,
psychiatric condition? The answer is, Yes. Especially when the behaviors are common occurrences in a classroom.

The mini course involved identification and intervention. Identification resulted from questionnaires, low grades, and overt dysfunction behavior as observed by the teacher. Intervention involved affective teaching interaction, reality testing and the mini course workbook. Nowhere, was there a hint of clinical reference to a student's behavior, except as it was discussed in the review of the literature. Whether or not the academic dysfunction student, when left without having his or her needs met, will ultimately be in need of clinical help, is questionable. It would be safe to assume, however, that those students who had up to three, and more positive responses on the Weinberg Screening Scale Modified Form, if left alone, could develop observable depressed behavior.

Those involved with the mini course and reality testing diminished the number of positive responses on the Weinberg Screening Scale Modified Form. This latter point keeps the issue of dealing with academic dysfunction during the school day, on the school, and at all other times, squarely on the home. To go into an explanation of scores on the Weinberg Screening Scale Modified Form is a clinical concern and cannot be addressed in this research.

Question three on using no labels, concerned the question, Can "academic dysfunction," be only a statement of
introduction for the research and not a designated label? In describing academic dysfunction, one is describing typical negative behavior found in the academic setting. Labeling does not change the behavior nor would such a label pinned on a student encourage that student to change his or her behavior. Rather than label, the study recommends an active response to student need: respond to the problem with reasonable care, concern, and dispatch.

In conducting the research, "academic dysfunction" was used only to describe the condition to participating teachers. Students were not aware of the term.

The following relates to assumptions and the theoretical rationale about academic dysfunction.

Assumption one stated, Many students are involved in misdirected learning activities from benign unrewarding and useless participation to outright reluctance to work.

The Teacher Questionnaire is composed of such behaviors, which was the basis used for the selection of targeted student behaviors to be changed.

Assumption two stated, Negative social behaviors range from introverted and unassuming to destructive behavior.

These behaviors had been seen in the research population over the course of the current school year and in previous middle school years of the research population. Examples were the passive behavior of some students, as opposed to the extreme of reported fighting and deliberately
destroying another's property, such as pens, pencils, written work, an umbrella, or marking up clothing or school property.

Assumption three stated, Achieving positive self-esteem is possible using reality testing with students. That is, having the teacher guide the dysfunctional student through a successful lesson and allowing the student to evaluate his or her ability after demonstrating success in a previously difficult academic area. Thus, the student learns to adjust inner resources to meet difficulties, adjusted by positive affective interaction in the form of increased self-esteem.

Participating teachers noted that reality testing was productive and did lead to greater class cooperation. An added openness by the experimental students working with classmates, demonstrated that positive changes in self-esteem had taken place.

Theoretical rationale

The theoretical rationale stated, The child-become-student in the middle school is subject to the academic dysfunction triad. Academic dysfunction is a resulting negative emotional state of academic (intellectual), cognitive, dissonance in school age individuals; the condition may be caused by poor past and current learning (intellectual), cognitive experiences. Past experiences may
forecast possible failure in new and current cognitive activities. Anticipated failure is not perceived as dissonant, the possibility of success is. Therefore, the tendency will be to remain consistent and anticipate failure. The thought of success is historically unproven. The dissonant element is pushed aside for the more consonantly perceived reality of failure. Academic dysfunction is manifested through expressed levels of self-esteem. The triad of (1) self, (2) home, and (3) community, (any new or awaited future experience, including the school) prepare the student for early and later academic success. The middle school child is particularly vulnerable to problems of affective development. Factors complicating cognitive development in these students are the onset of puberty, new school and classroom, and changing classrooms. Other complications are new, diversified peer pressures, dependency on past achievement, and perceptions that new authority figures will not understand their needs or feelings. These factors create additional complications when the middle school child foresees and recalls family involvement on a superficial, if not misunderstood, level.

The more frequent the overt positive affective interventions in classroom reality testing situations (and completing the triad participation in the home and community), the greater the positive behavior becomes more consistent with the changes.
The results of the research indicate the theoretical rationale does relate to the middle school student.

Summary

Both home and school contribute to academic failure. Technological advances have created a mobile society which have disrupted family and school life and economic pressures have caused family members to labor beyond the home and community. All of which, the school age child is confronted with during a period of human growth and development which lacks normal maturation, on the one hand, and on the other hand, comes face to face with the disrupting influences a lack of financial security creates in the home. In the literature reviewed, it was found that emotion is important in dealing with children and students. The roles of decision making and post-decision dissonance indicate that dissonance, resulting from activities of the home, community, and school, involving the student, can be reduced. It is maintained that: (1) positive teacher intervention is required, (2) students' conditions do not always warrant clinical referral, and (3) the academic setting, using the proposed model intervention, may be a tool to ameliorate the condition.

Public concern with middle school can be too late. Concern should begin with early child development,
kindergarten, and elementary grades and include the effects of negative family affect on student failure.

Observations

Victims of child abuse may deny the abusive treatment and blame themselves for giving cause to the parent for committing the abuse, in order to retain a sense of continuing familial love. Delegating blame to the self may cause victims of child abuse to perceive themselves as idiosyncratic victims. They may therefore accept the abuse because they still want to retain the love of the abusing parent, who is inflicting some manner of pain on them. Idiosyncratically, as a practical and justifiable measure, to the self, the child may accept the abuse because he or she was a perceived cause for the parental act, and therefore, because of guilt, justly receiving punishment. The child contrives a reality where love exists, be it in an environment which seeks to, idiosyncratically, correct the child, but in reality, abuse the child. The child denies the abusive parent's role and accepts blame for causing the parent to take such extreme measures to punish him or her. In effect, the abused child has arranged an assumptive reality of parental benevolence in order to justify the pain being inflicted upon him or her by the abusive parent. Elkind's (1970) following remarks concerning assumptive reality and cognitive conceit reinforce academic dysfunction
theory's use of delegated blame and the child's role as idiosyncratic victim; they also support the statements concerning the relationship between the child with academic dysfunction and the abused child.

An assumptive reality related to cognitive conceit is the belief that adults are benevolent and well-intentioned. The child usually has some evidence to support this assumption but also tends to deny or distort evidence to the contrary. The assumptive reality of the "good parent" may account for the difficulty one finds in getting disturbed (as well as normal) children to say anything negative about their parents in a therapeutic situation. This is true even when it is clear, from other information, that the child has plenty to be unhappy about.[120]

The role of the academic dysfunction triad and theory in child abuse is an area for future study.
APPENDICES
APPENDIX A

TEACHER QUESTIONNAIRE:
CHARACTERISTICS OF NONPRODUCTIVE BEHAVIOR

Directions: Check or otherwise, mark or comment on those numbers and statements you find proper to the given student.

Student's name: ........................................ Grade: ........
Teacher: .................................................. Subject: ........

1. Comes to class unprepared: pencils, pens, paper, etc.
2. Is achieving below teacher's expectations.
3. Has unusual difficulty learning things.
4. Is discouraged by own academic problems achieving below own expectations.
5. When under stress shows inappropriate behavior.
6. Has difficulty in accepting correction.
7. Loses temper easily or has no respect for other's feelings, insensitive.
8. Often, engages in aggressive behavior, physical or verbal.
9. Deaf/blind to authority figure demands.
10. Presents self as an independent, foolhardy, self-assured individual who has no need for schooling.
11. Shows unproductive classroom activities.
12. Appears to feel unworthy (poor self-concept) in academic setting.
13. Functions best when time and activities are highly structured.
14. Has irregular or messy handwriting.
15. Philadelphia lawyer syndrome: an answer/question for everything, most often negative in intent.
16. Low-key personality.
17. Is average or better in some areas but unusually poor in others.
18. Has difficulty with oral spelling, oral directions, oral assignments.
19. Damages things that belong to himself or others.
20. Disruptive, tends to bother others, acting out.
21. Is careless about personal appearance, hygiene, or self-esteem.
22. Class clown/clownette or does not feel they have an academic problem.
APPENDIX B
WEINBERG SCREENING AFFECTIVE SCALE
MODIFIED FORM

INSTRUCTIONS:

We would like to ask you some serious and very important questions.
We want to know how you feel about yourself.
If you agree with the statement, circle Yes.
If you do not agree with the statement, circle No.

1. I will try to give my honest feeling on these questions. Yes No
2. I can't concentrate on my work. Yes No
3. I feel lonely too much of the time. Yes No
4. I don't want to go to school anymore. Yes No
5. It seems like some part of my body always hurts me. Yes No
6. People are always talking about me when I'm not there. Yes No
7. I have too many bad moods. Yes No
8. I don't have fun playing with my friends anymore. Yes No
9. It's hard to fall asleep and that bothers me. Yes No
10. I can't do anything right. Yes No
11. I feel too tired to play. Yes No
12. I daydream too much in school. Yes No
13. I wish I were dead. Yes No
14. My answers are how I have been feeling most of the time. Yes No
15. These answers represent my honest feelings. Yes No

NAME:  

DATE:
APPENDIX C
CHILDREN'S SELF CONCEPT SCALE

THE PIERS–HARRIS

CHILDREN'S SELF CONCEPT SCALE

(The Way I Feel About Myself)

by

ELLEN V. PIERS, Ph.D.

and

DALE B. HARRIS, Ph.D.

Published by

Counselor Recordings and Tests

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

NAME

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

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

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

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

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

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### DAY: BEFORE INTERVENTIONS AND ACHIEVEMENT DAYS

**Rating.** Rate current standing in each area before any intervention:

1. **Low academic achievement - to higher grades**
   
   1 2 3 4 5 6 7 8 9 10

2. **Low self-esteem - to greater class participation**
   
   1 2 3 4 5 6 7 8 9 10

3. **Misdirected learning activities - to greater class participation**
   
   1 2 3 4 5 6 7 8 9 10

4. **Negative social behaviors - to positive behaviors**
   
   1 2 3 4 5 6 7 8 9 10
APPENDIX E
INTERVENTION EFFECT CHART
FORM 2. CHARTING

Student: ___________________ Grade: ____ Prototype: 01 02 03

|B| + 10| + 9 | + 8 | + 7 | + 6 | + 5 | + 4 | + 3 | + 2 | + 1 | +/-0 | - 1 | - 2 | - 3 | - 4 | - 5 | - 6 | - 7 | - 8 | - 9 | - 10 |

**Achievement Days**

* Daily charting for each achievement day for X, Y, and Z (targeted) behaviors, on this chart.

**Rating.** Rate student's standing in each area, at the end of the last day of interventions.

1. **Low academic achievement** - to higher grades  
   1 2 3 4 5 6 7 8 9 10

2. **Low self-esteem** - to greater class participation  
   1 2 3 4 5 6 7 8 9 10

3. **Misdirected learning activities** - to greater class participation  
   1 2 3 4 5 6 7 8 9 10

4. **Negative social behaviors** - to positive behaviors  
   1 2 3 4 5 6 7 8 9 10
APPENDIX F
ABSTRACT/HUMAN SUBJECT GUIDELINES

THE USE OF A MINI COURSE AS A TOOL FOR IDENTIFICATION AND INTERVENTION WITH MAINSTREAM MIDDLE SCHOOL SPECIAL NEEDS STUDENTS EXPERIENCING ACADEMIC DYSFUNCTION

ALEXANDER R. FERRARO  IL/BSSP  # 2830738

1. Human subjects will be used in the studies, responding to questionnaires, participating in a mini course, be the measure for charting of positive teacher observed behaviors before and after the mini course, with implications of cognitive dissonance, cognitive depression, and Maslow's hierarchy of needs--on an Effect and a No Effect charts. Teacher participants will be interviewed, have the academic dysfunction model explained to them, respond to teacher questionnaires, be a part of the screenings of subject participants before selection, and shall actively seek to create positive interventions, encourage subjects to look objectively and positively to reality test their academic accomplishments for ways to improve, and to raise the self-esteem of the students. A jury of teachers will be involved in the determination of a revelatory and critical case of academic dysfunction manifestation.

There are no physical, psychological, or extraordinary demands or risks foreseen, resulting from this research. Protection of rights and welfare within the school would be consistent with the norms of rights and welfare protection commonly experienced in public schools. The Consent Form states that: questions asked about the procedures of the research will be answered, participants may at any time withdraw from the interview process, and may withdraw consent to have special excerpts used. That, if I were to use any materials anyway not consistent with what was stated in the Consent Form, I would ask for additional written consent.

3. Participants will have the Consent Form and the research procedures explained to them. Parents, students and teachers, alike, can relate to the problems of misdirected learning activities and negative social behaviors. Questions will be responded to as needed. It is important that both subjects and the participating teachers understand their roles in the research, except that subjects not be made aware of the positive interventions in the classroom by their participating teachers, to prevent an Hawthorne Effect.

4. Consent Forms will be sent with a cover letter asking parents and guardians to contact me for further information.

5. Person's and school names are not used in the research report. The school will be mentioned as "an urban New England middle school." Determination that participation in the interviews and mini course, during the regular school day call attention to the subject students, after school scheduling may be in order. How this would be resolved would depend on the availability and scheduling of transportation, custodial and union policies, and the commitment of subjects to participate in an after school research procedure.
APPENDIX G
WRITTEN CONSENT FORM

THE USE OF A MINI COURSE AS A TOOL FOR IDENTIFICATION AND INTERVENTION WITH MAINSTREAM MIDDLE SCHOOL SPECIAL NEEDS STUDENTS EXPERIENCING ACADEMIC DYSFUNCTION

TO: PARENTS OR LEGAL GUARDIANS OF: ________________________________,
a Student at the Washington Irving Middle School, Boston, 02131

FROM: Alexander R. Ferraro, M.Ed., Doctoral Candidate,
School of Education,
University of Massachusetts, Amherst, Massachusetts 01003

RE: Participation in Research Study on the Academic Dysfunction Model, which seeks the use of interventions for students with misdirected learning activities, nonproductive behaviors and negative social behaviors in the school setting.

You may know me as a Resource Room teacher at the Washington Irving Middle School. I am now doing research into a cause of lack of learning in some special needs mainstream students, although the research applies to all students. I am concerned with "how" and "why" some students do not learn or succeed or get into difficulty with their teachers.

The study is based on the assumption that some students fail in school, not from lack of ability to pass, but for reasons not connected with school. I hope you will join the study.

If you agree to take part in the study, your school records may be examined and interviews with your parents or guardians may be sought. If, you are one of about ten students chosen, you may participate in taped interviews to discuss your school problems, and when and how they may have begun. You will be filling out student questionnaires on feelings about your school work and yourself. Copies of your schoolwork may be made during the research and after the marking period following the research. You will also be observed for a period of five school days, by your teacher or an observer, and take a mini course of one period a day for five days. Mini course topics include: scheduling study time, how one learns, problems areas of learning, and cursive writing. You will use the mini course workbooks. Homework assignments will be given. A final interview can happen at the end of the observation period, at which time the information developed will be shared with the you.

There are no physical or psychological risks foreseen—nothing harmful—because of participation in this research. There is neither a correct nor an incorrect response or manner of participation. There is nothing to fail. If anything, you can learn new things. You
should not feel uncomfortable during the interviews or during the mini
course. Names are not used in the research report. I will refer to
your school only as an "urban New England middle school."

You can benefit by: 1. Developing a personal home study schedule,
2. Personally identifying academic problem areas, 3. Discussing ways
to overcome those problems, and 4. Having a better image of yourself.

When agreed to, parents or guardians will be interviewed about
family conditions during student's developing and early school years.

My goal is to analyze data and compose materials from your
interviews and questionnaire responses for presentation in my doctoral
dissertation. Later, journal articles, presentations to groups
interested in this research, a book on the topic of the research, and
lastly, transcripts of your interviews for instructional purposes,
might be produced.

I shall be glad to answer any of your questions about the
procedures of the research. I especially welcome questions from your
parents or guardians.

You may at any time withdraw from the interview process without
prejudice. You may withdraw consent to have specific excerpts used,
if you notify me within thirty days of the final interview. If I were
to use materials not consistent with what is stated above, I would ask
you for more written consent.

In signing this form, you are also assuring me that you will make
no financial claims on me for the use of the material in your
interviews; you are also stating that no medical treatment will be
needed by you from the University of Massachusetts should any physical
injury result from participating in these interviews.

I, __________________________________________ have read the above
statement and agree to participate as an interviewee under the
conditions stated above.

Signature of parent or guardian  Signature of participant

Date  Date
APPENDIX H
RESULTS/DISCUSSION

III. RESULTS:

A. BDI

597 (18.1%) of the 3,294 respondents had a score of 16 or higher (total possible = 63) which is strongly suggestive of depression.

1954 (59.3%) had a score of < 9 suggestive of absence of depression. The remaining 743 (22.6%) fell in the 10-15 score range.

Appendix H information was taken from page 2.

IV. DISCUSSION

Statistical analysis of data was completed with the Statistical Analysis System program on a main frame computer. Correlation between total scores on the BDI and The WSAS was 0.8. A multiple regression analysis of individual items on the WSAS against total score was completed. Eleven (11) questions on the WSAS predicted 85% of the total scores (Table 8). Consequently, it is felt that school personnel could use this list of 11 questions as a screening instrument for adolescent depression. Positive results would warrant professional referral as outlined in Table 9.
APPENDIX I
ADAMS' STUDY 8 AND 9

Table 8

(Roman numerals correspond to categories listed in II-B-3.[sic. of the original study])

1. I can't concentrate on my work. (V)
2. I feel lonely too much of the time. (I)
3. I don't want to go to school anymore. (VII)
4. It seems like some part of my body always hurts me. (VIII)
5. People are always talking about me when I'm not there. (II)
6. I have too many bad moods. (I)
7. I don't have fun playing with my friends anymore. (VI)
8. It's hard to fall asleep and that bothers me. (IV)
9. I can't do anything right. (II)
10. I feel too tired to play. (IX)
11. I daydream too much in school. (V)

Table 9

Management Recommendations based on Number Questions Positive from Table 8.

<table>
<thead>
<tr>
<th>Number</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>Observe and reevaluate</td>
</tr>
<tr>
<td>4-6</td>
<td>Evaluate immediately locally (school psychologist, other)</td>
</tr>
<tr>
<td>7+</td>
<td>Immediate referral to community mental health professional (psychiatrist or psychologist)</td>
</tr>
</tbody>
</table>

APPENDIX J
STUDENT INFORMATION SHEET

Please complete the following:

1. Name of Student: ______________________________________
First                      Last

2. Age: __________
   In years

3. Date of Birth: __________
   Month    Day    Year

4. Name of School: ______________________________________

5. Name of Teacher: ______________________________________

Circle the proper answer:

1. Sex: MALE  FEMALE

2. Ethnic Group: BLACK  ORIENTAL  AMERICAN INDIAN
   HISPANIC  WHITE  ASIAN  OTHER:

3. Grade: 6 7 8

4. Prototype: 502.1 .2 .3 .4
ENDNOTES

[1] Boston Globe 10-3-84


[16] Researcher's definition.


[18] Researcher's definition.


[23] Ibid.


[25] Ibid.

[27] Boston School Committee, Special Education Information Management System Manual for Individual Educational Plan Development 2d ed. Massachusetts: Screening and tracking Corporation of America, 1982. Section 2.00 - Code Index, 2.05 SEIMS Code Index, 09/08/82, C 7 B Strength and Weaknesses Codes, q.v. (SA) = Socially Adept, p. 9.


[40] Ibid., p. 31.


[63] Ibid.


[68] Ibid., p. 453.


[71] Ibid.


[79] Ibid., p. 230.


[83] Ibid.

[84] Ibid., p. 56.

[85] Ibid., p. 55.


[87] Elkind, Children and Adolescents, p. 56.

[88] Ibid., p. 57.

[89] Ibid., p. 62.


[92] Festinger, Cognitive Dissonance, p. 3.

[93] Ibid., p. 28.

[94] Ibid., p. 23.

[95] Ibid., p. 24.

[96] Ibid.


[116] Channing L. Bete Co., Inc., (Researcher's list of Student Packet Materials):
   "How to Understand Yourself and Others," No. 1803E-2-83, (1987);
   "What You should Know about Self-Esteem," No. 1845A-6-83, (1988);
   "What Every Teenager Should Know About Peer Pressure," No. 18820A-5-87, (1988);
   "About Anger," No. 1445A-4-85, (1988);
   "About Stress Management"; No. 14373A-8-86, (1988);
   "Your Attitude and You," No. 18101E-2-87, (1988);
   "How to Use Your Imagination: The ABC's of Creative Problem Solving," No. 18192B-3-84, (1988);
   "What You Should Know about Managing Your Time," No. 1861A-3-85, (1987);
   "Improving Your Interpersonal Skills," No. 1855A-6-84, (1987);

   "Child Development from 9 to 12 Years Old," No. 19901A-2-87, (1987);
   "Understanding Adolescence," No. 1192C-1-86, (1988);
   "About Your child's Emotional Health," No. 1179C-3-80, (1987);
   "What You Should Know about Disciplining Your Child," No. 1852C-7-86, (1987);
   "What You Should Know about Stress and Your Child," No. 19802B-8-86, (1988);
"Children of Alcoholics," No. 18846A-3-87, (1987);
"How to Help Your Child Learn," No. 1841A-4-83,
(1988);
"What Everyone Should Know about Depression," No.
12229A-1-80, (1988)

[118] Channing L. Bete Co., Inc., South Deerfield,
Massachusetts, 01371, Scriptographic Booklets, (Researcher's
list of Home Packet Materials).


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(Researcher's Student Packet Materials):


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Boston (Massachusetts) Globe, 10-3-84.


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Ogletree, Earl J. "Child Development: A New View". *Special Children*, volume three, number one, Fall 1976 American Association of Special Educators New York, pp. 16-42.


