

AN ANALYSIS OF THE EFFECTIVENESS OF SCHOOL-BASED
STRATEGIC FAMILY COUNSELING
ON ACADEMIC SUCCESS AND SELF-CONCEPT
OF UNDERACHIEVING HIGH SCHOOL STUDENTS

by

Judy A. Stone

Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

in

Student Personnel Services

APPROVED:

Charles W. Humes, Chairman

Linda F. Little

Johnnie Miles

David Eddy

Peter Malpass

November, 1989

Blacksburg, Virginia

AN ANALYSIS OF THE EFFECTIVENESS OF SCHOOL-BASED
STRATEGIC FAMILY COUNSELING
ON ACADEMIC SUCCESS AND SELF-CONCEPT
OF UNDERACHIEVING HIGH SCHOOL STUDENTS

by

Judy A. Stone

Committee Chairman: Charles W. Humes
Education

(ABSTRACT)

The purpose of this study was to analyze the effectiveness of school-based strategic family counseling to improve upon adolescent academic success rates and self-concept. The basic design of the study involved two treatment groups, individual and strategic family counseling. Six participating counselors met with five students (or students and their families) for a minimum of ten sessions each throughout the second semester of the 1987-1988 school year. Specific computational procedures used in data analyses included factor, reliability, T-tests, multivariate analysis of variance (MANOVA) procedures and response variable correlations. Results of the study indicated that neither counseling method resulted in overall improvement on students' academic achievement or self-concept. An analysis of counselor within treatment provided significant results with differences shown in the

ACKNOWLEDGEMENTS

The author gratefully acknowledges the encouragement, direction, counsel, patience, and sense of humor of each of her committee members: Dr. Charles W. Humes, Dr. Peter Malpas, Dr. Linda F. Little, Dr. Johnnie Miles, and Dr. David Eddy.

Completion of this study would have been impossible without the interest and support as well as the services provided by the Guidance staff of James Madison High School:

Director of Guidance;
Counselor; Counselor;
Counselor; Counselor; Counselor;
Counselor; and Guidance
Secretary.

For a special friend, appreciation is expressed for her insightful suggestions, editorial expertise, and for the many years of unconditional love and support.

Judy A. Stone

This dissertation is dedicated to my children

and

in appreciation of their love and support
during this endeavor

TABLE OF CONTENTS

ABSTRACT.....		ii
ACKNOWLEDGEMENTS.....		iii
DEDICATION.....		iv
LIST OF TABLES.....		vii
LIST OF FIGURES.....		vii
CHAPTER		
I.	INTRODUCTION.....	1
	Statement of the Problem.....	4
	Purpose Statement.....	4
	Research Questions.....	5
	Delimitations.....	5
	Limitations.....	6
	Assumptions.....	7
	Need for the study.....	8
	Definition of Terms.....	8
	Organization of the Study.....	10
II.	REVIEW OF LITERATURE.....	12
	Achievement and Self-Concept.....	12
	The Underachiever.....	16
	Interventions with Underachievers.....	19
	Application of Systems Approaches.....	21
	Strategic Family Counseling.....	24
	Summary.....	27
III.	METHODOLOGY.....	29
	Research Questions.....	29
	Participants.....	30
	Sources of Data.....	30
	Instrumentation.....	31
	Research Procedures.....	35
	Treatment Plan.....	39
	Strategies for Analyzing Data.....	41
IV.	RESULTS OF STUDY.....	47
	TRSCB Pilot Study.....	47
	Research Question One: Differences between	

	treatment groups on pretest variables.....	50
	Research Question Two: Differences between treatment groups on Grade Point Average...	55
	Research Question Three: Differences between treatment groups on Self-Concept.....	55
	Research Question Four: Differences between Counselor Effectiveness.....	58
	Other Results.....	69
	Case Studies.....	75
V.	DISCUSSION.....	83
	Purpose.....	83
	Research Methods.....	83
	TRSCB Pilot Study.....	84
	Research Questions.....	85
	Other Results.....	89
	Conclusions and Recommendations.....	91
	REFERENCES.....	96
	APPENDIX	
	Appendix A: Counselor Training Information.	101
	Appendix B: Counselor Handbook (Individual Counseling).....	103
	Appendix C: Counselor Handbook (Strategic Family Counseling).....	114
	Appendix D: Teacher Rating of Student Classroom Behavior (TRSCB).....	130
	Appendix E: Assessment of Counselor Skill Level (ACSL).....	132
	VITA.....	134

LIST OF TABLES

1.	TRSCB Principle Components Factor Analysis.....	48
2.	TRSCB Factor Loadings by Item.....	49
3.	TRSCB Item-total Statistics	51
4.	TRSCB Analysis of Variance.....	52
5.	TRSCB Guttman Coefficients.....	53
6.	Means and T-test Results for Pre-test Variables.....	54
7.	Multivariate ANOVA for Treatment by Repeated Measure Interaction.....	56
8.	Multivariate ANOVA for Repeated Measures Effect	57
9.	Multivariate ANOVA for Counselor Within Treatment Effect.....	59
10.	Univariate F-Tests for Treatment Effect.....	68
11.	ANOVA for TRSCB by Counselor Effect.....	70
12.	Means for TRSCB by Counselor Within Treatment..	71
13.	Response Variable Correlations.....	72
14.	ACSL Scores for the Counselors.....	74

LIST OF FIGURES

1.	Treatment Plan Schematic.....	40
2.	Means for GPA: Counselor Within Treatment by Repeated Measure.....	60
3.	Means for RSE: Counselor Within Treatment by Repeated Measure.....	61
4.	Means for CPI(DO): Counselor Within Treatment	

	by Repeated Measure.....	62
5.	Means for CPI(CS): Counselor Within Treatment by Repeated Measure.....	63
6.	Means for CPI(SY): Counselor Within Treatment by Repeated Measure.....	64
7.	Means for CPI(SP): Counselor Within Treatment by Repeated Measure.....	65
8.	Means for CPI(SA): Counselor Within Treatment by Repeated Measure.....	66
9.	Means for CPI(WB): Counselor Within Treatment by Repeated Measure.....	67

CHAPTER I

INTRODUCTION

John is a high school freshman who has experienced academic difficulties throughout his school career. His teachers frequently report him to be "insubordinate." He clowns around, fails to hand in work, does not complete in-class assignments and is hostilely aggressive. John is an underachiever.

What causes underachievement? Research suggested various reasons: emotional problems, family concerns, peer pressure, teacher troubles, boredom, fear of success, fear of growing up (Davis, 1984; Elkind, 1981; Green, 1986; Marsh, 1984). Rimm (1985) included causes such as lack of motivation, values conflict, developmental delays, health problems, lack of environmental nurturance, learning disabilities or general academic skill deficiencies.

Whatever the source, underachievement is frequently associated with low self-concept (Gallagher, 1985; Purkey, 1970). According to Rimm (1984), parents, teachers and counselors may hear student comments such as "school is boring; the work is irrelevant; I don't like to do these things unless I can do them perfectly; I'm not as smart as the tests say; if I did well in school my friends wouldn't like me; I don't need friends anyway" (p. 27) Rimm suggests

that, "for underachievers, these are mainly half truths and defenses" (p. 27). Underachievers hide behind these defenses because they don't believe that they can achieve. They manipulate their home and school environments to cover their low self-concepts (Jones, 1980).

Children come from homes where they are differentially prepared for school. Children from family systems most consistent with the expectations and styles of the school have an advantage in school (Comer, 1984). Others come to school "underdeveloped along pathways critical to school" (Comer, 1984, p.325) because their family and/or social system did not promote such development or favored other kinds. Once in school, a child's behaviors become products of the interactions between their interpersonal and social systems (Bandura, 1978; Reynolds, Gutkin, Elliott, & Witt, 1984). The school becomes the target of a child's angry, frustrated feelings with resultant rebellion, ambivalence and apathy. The institution is unable to interrupt the troublesome behaviors and the academic performance of such a student falls behind their potential and, in most instances, their self-concepts deteriorate.

Underachievement and related school behavior problems have been reported to be one of the most common referrals to mental health professionals (McGuire, 1985). In spite of the magnitude of the problem, current literature in the field of education does not present many effective models

for intervention with underachievers (Wilson, 1985). The majority of interventions have been school-based individual and/or group counseling models. Martin, Marx and Martin (1980) found that individual counseling goals for underachievers typically involved some combination of vocational decision-making; communication improvements between teachers and student; parent monitored homework progress reports; study skills instruction and self-control strategies. Group counseling goals were found to be basically the same as individual but done with homogeneous groups of 8-10 students.

Wilson's (1985) findings suggested that group counseling was more effective than individual in working with underachievers. Research on family involvement in treating school-based problems, such as underachievement, indicated moderate success (Clements & Alexander, 1975; Lewis, 1982; Lusteran, 1985). Some studies indicated that family counseling goals include placing parents in charge of directing student change; delineating home and school consequences for further misbehavior; and reaching an agreement that includes action steps for all participating family members (Conoley, 1988; McGuire and Lyons, 1985). However, both education and family therapy literature is sparse concerning family involvement in terms of family counseling in a school setting.

The constraints to providing family counseling by school-based professionals are significant (Conoley, 1987). Only a few professionals for the number of children per school, administrative non-support for school-based family counseling, scheduling problems and family participation unwillingness are examples of such constraints. Conoley and others (Atkenson & Forehand, 1978, 1979; Lewis, 1982; Lusterman, 1985) contend that, regardless of these and other issues, the argument to include family counseling interventions in the school counselor repertoire is compelling. The better able the school and home can bridge gaps, the higher the chance for successful interventions (Hansen, 1986).

The literature supported the need for assessing the potential usefulness of a school-based family counseling approach. This study was initiated to determine if such an approach, as suggested in the general literature, applied to adolescent underachievers in one high school in Fairfax County (VA) Public Schools.

Statement of the Problem

The problem of this study was to assess the effect of school-based strategic family counseling on academic success and self-concept of adolescent underachievers.

Purpose Statement

The purposes of this study were to:

1. synthesize the extant literature.
2. identify measurable characteristics of achievement to serve as proxies for changes internalized by the student.
3. identify measurable characteristics of self-concept to serve as proxies for changes internalized by the student.
4. establish effects of strategic family counseling from pre and post measurements.
5. assess teacher ratings of underachieving student characteristics and behavior.
6. validate strategic family counseling effects on academic success and self-concept of underachievers.

Research Questions

The following questions were answered as a result of this research:

1. What are the differences, if any, between experimental groups when pre-tested?
2. What are the differences, if any, between experimental groups on academic success as measured by change in student GPA between first and last semesters?

3. What are the differences, if any, between experimental groups on self-concept as measured by a comparison of pre- and post-tests?
4. What are the differences, if any, between counselor effectiveness as measured by their students' responses on GPA and other instruments?

Delimitations

This study was delimited as follows:

1. This study was delimited to include research findings relative to underachievement, self-concept and school-based strategic family counseling.
2. This study was delimited in terms of the definitions of underachievement, self-concept and school-based strategic family counseling.
3. This study was delimited to only ninth and tenth grade underachievers attending James Madison High School, Fairfax County, Virginia, 1987-1988.

Limitations

A quasi-experimental group pretest-posttest design was used for this study. According to Isaac and Michael (1985), there are several possible threats to internal and external validity when using this design.

Possible threats to internal validity:

1. Within session variations - differences that the experimental and control groups may experience when they are tested and treated separately. For example, differences in environmental conditions, personalities of counselors, or wording of instructions.
2. Maturation - biological and psychological processes within subjects may change during the progress of the experiment which will affect their responses.
3. Pretesting - may serve as a learning experience that will cause subjects to alter their responses on posttest whether or not treatment is applied.

Possible threats to external validity:

1. Interaction of pretesting and treatment - if the pretesting somehow sensitizes or alters subjects so that they respond to treatment differently than if no pretesting had taken place, then the external validity will have been compromised.
2. Interaction of selection and treatment - because the subjects will come from only one school that was able to participate, factors may enter the picture which will compromise generalization.
3. Interaction of treatment with such factors as life events (history) - if treatment coincides with a

dramatic event or atypical condition, subjects may respond to treatment differently than during normal circumstances.

Assumptions

This study was undertaken with the following assumptions:

1. Achievement is a goal of education.
2. Underachievers are a concern to educators.
3. Self-concept is positively related to achievement.
4. Participating school counselors have individual (behavioral) or strategic family counseling training. (See Appendix A).
5. The California Psychological Inventory and the Rosenberg Self-esteem Scale are appropriate instruments for measuring achievement potential and self-concept of target population students.

Need for the Study

Research (Alexander & Parsons, 1973; Clements & Alexander, 1975; Conoley, 1988; Haley, 1976; Shellenberger, S. (Ed).,1981) has indicated that family counseling can be a potentially effective method of treating various school problems because a child's school behavior is often symptomatic of family rather than individual dysfunction. Further, some families are less likely to reject help when it is offered inside the familiar setting of the school

rather than an outside agency.

This study addressed this concern and assessed the effects of school-based strategic family counseling on improving academic success and self-concept of underachieving high school students. It is expected that the findings will be useful for some school counselors and will serve as a guide to increase the counselor's repertoire of tools to use in providing students assistance in pursuing an education.

Definition of Terms

Academic Success - For purposes of this study, academic success was measured by a comparison of pre-experiment (first semester grades) and post-experiment (second semester, final grade point) averages. A grade point average (GPA) is a computed mean score from the six grades awarded for the quarter as recorded on the student record. Grades are determined according to the official Fairfax County Public Schools grading scale which is: A = 94-100, B+ = 90-93, B = 84-89, C+ = 80-83, C = 74-79, D+ = 70-73, D = 64-69, F = below 64. The following points are awarded: A = 4.0, B+ = 3.5, B = 3.0, C+ = 2.5, C = 2.0, D+ = 1.5, D = 1.0, and F = 0. Grades are a meaningful measurement of performance for students, teachers and parents. GPA is the chief criterion for promotion.

Underachievement - For purposes of this study, underachievement was defined as a discrepancy between the

student's ability and current academic performance as determined by GPA and average or above average IQ (110 or higher).

Self-concept - For purposes of this study, self-concept was defined as how a student views herself or himself in regard to behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction.

Strategic family counseling - For purposes of this study it was defined as a counseling approach which centers on the family and interrelated systems. The presenting problem is evaluated in terms of its own system and to systems at other levels, with emphasis on hierarchy. The school counselor's role is a therapeutic agent in relation to the whole family system.

Individual counseling - For present purposes this term will be defined as a counseling approach which focuses on the individual with the emphasis on uncovering and/or relieving a student's intrapsychic conflicts which may be the cause of school-related behavior problems. Individual counselors used approaches based upon behavioral models of counseling. The school counselor's role is as a behavioral modification agent in relation to the individual student.

ORGANIZATION OF THE STUDY

This study is divided into five chapters: Chapter I

includes the introduction, the statement of the problem, the purpose of the study, the research questions, the delimitations and limitations of the study, the assumptions, the need for the study, the definition of terms, and the organization of the study.

Chapter II includes a synthesis of the literature relative to adolescent underachievement, self-concept, and individual, group and family counseling as practiced by school counselors.

Chapter III describes the methodological procedures for the study which include the research hypotheses, the source of data, the participants, the instrumentation, the research procedures, and the research plan.

Chapter IV presents the findings of the study, including statistical results and discussion.

Chapter V includes a synopsis of the study's purpose, research methods and data. It also includes a review of the research questions. Conclusions and recommendations complete the study.

The reference section contains a list of the literature cited. The appendices include counselor training information, copies of the counselor workshop handbooks and instruments developed by the researcher.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter includes a synthesis of the literature relative to assessing school-based family counseling with underachieving adolescents. The literature review includes three major sections. The first section discusses achievement and self-concept. The second section highlights current literature on the underachiever, the population from which a sample is drawn for this study. The third section reviews literature on counseling interventions used with underachievers.

Achievement and Self-Concept

The literature suggests a linear relationship between self-concept and academic achievement at each grade level. The same literature (Purkey, 1970) indicates that change in either is related to and associated with change in the other. The relationship between self-concept and achievement has been established in numerous studies and reviews (Behrman, 1987; Brandt, 1986; Comer, 1984; Holmes, 1986; Zuccone, 1986). The findings suggest that students with high self-concept tend to achieve better academically than those with low self-concept or, those who achieve have higher self-concepts. According to Coopersmith (1967), there appears to be a stronger relationship between self-concept and school achievement than ability or motivation.

Over the past two decades self-concept has become the central part of many human personality theories and the basis for numerous educational programs. Some researchers (Marjoribanks, 1979; Parsons, 1982; Saurenman, 1980; Van Sciver, 1983; Whitmore, 1980) have postulated that maintenance and enhancement of self-concept, the way individuals feel about themselves, are motives behind all human behavior. This self-concept theory can be applied to the academic setting. How students view themselves as learners can directly affect their classroom behavior and academic performance.

Self-image, a related term represents the composite of a child's conscious and unconscious perception about him/herself. (Greene, 1986). This composite reflects the child's experiences in life. Positive life experiences tend to produce children who like and accept themselves. In his work with over six thousand underachieving students, Greene (1986) found that the relation between self-image and achievement were inextricably linked.

The amount of literature is so vast on this variable that, for purposes of this study, self-concept is described as it relates to academic performance. A significant decrease in self-concept and attitudes toward school apparently occur with advances in age and grade level (Conoley, 1987; Cooper, 1987; Rimm, 1986; Kremer, 1981). The major findings of these studies and others support the view that self-concept develops in a continuous and stable

fashion across adolescent years. Parental attitudes, peer relations, and school personnel relations were found to be major factors in contributing to adolescent self-concept. The better accepted the child is by her/his family, friends and teachers, the better adjusted that child is.

Stevenson & Baker (1987) studied the relationship between student self-concept and teacher behavior. They found that when a teacher is calm, accepting, supporting and facilitative, student self-concept is positive. When a teacher's behavior involved private, personal talk focusing on self and/or family issues, student self-concept was negative. Other researchers (Chamberlein, 1981; Turner & Purkey, 1983; Wolf, 1981) support this notion of teacher influence on adolescents.

The longer students attend school, the less positive their self-concepts become (Kremer, 1981). Low self-concept students were also found to enter a form of conflict whenever they succeeded because success defied their own self-expectation. In case studies of underachievers, Greene (1986) reported that some adolescents may even reject the success they've earned by sabotaging their efforts. Students like this do not give themselves permission to succeed in school.

According to a study of five hundred fifty-nine students reported by Marsh (1984), it was determined that the formation of self-concept is affected by different processes than those inferred by significant others. Marsh

argues that there is a strong reciprocal relationship between scholastic success and self-concept. When a student has a successful classroom experience, her/his self-concept will improve. On the other hand, by improving the self-concept of the individual the probability of success will increase.

Increasing numbers of students fail to gain academic success. They react illogically and emotionally to their failures. Smith and Shepard (1987) found that no matter how sensitively teachers, parents and counselors handle a retention, for example, the student understands that they are being taken from their peers because of failure.

For many children the desire to achieve in school is hampered by experiences at home. The necessity of learning cannot compare to the necessity of surviving at home as a family member. Family change can have tremendous affect on adolescents. Some students become preoccupied with the family situation and have difficulty staying on task while in the classroom. Daydreaming and depression are common for these youngsters. Findings suggest that for some students stress associated with divorce, contemporary films or television programs may result in free-floating anxiety (Elkind, 1981). Elkind found that this type of anxiety can take the form of severe depression and may contribute to the high rate of teen-age suicide.

The Underachiever

Most researchers define underachievement as large gaps between the student's academic grades and potential, as measured by intelligence. Rimm (1984) defines underachievement as a discrepancy between the child's school performance and some index of his/her actual ability. Ability is defined in terms of test scores and parent or teacher observations of the student.

Contributing factors of underachievement range from home and family causes, emotional causes, peer relations, school environment, discouragement, poor study skills and inefficient approaches to learning (Greene, 1986; Kremer, 1981; Marsh, 1984; Rimm, 1985; Smart, 1985). Many psychologists and practitioners in the field of underachievement place the origins of underachievement in the home. According to Greene (1986), there are four common sources of underachievement. Family problems, learning problems, emotional problems, and cultural problems.

Emergent theories on underachievement, resulting from practices and studies with underachievers, have been established over the past decade. These theories relate to achievement patterns and characteristics which have aided researchers in the identification process. Kaufman (1981) classified underachievement in terms of patterns of either aggressive or withdrawn behavior, whereas Rimm (1985)

classified underachievers into five dimensions related to competition.

Rimm (1985) summarizes underachievement as having three major components: generalized underachievement, long-term underachievement, and emotional responses to underachievement. She presents, as did Kaufman (1981) the same two general responses to underachievement which includes aggressive, hostile responses or withdrawn responses. It is Rimm's contention that underachievers deny themselves opportunities to build self confidence since they have not experienced the relationship between process, outcome, effort and, thus, achievement. Rimm feels very strongly that the key to breaking the underachievement cycle or syndrome is to begin with the family. Underachievers are affected by positive or negative parental role models. Disorganized homes, passive aggressive parenting, overworked parents or post-divorce parents may be sending confusing messages to their children regarding academic achievement. "I didn't like school either, but you're going to get the diploma and have a better life..."

School is strategically located in the life of a child. According to Comer (1984), it is a critical societal institution that is in the position to give young people academic and social skills and desires needed to meet adult life demands. However, because a school reflects society's expectations, attitudes, values and ways, it often becomes a source of conflict for students who bring to it their own

family expectations, mores and cultural traditions.

Physical aggression, in particular, is most in conflict with larger societal values (though not always practiced), and along with other conditions such as speech and language differences, basic skill underdevelopment often earns a student the label "bad" or "dumb". Frequent school responses to these labels are punishments and lowered expectations for the child. Comer says, "the school becomes the target of a child's angry feelings with resultant rebellion, ambivalence and apathy (p.325)."

School officials are then unable to interrupt the troublesome development or compensate for underachievement.

Marjoribanks (1984) found that sixteen year old aspirations and achievement are directly related to family environment, intellectual ability and social status. The general proposition of the study was that encouragement of one's parents appeared to shape achievement more directly and with greater impact than any other source. Carpenter (1987), in a study of girls' academic achievements also found that parental encouragement was significant.

Stevenson and Baker (1987) examined the relationship between parental involvement in schooling and their children's academic performance. Analysis of the data supported the notion that children of parents who are more involved in school-related activities, do better in school than children whose parents are not involved.

Interventions with Underachievers

A review of the literature concerning school-based interventions with underachievers produced numerous studies. They reported strategies designed for group or individualized instruction as well as group or individual counseling techniques. Although research on family involvement in treating school-related problems is encouraging (Clements & Alexander, 1975; Lewis, 1982; Lusterman, 1985) both education and family therapy literature is scant concerning family involvement in terms of school-based family counseling.

An exhaustive review of research on assessment of school counselor interventions with low achieving and underachieving elementary, middle and high school students was reported by Wilson (1986). She found an emerging trend in school counseling approaches. Focus was largely on published investigations and studies using grade point average as the achievement indicator. Nineteen investigations were reviewed between 1960 and 1984, of which only eight had one experimental and one control condition. Findings suggest that group vs. individual counseling may be more effective in increasing academic performance. Of the studies using group counseling, seven out of fifteen had positive findings whereas only two out of six interventions using individual counseling yielded positive results. Regarding structured vs. unstructured approaches, overall directive and behavioral programs were more effective than

person-centered programs in raising GPA. Length of treatment as measured in weeks was also a fairly good predictor of success in improving GPA. The longer the period of time counseling lasted, the more successful. The results of this review indicate that parental involvement is also a significant dimension in predicting effectiveness of interventions with underachievers in school settings. All three of the studies involving underachievers and parents in group counseling, parent only counseling or training showed positive results. Two investigations that included parent conferences as part of the treatment also had positive results.

Instructional counseling for chronic underachievers is recommended in the literature as a somewhat effective approach to the problem of adolescent failure. This is recommended among students who demonstrate no significant intellectual incapacity (Martin, Max & Martin, 1980). These authors suggest a model that uses interaction between family and school personnel for skill development. The model includes community goals, preassessment, objectives, instructional activities and evaluation of learning and instructional components. Instructional activities are linked with teacher-counselor-family planning sessions, academic skills counseling and individual counseling.

Baker (1983) presented three prevention and skill building counseling programs that can be implemented by school counselors in an attempt to share their skill beyond

the traditional counseling-on-demand role. While emphasis in Martin's (1980) study was on academic skill development, the emphasis in Baker's was on self-concept improvement.

Application of Systems Approaches

The literature on family therapy and on the roles of various school-based professionals argues for more school contact with families (Atkenson & Forehand, 1978; Gatti & Coleman, 1976; Shellenberger, 1981; Simpson & Poplin, 1981). Many school counselors, though they often focus on the problems of individual students, believe, as do most mental health professionals, that problem school behavior has its correlates within the home that helps to define and maintain a student's dysfunctional behavior. Pless and Satterwhite (1973) found that the level of family functioning was more relevant to treatment of underachieving behaviors than social class, family size, ethnicity, or other characteristics. The student is a part of a family system, a school system and a social system.

Several family theorists stress that the "symptom" of the student can serve to preserve family equilibrium. Miller and Westman (1964) studied children with reading problems who actually maintained their family stability through their learning disability. Esterson, Feldman, & Krigsman (1975) noted that prevention of adequate learning occurred for preadolescent underachievers whose parents were in crisis. In a study concerning adolescents confronting normal developmental

crises, it was found that they posed severe threats to their families, as did delinquents in a study by Alexander and Parsons (1973). The efficacy of short-term family therapy programs was demonstrated in this study. Siblings were treated within the context of family therapy and the recidivism rate was lowered.

Family systems theory, for purposes of this study, provides a framework for looking at the family's characteristic patterns of interacting. Miller (1978) has contended that all biological and social systems are open, living systems that are organized and operate within hierarchical levels: cells, organs, organisms, groups, organizations, societies and supra-national systems. Each level is made up of subsystems that have relationships with other parts in its own system and to systems at other levels. In other words, school counselors with a family systems orientation must evaluate student behavior in terms of system interactions, relationships and functions. Intervention at the family level may be the most effective way to change the student's behavior and help the family gain or regain coping skills. Family therapy looks at systems, how they operate, what causes them to break down, how the breakdown is related to systems development, and how to intervene to restore adaptive functioning (Minuchin, 1974).

Major family therapy theorists such as Minuchin (1974), Madannes (1981), and Haley (1976), stress the importance of

developing appropriate generational boundaries around parental and child roles. Lack of differentiation between parental and child family subsystems may inhibit exploration and mastery of age-appropriate problems (Zuccone & Amerikaner, 1986). Minuchin (1974) maintains that families who rigidly respond to change may produce dysfunctional behaviors in one or more family members.

In their research on truancy, Little and Gaffney (1986) found that unclear hierarchies and power struggles often spill over into systems other than the family's. A dysfunctional triangulation of child-parent-school can become extreme.

Madannes (1981) suggests that a child's problems may protect other family members from confronting their own problems by shifting the focus from dysfunctional marriage or family interactions to the problematic behaviors of the child. In a study of gifted underachievers, Zuccone (1984) found a lack of congruence between parents and children perceptions of family interaction patterns. Dissatisfaction with family communication styles seemed related to underachievement. Using The Family Adaptability and Cohesion Evaluation Scales (Olson, 1981), Zuccone discovered that among families of gifted children, mothers of underachievers tended to perceive the family as less adaptable than did mothers of achieving children. It was also determined that families with achieving children were

more likely to be satisfied with their interactions than were families with underachievers.

These studies support the family systems hypothesis that specific problems of individuals, often children, are symptomatic and symbolic of disturbances in overall family functioning. Having a family systems perspective can help school counselors who work with underachieving students understand that the child is both an individual and a part of a larger family, school and social system within which her/his poor school performance may be purposeful (Madanes, 1981).

Smith (1978) alerts school counselors to family therapy as a viable treatment mode and Conti (1971, 1973) suggests that some families may find therapy more palatable within school settings than in an outside or unfamiliar agency. "Therapy" has not been a widely accepted role of the school counselor, and schools have focused largely on parental education rather than on students and their parents in family counseling programs. However, the development of a family systems orientation may open up the door for several kinds of approaches, including strategic family counseling.

Strategic Family Counseling

A review of family therapy literature suggests that strategic family counseling is a viable approach to working with school-related problems (Seligman, 1984). Strategic family therapy is an approach that evolved from the strategic therapy of Milton Erickson (Haley, 1967, 1973) and

was enhanced by Jay Haley (1976) and Cloe Madanes (1981). The approach is suitable for all types of families and problems. Strategic family counseling is brief, often no more than ten sessions, directive and problem-focused (Haley, 1976; Watzlawick, Weakland, & Fisch, 1974). The counselor pursues the current problem the family is experiencing and observes strategies used by the family in attempting to solve the problem. Treatment goals are then established and interventions selected (Seligman, 1984). Interventions are designed to reframe the problem, prescribe behaviors different from the current family problem solving attempts, or prescribe behaviors that are exaggerations of current strategies (Haley, 1973, 1978; Madanes, 1980).

Counselors who use this approach are responsible for developing a plan to help the family solve presenting problems. The most common problem evident in families presenting "acting-out" students is an inversion of the proper hierarchical structure of power and authority (Haley, 1976). Within these families, the adolescent, rather than the parents, seems to be in charge of the action, decisions, and rules of the family. The counseling focus is on changing present hierarchical structure, student behavior and maintaining a positive, optimistic outlook (Seligman, 1984).

Strategic family counselors use two types of directives, direct and indirect. Among the indirect types of directives are paradoxical approaches. These techniques

involve changing the client's views of their concerns in different ways, for instance, soliciting their cooperation when previous reluctance was encountered. Conoley (1987) refers to these techniques as "refrain-from-change" strategies rather than paradoxical interventions because they "suggest to the client that change, at this moment, may not be the best alternative."

Three major categories of "restrain-from-change" strategies are used: prescribing strategies which involve the counselor telling the client to engage in behaviors that are targets for elimination; restraining strategies which are used when the counselor tells the client not to change or to go slowly toward change and positioning strategies which are used by the counselor to avoid the usual complementarity of a symptom (Madanes, 1980).

Positive connotation and reframing are counselor skills used extensively by strategic family therapists. Because blaming and criticism tend to increase client resistance (Haley, 1976), a counselor must be adept at giving new meanings to family behaviors. In reframing, the counselor blames no single family member and accepts the proposition that all family members are motivated toward positive resolution. Most families find this approach surprising as they have been in the blaming and labeling mode. Skills in reframing or positive connotation are not just tricks or a play on words. They reflect the counselor's belief that

most people are doing their best and that motivations can be seen diversely (Haley, 1976).

Strategic family counseling rejects a pathology model of human behavior. Family problems are not seen as signs of illness, but rather as the family's attempt to adapt to normal developmental challenges (Haley, 1973) or to particular stresses that test the routine problem solving ability of a family. A strategic family counseling approach takes into account the family life cycle and each individual's developmental needs as well as the family structure. This theory assumes that insight is not necessary for behavior change. Grounded in a systems approach to family organization it is suggested that any small change has the potential to effect a larger change within the family pattern of communication. Use of a strategic family counseling approach may provide the school counselor with a framework from which family cooperation will be facilitated. Use of the family's own definition of the problem and acceptance of each member's positive work for the family may enhance participatory willingness and compliance.

Summary

The survey of literature can be summarized as follows:

1. There is a strong reciprocal relationship between positive self-concept and achievement, measured in terms of scholastic success, and a negative self-concept and underachievement.

2. The nature of self-perception and achievement undergo changes related to status in larger systems: society, school, family, and peer.
3. High Schools have the unique opportunity to implement effective counseling programs that enhance adolescent self-concept. Few do, however.
4. Systems theory, when applied to symptoms of underachievement, suggests a model needed which provides a framework for looking at seemingly unrelated phenomenon and comprehending how together they represent interrelated components of several systems.
5. Strategic Family Counseling meets this model because:
 1. In contrast to other counseling approaches, such as individual or group, the focus is on the family and interrelated systems. The child might be viewed as the designated family member whose symptoms are an expression of an improperly functioning family system.
 2. The presenting problem is evaluated in terms of its own system and to systems at other levels.
 3. The focus is on the presenting problem with emphasis on hierarchy.
 4. The use of strategic family counseling allows school counselors to move beyond traditional approaches to change-oriented sessions.

CHAPTER III

METHODOLOGY

This chapter describes methodological procedures for the study, which include research questions, participants, the sources of data, instrumentation, research procedures, treatment plan, and strategies for analyzing the data.

Research Questions

In order to assess the effect of school-based Strategic Family Counseling on academic success and self-concept of underachieving high school students, the following questions were asked:

1. What are the differences, if any, between experimental groups when pre-tested?
2. What are the differences, if any, between experimental groups on academic success as measured by change in student GPA between first and last semesters?
3. What are the differences, if any, between experimental groups on self-concept as measured by a comparison of pre- and post-tests?
4. What are the differences, if any, between counselor effectiveness as measured by their students' responses on GPA and other instruments?

Participants

Participants in this study were thirty underachieving ninth and tenth grade students and their families from one high school in Fairfax County, Virginia, during the 1988-1989 school year. They included 10 females and 20 males. The total number of underachieving students enrolled during 1988-1989 was 102. This did not include students in programs for learning disabilities or students who were known substance abusers.

Sources of Data

Pre and post tests were administered to all participating students. Counselors provided information regarding student grade point averages, Science Research Associates (SRA) and IQ scores, session notes and self-assessment ratings of skill effectiveness on their particular counseling approaches. Teachers provided subjective perceptions and student classroom behavior ratings. At the end of the study, parents were asked to complete a family events/change inventory. Student grade point averages, student responses to the instruments, teacher-rated student classroom behavior scales, family life events inventories, counselor self-assessment scales, and session notes were the sources of data for the study.

Instrumentation

The Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965) was used to obtain student scores of global self-concept. The RSE, intended for use with adolescents, consists of ten statements, such as "I certainly feel useless at times," that are answered on a 4-point scale ranging from "strongly agree" to "strongly disagree." The instrument was designed for brevity and ease of administration and was validated in a major study involving more than 5,000 high school juniors and seniors.

It is reported that RSE has a reproducibility index of .93, suggesting that the items are internally consistent. Silbert and Tippett (1965) obtained a 2-week test-retest reliability of .85 for a small sample of college students. They also obtained validity correlations with several similar measures and clinical ratings of self-esteem ranging from .56 to .83. Crandall (1973) found that the scale correlated .60 with the Coopersmith Self-Esteem Inventory.

The California Psychological Inventory (CPI), (Gough, 1975) was also used. The CPI includes eighteen standard scales intended to assess personality characteristics important for social living and social interaction. Each scale assesses one important facet of interpersonal psychology. The scales are designed to forecast what a person will say or do under defined conditions and to identify individual characteristics. For purposes of the study, Class I (Scales 1-6), which share a common emphasis

on feelings of interpersonal adequacy, was used. The six scales are as follows : Scale 1, Dominance (DO) identifies students who would behave in an ascendant manner, who in interpersonal situations would show initiative and exercise leadership. A high scorer on the DO scale is seen as self-confident, able to define goals and move toward them. A low scorer is seen as apathetic and lacking self-confidence. Scale 2, Capacity for Status (CS) appraises qualities of ambition and self-assurance that lead to status (education, prestige, power, income). High scores tend to be independent, mature and versatile. Low scorers tend to be bitter, gloomy and immature. Scale 3, Sociability (SY) measures indices of social participation. Higher scores identify individuals who are outgoing, participative and confident. Low scores identify those who avoid involvement and who tend to fear socializing. Scale 4, Social Presence (SP) identifies social poise and spontaneity. High scorers are those who seek adventure and are outgoing. Low scorers are less likely to intrude or force themselves upon others and are more hesitant and uncertain in social interaction. Scale 5, Self-acceptance (SA) identifies those who manifest a comfortable sense of personal worth, who seem secure and sure of themselves whether active or inactive in social behavior. An average score points toward a beneficial level of self-satisfaction, a very high score toward egotism. Scale 6, Well Being (WB) measures individual sense of good health and a feeling of being equal to the demands of

everyday living. High scorers are seen as having the energy and willingness to face interpersonal demands. Low scorers are at odds with themselves and with others. They dwell on their problems, commiserate and resent circumstances more favorable than theirs. Goldberg and Rorer (1964) reported test-retest reliability for all of the individual CPI items. Megargee (1972) calculated estimates of internal consistency by applying Kuder-Richardson Formula 21 to the means and standard deviations for the largest normative group represented in the CPI Manual. These coefficients range from a low of .22 to a high of .94. Validity correlations range from .40 to .56 (Megargee, 1972).

The cognitive measurement was Grade Point Average (GPA) as calculated from letter grades recorded on student records at the end of the first and second semester, using Fairfax County Public School's system for GPA. A = 94-100, B+ = 90-93, B = 84-89, C+ = 80-83, C = 74-79, D+ = 70-73, D = 64-69, F = below 64.

A teacher rating of student classroom behavior (TRSCB), developed and field tested by the researcher, was used by teachers at the end of the final grading period to record subjective and quantitative support for the other measures. The researcher selected the nominal group method for developing the instrument. Ideas and concepts from the literature on classroom behavior of underachieving adolescents (Conoley, 1988; Galagher, 1985; Green, 1986; Marsh, 1984; McGuire, 1985; Rimm, 1985) were summarized as

items and a five point scale for behavior frequency was used to quantify responses. A committee of teachers from Madison High School, in Fairfax County, Virginia, was presented the draft instrument for review. An iterative presentation and comment cycle ensued. When consensus was achieved by the committee that all items were valid (the right thing to ask) and understandable (other teachers would respond appropriately), then the instrument was accepted for use. A principal components factor analysis was performed to provide quantitative validation for the TRSCB, and Guttman's six lower bounds for true reliability were calculated to provide quantitative assurance that the scale was additive and reliable (respondents answered the items asked).

A self-report assessment of counselor skill level (ACSL), developed and field tested by the researcher, was used by counselors at the end of the project. The same methodology used for the student classroom behavior scale was employed for the counselor skill assessment scale development. A group of guidance directors (former counselors) from Fairfax County, Area III High Schools volunteered to serve as the nominal group.

Because self-perceptions are subjective by nature and therefore difficult to evaluate as valid or reliable, a factor analysis and reliability study was not run. In addition, only six counselors were available to participate and the mathematical techniques for validity and reliability require more subjects than items and there were only as many

subjects as items for this particular questionnaire. The questions were considered face valid and reliable by the nominal group and by the counselors who participated.

Family Inventory of Life Events and Changes (FILE) The FILE (McCubbin, Patterson, & Wilson, 1981) was used as an indicator of family stress. FILE is a 71-item self-report instrument which was designed to indicate the normative and non-normative life events and changes experienced by a family unit within the past year. The overall internal reliability (McCubbin, 1981) for the inventory is .72. For purposes of this study the instrument was used to indicate whether or not counseling was effective in spite of any family stressors that may have occurred throughout the year.

Research Procedures

Five Fairfax County high schools were initially approached because it was hypothesized that they would have high proportions of underachieving students. With one exception, the school principals were not interested in having members of their guidance (counseling) staff participate in the study. The school that agreed to the study encouraged counselors to participate and provided space and other facilities for the researcher.

In the screening phase of the study, counselors identified a "pool" of underachievers based upon report cards showing a minimum of two D's and/or F's, and average

to above average SRA and IQ scores. A random numbers table was consulted for 3 digit numbers and 45 students were selected by matching them from the alphabetical list. Surprisingly, 7 or 8 students were allocated to each counselor as a result of the random selection. After the forty-five subjects were selected, students and their parents were approached by letter briefly explaining the project and seeking cooperation in the first step, the administration of a pre-test. Of the forty-five families contacted all agreed to participate. The parents were then contacted by telephone and were given an explanation of the project in more detail. Several concerns were voiced by committee members and by the principal of the school regarding the ethics of placing control group students in a "waiting" or "usual counselor contact" group and not providing any real structured counseling service. Since after initial contact, approximately fifteen students dropped from the program and the remaining students were receiving either individual or family counseling, at the request of school authorities, the control group was dropped from the study.

The researcher also noted that previous studies (based upon a review of the literature by Wilson, 1986) showed no differences on GPA between individual counseling and control groups. This study, therefore, has the "attention effect" controlled by the two treatments. Since the research intent was to analyze the potential for strategic family counseling

to improve upon adolescent academic success rates and self-concept, and previous studies have shown no difference between individual counseling and no formal counseling, the control group was deemed unnecessary. Therefore, only the individual and family counseling treatments were used making the research design quasi-experimental.

The researcher developed and presented several pre-treatment counselor training workshops. The first workshop was held for all participating counselors. Topics covered included an introduction to the research project, a review of the research plan and procedures and definitions of counselor responsibilities and roles. The second workshop was held for only those counselors who were to interview individual students. An expert in the field of behavioral counseling, with a specialty in working with underachieving adolescents, presented suggestions for interventions. A "Counselor Handbook" (Appendix B), which included the presenter's outline of interventions, was distributed. Another workshop was held for those counselors who were to interview students and their families. The presenter, an expert in the use of strategic family counseling interventions, reviewed the strategic directive approach and made suggestions for sessions with families. A "Counselor Handbook" (Appendix C), which included presentation material was distributed.

Students were allocated to counselors according to alphabetical assignment which is the way students are

normally assigned at this high school. There were six (6) participating counselors with five (5) students each. There was no a priori reason to believe their student allocations were not random.

Prior to the study, three counselors had received outside training in strategic family counseling in addition to standard academic and personal counseling training which all school counselors receive. The three counselors providing individual counseling had received additional outside training in behavioral counseling methods. The counselor backgrounds are presented in Appendix A. There was a remarkable similarity between the two groups in terms of backgrounds.

After the pre-tests were administered to each student, the counselors began counseling sessions with participating students and families. These sessions were done at school, usually during class time, in counselors' offices or the guidance department conference room. To accommodate working parents, two of the family counselors arranged evening appointments which were also held at the school.

At the end of the school year, students were given post-tests and parents of students were asked to complete a family inventory of life events (FILE). The inventory was used to indicate whether or not counseling was helpful in spite of any family stressors that may have occurred throughout the year.

At the conclusion of the study, counselors completed a self-report assessment of their skill level regarding the counseling approach they used. From counselor's session notes, representative case studies for the two different counseling methods were compiled which subjectively indicated counselor strategies and interventions that seemed to work best.

Treatment Plan

The study was carried out in three phases, described schematically in Figure 1.0

Phase 1: Pre-testing of educational and psychological variables.

During the first school term, prior to the commencement of the treatment, data on the educational variables chosen from those associated in the literature with underachievement was collected from the school records of the research population. In addition, tests used to measure the psychological variable selected for investigation was administered to all participating students.

Phase 2: Treatment was conducted throughout the remaining school year. The model was as follows:

(i) Strategic family counseling with underachievers and their families. The interviews were conducted by three school counselors, who held sessions with each family of their five underachievers for a minimum of

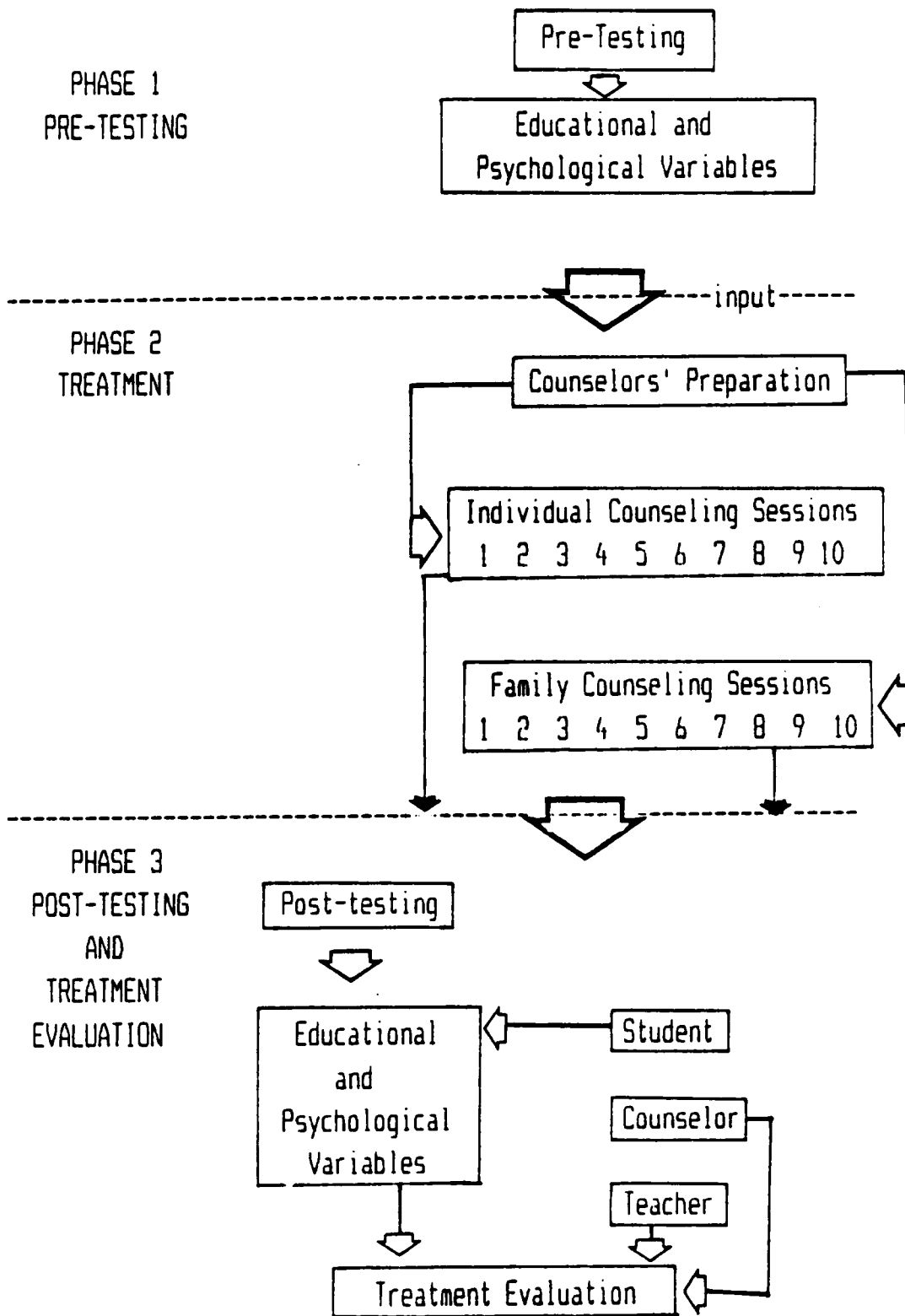


Figure 1. Treatment Plan

ten sessions. Each session lasted fifty to sixty minutes. During the first meeting with the family, school problems, including underachievement, were discussed and the general goals for the treatment were formulated.

(ii) Individual counseling with underachievers only.

In parallel to the ten family counseling sessions, ten individual counseling sessions were held with different students. These were conducted by another three school counselors. The general aim formulated for these sessions

was to provide the customary counseling services with individual underachievers based upon behavioral models.

Phase 3: Post-testing and treatment evaluation.

In addition to administering tests that measured student educational and psychological variables, each teacher rated student classroom behavior. Families were asked to complete a family life events inventory. Counselors were asked to provide a self-assessment of their skill level and effectiveness with the approaches they used. Representative case studies from each counseling method were submitted.

Strategies for Analyzing the Research Data

The quantitative data collected included multiple response, repeated measures on student academic and

behavioral performance (GPA and TRSCB), and self-concepts (RSE and CPI). In addition, quantitative data was collected to assess the initial student allocation validity (IQ and SRA) and to assess counselor skills validity (ACSL). Subjective, qualitative data, derived from case studies for the two different counseling methods, was collected to assess counselor strategies and interventions.

The validation of initial student allocation included a multiple response analysis of variance (MANOVA) using the IQ and SRA responses and treatment groups. No significant results were anticipated, verifying the hypothesis that the student groups allocated to treatments were equivalent (Research Question 1).

The validation of counselor skills effectiveness included the pilot study to determine the validity and reliability of the instrument and a T-test for the family and individual counselors using the instrument (Research Question 4). No significant results were anticipated allowing the acceptance of the hypothesis that counseling skills effectiveness would not be an issue between the two intervention types.

The appropriate composite analysis for testing Research Questions 2 and 3 and parts of 1 and 4 was MANOVA with univariate ANOVAs to identify particular differences between treatment effects, initial student groups, and counselors, if any.

A MANOVA analysis initially tests for differences between response variables (are they correlated in terms of the experimental factor variation accounted for?). When the response variables differ, the univariate analysis for each response must be individually analyzed through univariate ANOVAs to determine where the differences occur. In both cases the pre and post test (repeated measures), treatment and interaction effects were examined for significance, since these tests answered the research questions.

Research Question 1, "What are the differences, if any, between experimental groups when pre-tested?", was tested by using the GPA, IQ, SRA, RSE, and CPI pre-test items across treatment groups. The analysis was by T-test and comparison of treatment means because there were only two treatment groups. A multivariate response ANOVA would have required more observations than were available for this number of response variables. No significant results were anticipated.

Research Question 2, "What are the differences, if any, between experimental groups on academic success as measured by change in student GPA between first and last semesters?", was answered by the repeated measures interaction with treatment groups for GPA only. If there was a difference in the change between the treatment groups pre-test and post test scores, it would be identified by a significant interaction effect. A plot of interaction cell means provided the analysis supporting the anticipated

differences. No significant MANOVA result was anticipated, consistent with academic achievement and self-concept being highly correlated for these underachieving students. A significant interaction between pre and post tests and treatment groups was anticipated as indicated by the literature.

Research Question 3, "What are the differences, if any, between experimental groups on self-concept as measured by a comparison of pre and post tests?", was analyzed the same way as Research Question 2, for self-concept response measures (RSE and CPI), with the same anticipated results.

Research Question 4, "What are the differences, if any, between counselor effectiveness as measured by their students' responses on GPA and other instruments?", was assessed by using GPA, RSE, and CPI responses on the counselor within treatment effect and a post-hoc comparison of counselor within treatment group means if significant. An ANOVA on the TRSCB for counselors using only post test results was also performed.

Because the available pool of students was so small, an insufficient number of degrees of freedom were available to estimate the repeated measures by counselor within treatment effect in the eight response design. Since a significant result would also render other more interesting results tenuous, this interaction was assumed to be zero and pooled with the residual as an error mean square. Four students,

two in each of the treatment groups, failed to complete the school year, making this mandatory.

The MANOVA model was:

$$\text{GPA} \quad \text{RSE} \quad \underline{\text{CPI}} = \text{GM} + \text{TRT} + \text{CNSLR}(\text{TRT}) + \text{RM} + (\text{RM} \times \text{TRT}) + \text{ERROR}$$

GPA = Grade Point Average

RSE = Rosenberg Self-Esteem Scale

CPI = California Psychological Inventory. Class I vector of response scales including:

Dominance (DO)
Capacity for Status (CS)
Sociability (SY)
Social Presence (SP)
Self-acceptance (SA)
Sense of Well-being (WB)

GM = Grand Mean

TRT = Treatments effect

CNSLR(TRT) = Nested Counselor within Treatment effect

RM = Repeated Measures effect

(RM x TRT) = Treatment and RM interaction effect

ERROR = Residual variation

<u>Sources</u>	<u>DoF</u>
TRT	1
CNSLR(TRT)	4
RM	1
RM x TRT	1
<u>ERROR</u>	<u>22</u>
TOTAL	25

The univariate ANOVAs differed only in that they had one response variable. Response variable correlations generated other results including correlations between FILE, TRSCB, and ASCL scores.

Qualitative data from the case studies was analyzed and used as a critical counterpoint to the quantitative methods (Jick, 1983; Kirk, 1986; Mathison, 1988). Counselor intuition and firsthand knowledge is reflected in the interpretation. One exemplary case study from each treatment group was sufficient to illustrate behavior in context (Cronbach, 1975; Lincoln and Guba, 1985; Silverman, 1985) and to offer a translation of the raw data into a coherent description of the individual or family counseling process (Ball, 1984). Generalizations were made in support of theoretical notions (Bogdan & Taylor, 1975; Strauss, 1987; Woods, 1986) concerning the different counseling methods used in this study.

CHAPTER IV

RESULTS

This chapter provides results of the research methodology described in the previous chapter, including the pilot study for Teacher Rating of Student Classroom Behavior (TRSCB) and statistical analyses testing the research questions. A discussion of the results and their impacts are presented in Chapter V.

TRSCB Pilot Study

SPSS-X Procedure FACTOR was used to assess the TRSCB instrument validity. Table 1 presents the results of the principle components factor analysis on the TRSCB instrument. There were twelve (12) items and fifteen (15) respondents. Four factors met the dual criteria of an eigenvalue greater than one (1) and accounting for at least 5% of variation. The total variation accounted for by the four factors was 75.5% which satisfied the validity criterion of at least 70% of variation accounted for by significant factors.

The factor loadings by item are provided in Table 2. Using the restrictive rule, only those items whose factor loadings were at least 0.40 and within 0.30 of the maximum factor coefficient were included. The first factor had items I3, I5, I6, I7, and I12 but not I1 and I11 because they were not within 0.30 of the maximum coefficient.

Table 1

TRSCB Principle Components Factor Analysis

Factor	Eigenvalue	Pct Var	Cum Pct
1	3.62944	30.2	30.2
2	2.61127	21.8	52.0
3	1.44716	12.1	64.1
4	1.37300	11.4	75.5

Table 2

TRSCB Factor Loadings by Item

Item	Factor 1 Classroom Behavior	Factor 2 Classmates Interaction	Factor 3 Outside Preparation	Factor 4 Respect Authority
I1	.48807	.03032	.62986*	.34348
I2	-.02410	.16310	.80381*	.13629
I3	.72974*	-.30971	-.03646	.09401
I4	.11352	.79591*	-.40487	.10715
I5	.86614*	-.03481	.00822	.13128
I6	.81079*	-.20164	-.00936	-.11235
I7	.81389*	-.06892	-.07204	.11854
I8	.36639	-.02071	-.34671	.66450*
I9	.04714	.76973*	-.15785	.31334
I10	.03589	.93466*	.20288	.04334
I11	.41962	.57468	.16349	-.53036*
I12	.67927*	.10469	-.14396	-.59102*

Note. * item meets criteria to be included on factor.

of the maximum coefficient. The second factor was composed of items I4, I9 and I10. The third factor had items I1 and I2. The fourth factor had items I8, I11, and I12. Only I12 appeared on more than one factor.

SPSS-X Procedure RELIABILITY was used to assess the reliability of the TRSCB instrument. Table 3 shows the item-total statistics including squared correlations and Cronbach's Alpha if each item is deleted. These correlations and "alphas" were very similar. Table 4 shows that non-additivity was non-significant.

The six Guttman coefficients are listed in Table 5. For an instrument measuring observed behavior, coefficient six was appropriate and met the criterion of being greater than 0.70 for the scale.

Research Question One

What are the differences, if any, between experimental groups when pre-tested? The T-test results for differences between groups on the pretest variables are presented in Table 6. Two significant results occurred on the CPI(Cs) and CPI(Sp) scales, $p < .05$. However, using the normal approximation with continuity corrections, the probability of a least two significant results in 10 trials is $P(X \geq 1.5) = P(Z > 1.45) = 0.074$, which is not significant. As a consequence, no significant differences were found between treatment groups.

Table 3

IRSCB Item-total Statistics

Item	Squared Multiple Correlation	Alpha If Item Deleted
I1	.6316	.7298
I2	.6926	.7625
I3	.8070	.7263
I4	.9176	.7395
I5	.8928	.6894
I6	.7792	.7104
I7	.6730	.6988
I8	.7686	.7430
I9	.7653	.7505
I10	.9676	.7428
I11	.8321	.7243
I12	.8625	.7193

Table 4

TRSCB Analysis of Variance

Source of Variation	Sum of SQ.	DF	M SQ	F	Prob.
Between	26.7778	14	1.9127		
Within	181.4167	165	1.0995		
Between Measures	106.7278	11	9.7025	20.0055	.000
Residual	74.6889	154	.4850		
Nonadditivity	.0266	1	.0266	.0544	.816
Balance	74.6623	153	.4880		
TOTAL	208.1944	179	1.1631		

GRAND MEAN = 2.3056

TUKEY ESTIMATE OF POWER TO WHICH OBSERVATIONS
MUST BE RAISED TO ACHIEVE ADDITIVITY = 0.9057

Table 5

TRSCB Guttman Coefficients

Reliability Coefficients

12 Items

LAMBDA 1 = .6842 LAMBDA 2 = .7956 LAMBDA 3 = .7464
LAMBDA 4 = .7643 LAMBDA 5 = .7733 LAMBDA 6 = .9374

Table 6

Means and T-test Results for Pre-test Variables

	MEANS		T-TESTS	
	TRT 1	TRT 2	T	Significance
IQ	123.6	117.9	1.13	.27
SRA	88.6	87.1	0.49	.63
GPA	1.7	1.8	-0.43	.67
RSE	3.5	4.0	0.68	.50
<u>CPI</u>				
Do	24.5	22.3	1.08	.29
Cs	17.9	13.7	3.03	.01*
Sy	23.6	21.0	1.23	.23
Sp	39.6	35.2	2.18	.04*
Sa	21.2	21.1	0.06	.95
Wb	29.9	24.8	1.74	.10

Note. * significant univariate tests

Research Questions Two and Three

What are the differences, if any, between experimental groups on academic success as measured by change in student GPA between first and last semesters? What are the differences, if any, between experimental groups on self-concept as measured by a comparison of pre and post tests? The test statistics are from a multivariate analysis of variance (MANOVA) and means analysis when significant results occurred.

The results of the multivariate, repeated measures ANOVA for GPA, RSE, and CPI variables are presented in Tables 7 through 10, corresponding to the effects hypothesized to exist. The first effect is the treatment by repeated measures interaction. No difference was evident as shown in Table 7. The achieved significance of the multivariate test was 0.943, a highly non-significant result. This indicates that the interaction effect was basically the same for all response variables. From the individual F-Tests at the bottom of the table, none of the responses were significant.

The second effect is the repeated measures factor. Table 8 provides the multivariate ANOVA results for this effect. The multivariate test for differences between the response measures achieved only 0.606 significance. As a result, no differences were found between the response measures for the effect.

Table 7

Multivariate ANOVA for Treatment By Repeated MeasureInteraction

<u>Test Name</u>	<u>Value</u>	<u>Exact F Hypoth.</u>	<u>DF</u>	<u>Error DF</u>	<u>Sig.</u>
					<u>of F</u>
Pillais	.35519	.27543	8.00	4.00	.943
Hotellings	.55085	.27543	8.00	4.00	.943
Wilks	.64481	.27543	8.00	4.00	.943
Roys	.35519				

Note.. F statistics are exact.

Univariate F-tests

<u>Var.</u>	<u>Hypoth. SS</u>	<u>Error SS</u>	<u>Hypoth. MS</u>	<u>Error MS</u>	<u>F</u>	<u>Sig. F</u>
GPA	12.53	362.91	12.52	32.99	.380	.550
RSE	.01	11.55	.01	1.05	.008	.928
DO	.48	104.22	.49	9.47	.051	.825
CS	.51	42.27	.51	3.84	.133	.721
SY	2.22	110.85	2.22	10.08	.220	.648
SP	2.20	456.91	2.20	41.53	.052	.822
SA	.15	72.48	.15	6.59	.023	.881
WB	20.74	678.38	20.73	61.67	.336	.574

Table 8

Multivariate ANOVA for Repeated Measures Effect

<u>Test Name</u>	<u>Value</u>	<u>Exact F Hypoth.</u>	<u>DF</u>	<u>Error DF</u>	<u>Sig. of F</u>
Pillais	.63196	.85855	8.00.	4.00	.606
Hotellings	1.71711	.85855	8.00	4.00	.606
Wilks	.36804	.85855	8.00	4.00	.606
Roys	.63196				

Note.. F statistics are exact.

Univariate F-tests

<u>Var.</u>	<u>Hypoth. SS</u>	<u>Error SS</u>	<u>Hypoth. MS</u>	<u>Error MS</u>	<u>F</u>	<u>Sig. F</u>
GPA	1.13	362.91	1.13	32.99	.034	.857
RSE	3.85	11.55	3.85	1.05	3.665	.082
DO	2.61	104.22	.09	9.47	.276	.610
CS	.09	42.27	.09	3.84	.025	.877
SY	.08	110.85	.08	10.08	.009	.927
SP	2.17	456.91	.22	41.53	.005	.944
SA	6.68	72.48	6.68	6.59	1.014	.336
WB	16.10	678.38	16.10	61.67	.261	.619

The third effect is the counselor within treatment factor. This effect mediates the treatment effect since counselors used either one or the other method. A significant result for the counselor within treatment effect requires that it be used to examine overall differences for the treatment effect. Table 9 provides the results for the multivariate analysis of counselor within treatment effect. The Hotelling (.035) and Wilks (.058) criteria were statistically significant, while the Pillais (0.10) criterion was close to significant. Therefore, the univariate F-Tests were different for the various response variables, and each was considered separately (Figures 2 - 9). From the univariate tests, there were significant differences in the counselors' groups on all responses except for the CPI scales social presence (SP) and well being (WB).

The final effect is the treatment factor. The counselor within treatment effect was significant, so was used as the comparison effect in the multivariate ANOVA. Since that effect was significant, the uniform non significance of the treatment effect results was to be expected. The results for the univariate F-Tests are presented in Table 10.

Research Question Four

What are the differences, if any, between counselor effectiveness as measured by their students' responses on

Table 9

Multivariate ANOVA for Counselor Within Treatment Effect

<u>Test Name</u>	<u>Value</u>	<u>Approx.F</u>	<u>Hypoth. DF</u>	<u>Error DF</u>	<u>Sig. of F</u>
Pillais	2.59640	1.61859	32.00	28.00	.100
Hotellings	38.40990	3.00077	32.00	10.00	.035
Wilks	.00246	2.09335	32.00	16.35	.058
Roys	.97175				

Univariate F-tests

<u>Var.</u>	<u>Hypoth. SS</u>	<u>Error SS</u>	<u>Hypoth. MS</u>	<u>Error MS</u>	<u>F</u>	<u>Sig. F</u>
GPA	522.17	362.91	130.91	32.99	3.956	.032
RSE	17.51	11.55	4.38	1.05	4.166	.027
DO	159.94	104.22	39.98	9.47	4.220	.026
CS	90.85	42.27	27.71	3.84	5.910	.009
SY	189.00	110.85	47.25	10.08	4.689	.019
SP	83.89	456.91	20.97	41.53	.504	.733
SA	76.65	72.48	19.16	6.59	2.908	.072
WB	81.56	678.38	20.39	61.67	.330	.852

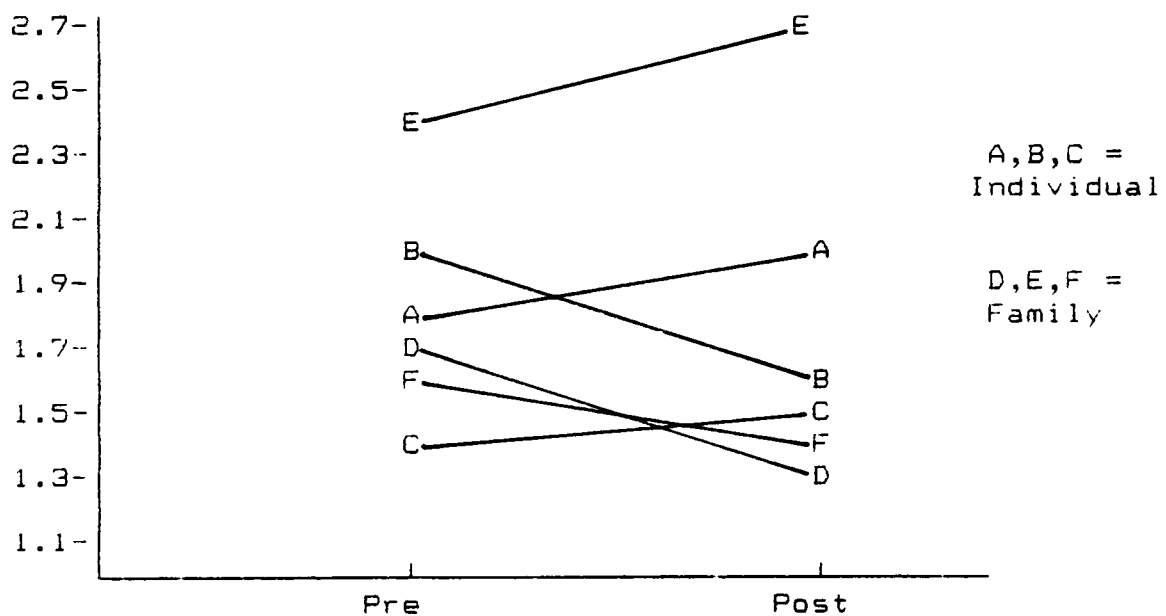


Figure 2. Means for GPA: Counselor Within Treatment By Repeated Measure

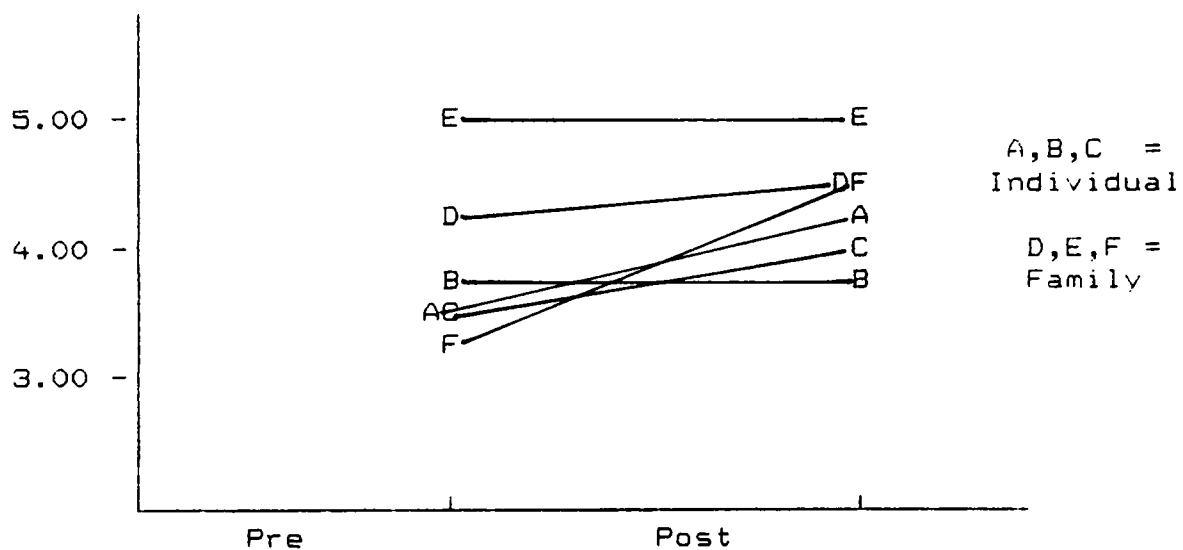


Figure 3. Means for RSE: Counselor Within Treatment By Repeated Measure

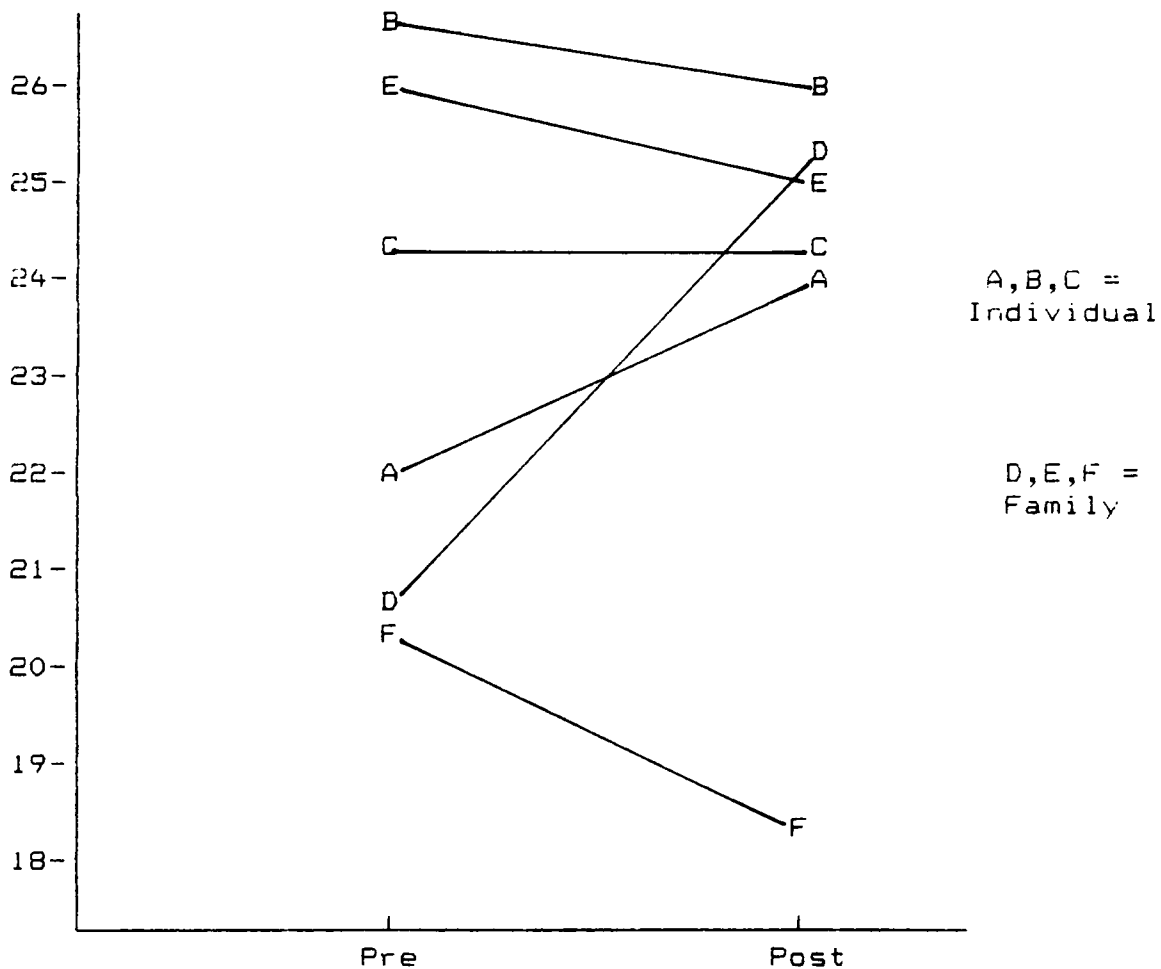


Figure 4. Means for CPI(DO): Counselor Within Treatment By Repeated Measure

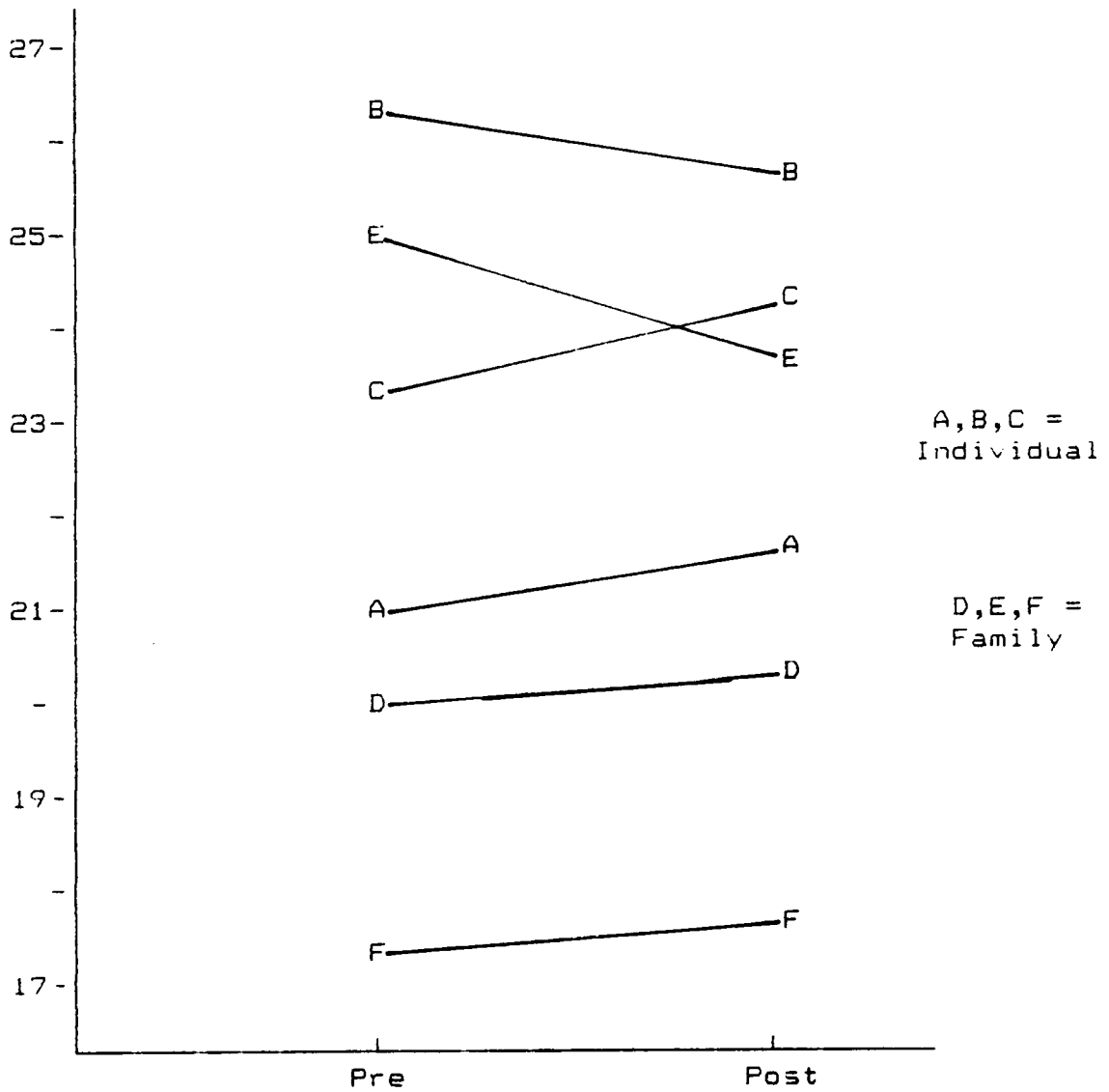


Figure 5. Means for CPI(CS): Counselor Within Treatment By Repeated Measure

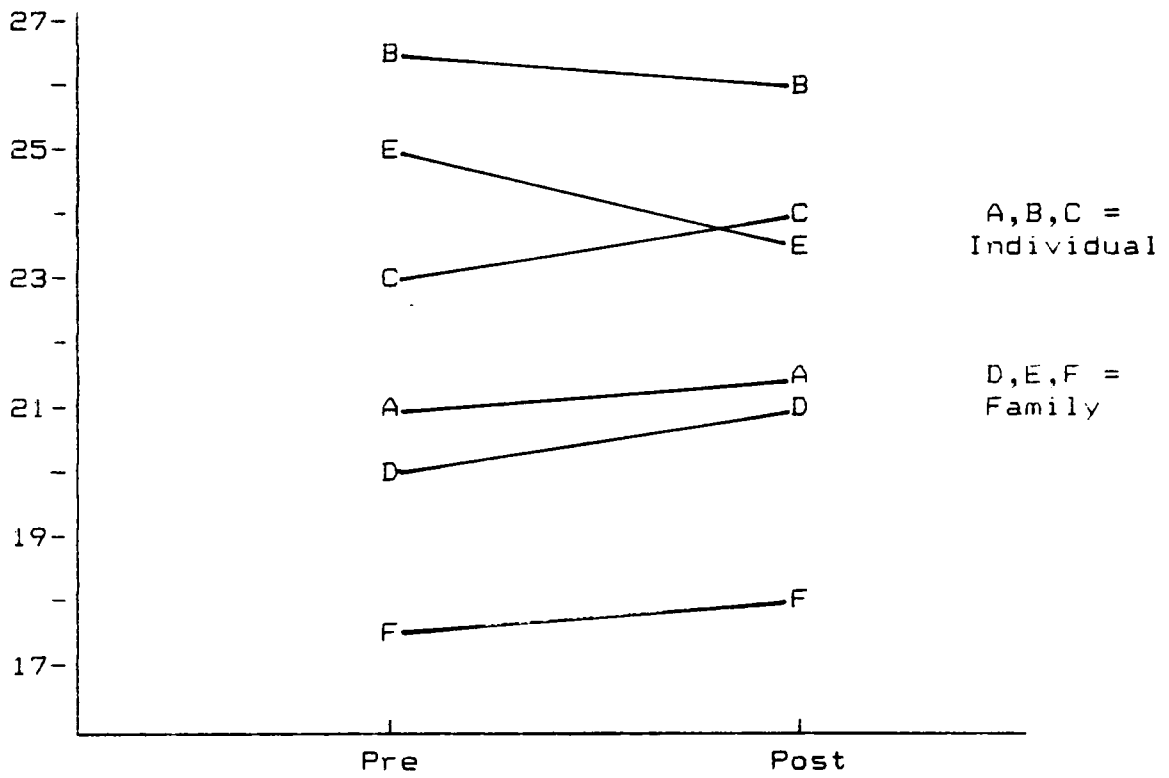


Figure 6. Means for CPI(SY): Counselor Within Treatment By Repeated Measure

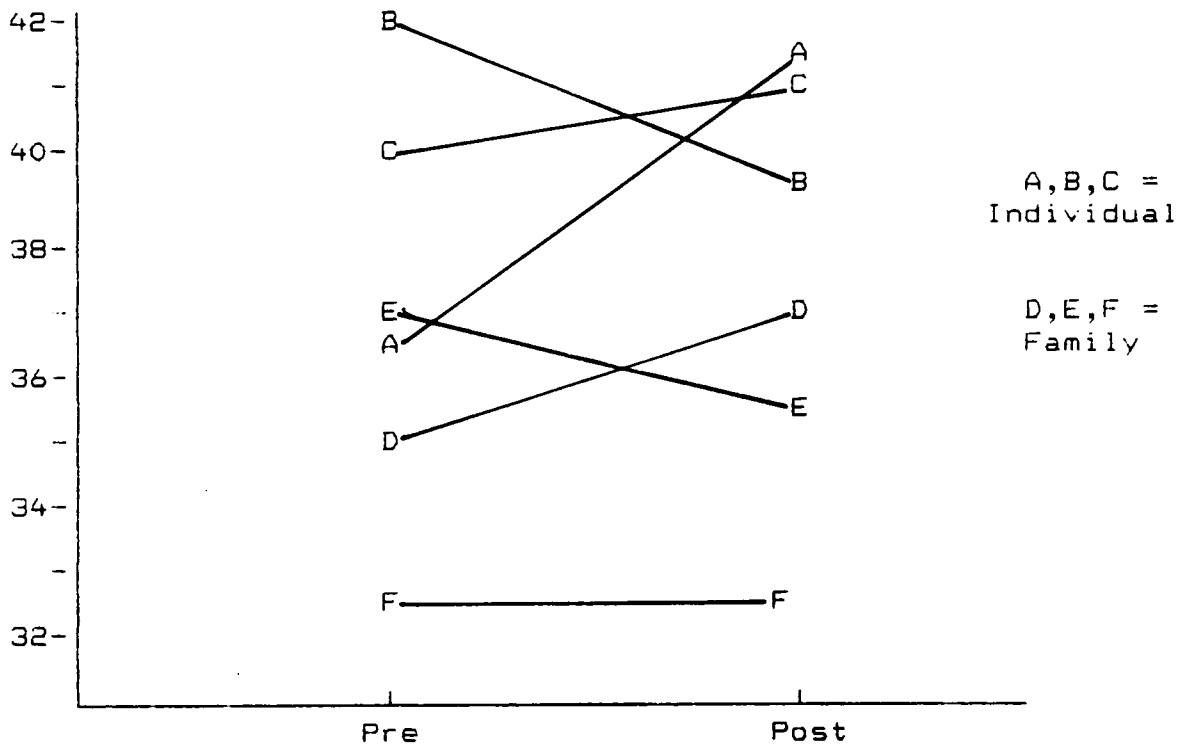


Figure 7. Means for CPI(SP): Counselor Within Treatment By Repeated Measure

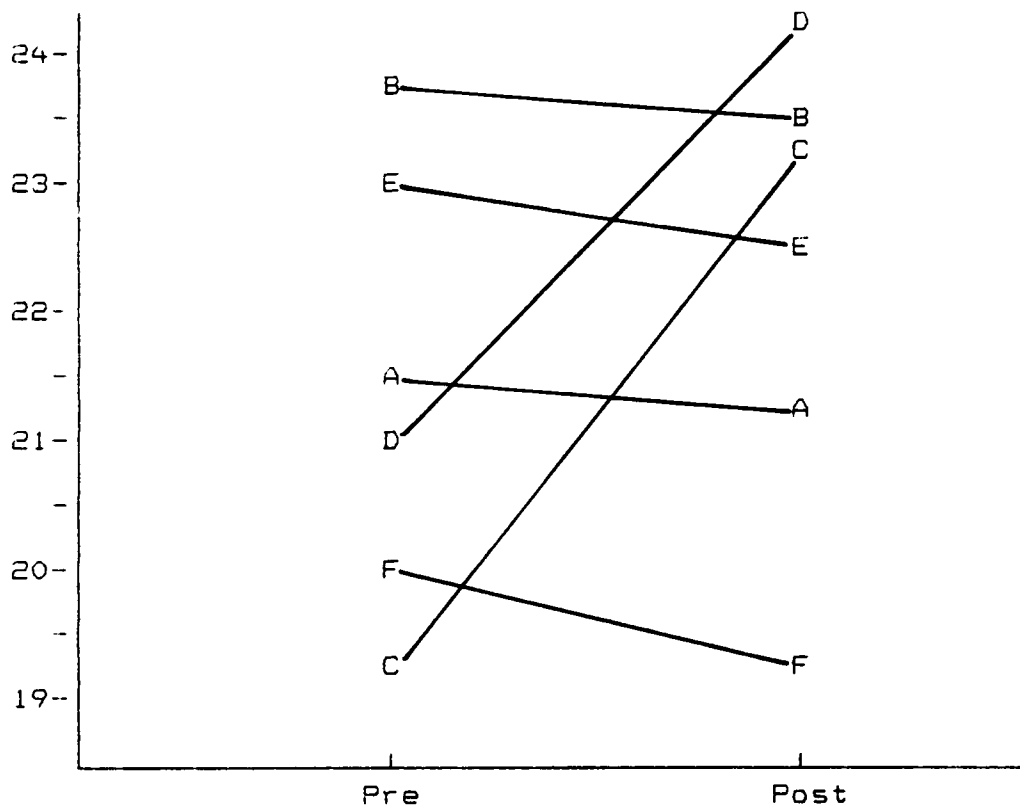


Figure 8. Means for CPI(SA): Counselor Within Treatment By Repeated Measure

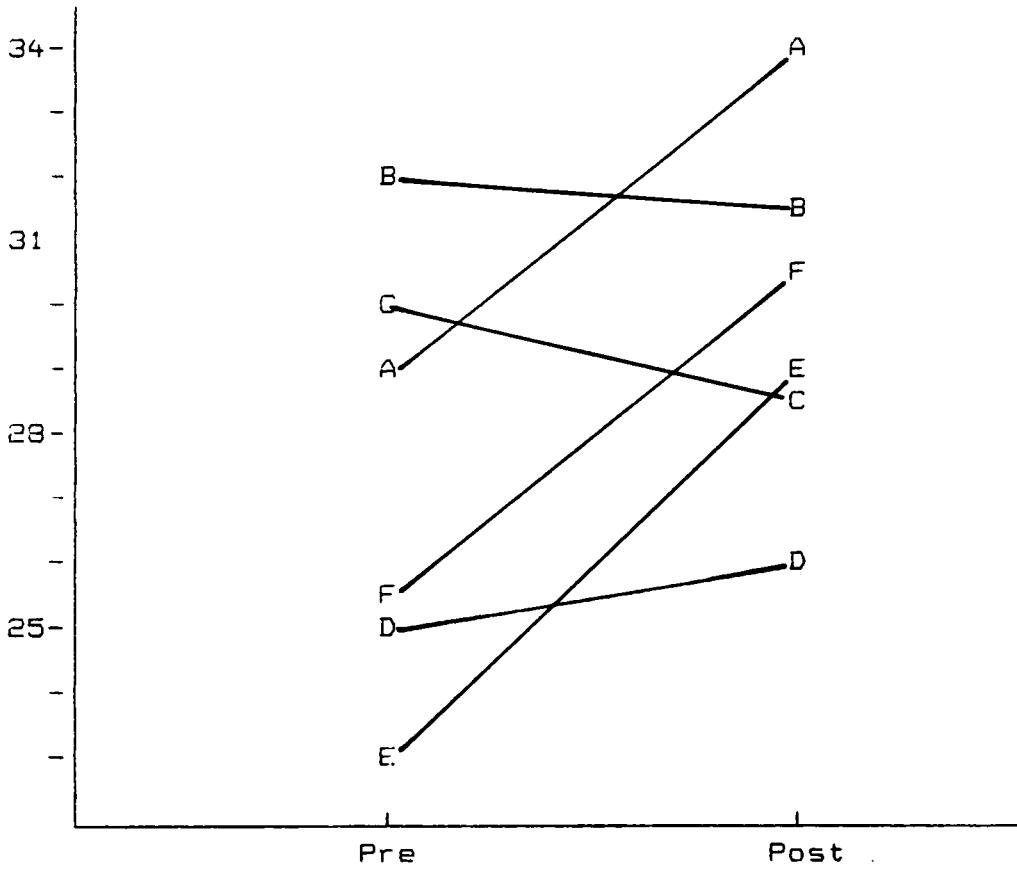


Figure 9. Means for CPI(WB): Counselor Within Treatment By Repeated Measure

Table 10

Univariate F-Tests for Treatment Effect

<u>Var.</u>	<u>Hypoth. SS</u>	<u>Error SS</u>	<u>Hypoth. MS</u>	<u>Error MS</u>	<u>F</u>	<u>Sig. F</u>
GPA	402.58	522.17	402.58	130.54	3.084	.154
RSE	16.39	17.51	16.39	4.38	3.744	.125
DO	3.85	159.93	3.86	39.98	.096	.772
CS	.94	90.85	.94	22.71	.041	.848
SY	.16	189.00	.16	47.25	.003	.956
SP	146.67	83.89	146.68	20.97	6.993	.057
SA	9.94	76.65	9.94	.52	.519	.511
WB	3.67	81.56	3.67	20.39	.180	.693

GPA and other instruments? As shown previously, in the multivariate ANOVA results for counselor within treatment, the groups differed, a portion of which can be allocated to counselor effect. In addition, the Teacher Rating of Student Classroom Behavior (TRSCB, or TRCB in the correlation matrix) was tested at post test time. The ANOVA is listed in Table 11. There were significant differences found between counselors on the TRSCB. From Table 12, counselor F performed below all others, and counselor E performed much better than all others.

Other Results

Other results include correlations between response variables, correlations between FILE and TRSCB scores, Assessment of Counselor Skill Level (ACSL) scores, and case studies.

The response measures were consistent across the tests of hypotheses and correlations were calculated for the entire test sample. These are presented in Table 13. Correlations greater than 0.7 account for at least 50% of all variation between the variables. The .05 significance level of correlation was achieved at .33. Correlations between .33 and .70 are statistically significant but not great predictors of each other. Most of the CPI scales are significantly correlated, as seen in the table.

Table 11

ANOVA for TRSCB by Counselor Effect

<u>Source</u>	<u>DF</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>P</u>
TRT	1	279.0	279	2.2	NS
CNSLR(TRT)	4	507.7	127	6.8	>.01
ERROR	<u>20</u>	<u>370.8</u>	<u>18.5</u>	.	
TOTAL	25				

Table 12

Means for TRSCB by Counselor Within Treatment

<u>Counselor</u>	<u>Mean Score</u>
Individual	41.7
A	42.8
B	40.5
C	42.0
Family	41.1
D	38.4
E	51.3
F	34.3

Table 13

Response variable Correlations

	<u>IQ</u>	<u>SRA</u>	<u>GPA</u>	<u>RSE</u>	<u>DO</u>	<u>CS</u>	<u>SY</u>	<u>SP</u>	<u>SA</u>	<u>WB</u>	<u>IRCB</u>	<u>FILE</u>
IQ	1.0	.74*	-.1	-.1	.14	.03	-.1	.05	.01	-.2	-.3*	.25
SRA		1.0	-.1	-.2	.1	.00	-.01	-.02	.04	-.05	-.3	.26
GPA			1.0	.4*	.05	.45*	.21	-.01	.11	.26	.48*	.27
RSE				1.0	.40*	.19	.35*	.09	.13	.26	.23	-.27
DO					1.0	.42*	.54*	.38*	.31	.29	-.16	.23
CS						1.0	.71*	.63*	.27	.53*	.29	-.22
SY							1.0	.61*	.41*	.52*	.18	.25
SP								1.0	.18	.36*	.02	.02
SA									1.0	.16	.01	.06
WB										1.0	.12	-.17
IRCB											1.0	-.34*
FILE												1.0

* Statistically significant correlation

The FILE scores were not correlated with any other response measures except the TRSCB, and that correlation was barely significant and negative. However, all scores were less than 19 out of 71, so none of the students' families experienced major stress events during the test period.

The ACSL average scores by counselor are presented in Table 14. The T-Test for treatment differences is -0.64 , not significant for a T distribution with four degrees of freedom. Thus the counselors self-perceived effectiveness was the same.

Table 14ACSL Scores for the Counselors

<u>Counselor</u>	<u>ACSL Total</u>
Individual	21.3
A	21.0
B	18.0
C	25.0
Family	23.7
D	21.0
E	22.0
F	28.0

Case Studies

Subjective, qualitative results include the case studies for the two different counseling methods. A representative case study from each group is presented below.

Individual Counseling Case Study

David is a 15 year old sophomore. In his own opinion, he was "not brainy but I'm not dumb." According to his counselor, this attitude corresponded to the grades he usually got, which were mostly D's. He was bored with school and on occasion "in trouble with authorities." David was described by different teachers as "pretty dull, but intelligent," as "above average in ability," and as "quite bright and needing to be pushed." His IQ and SRA scores were recorded as above average. The counselor's hypothesis as to David's behavior, which varied from classroom to classroom, was that "he hadn't found a satisfactory way of relating to school and was trying one thing after another (i.e. no class participation, talking incessantly in the classroom, teacher insubordination, fighting with peers) or several at once." David's attempts to construct satisfying relationships ran him into difficulties. David reported to his counselor that he found homework to be an "ordeal." He was a poor speller and his homework tended to be sloppy and incomplete.

According to his counselor, David came from a close knit family and his parents wanted him to get a "good education." And there was a specific and strong reason for this: they didn't. Both parents hated high school and dropped out. The father eventually returned and received a high school diploma before accepting employment with the Federal government. "The main thing schooling did for me was to give me lifelong anxiety about writing. I hate to spell," reported his father. Both parents work. He, as a computer technician and she as a house cleaner. The wife held a subordinate place in the household and would have preferred not to work outside the home. "I like my little house and I don't like the outside world...people frighten me." It is the father who held authority in the family. Within this patriarchal arrangement, with its strong division between the sexes, David clearly identified with his father. However, the relationship between father and son was tense and sometimes violent. The counselor's observation regarding the relationship was that it was one of "affection and aggression."

In this family, according to the counselor, the child's underachievement was indicative of "behavioral difficulties" across all levels of the home-school network. At home the student's homework was the focus of long-standing conflict. The parents saw it as a deficiency in the school system.

In intervening, according to the counselor "I pretty much followed guidelines suggested in the counselor

handbook." (Appendix B) During the first few sessions, David was instructed to "visualize himself starting, working on, and completing his homework." A list was made of his past successes and failures and he and his counselor discussed how he felt in both instances. The counselor asked, "What are the messages you send yourself when you are assigned something difficult to do?"

After the third session with David, his counselor implemented a homework monitoring procedure to "facilitate a constructive, behavioral solution." At home and school, David was to have his parents and teachers initial homework assignments when completed. Follow up sessions with his counselor reinforced the behavior and continued to "give him means of negotiating effectively with the school system."

The fifth session was a student-counselor-teacher conference. The parents, invited to attend, could not do so because of work schedules. Most of David's teachers reported some progress regarding completion of assignments. In one class, history, David had engaged in class discussion for the first time.

In subsequent sessions the counselor confronted David's "irrational negative thinking," had him set goals, and helped him construct a "positive tape" (recorded on a cassette) which consisted of ways in which David could have "power and control in his life, given his skills, talents and abilities." He was to listen to the tape at least once a day.

At the end of the school year, having had ten sessions with his counselor, David's achievement had improved, in general, by half of a grade. The counselor felt that the case was a success because "David's self image had improved and he seemed to have a new sense of direction and optimism in a situation (school) in which he had previously known frustration and failure."

Strategic Family Counseling Case Study

As a high school freshman, Gary was considered by his counselor as "a classic underachiever." He had an IQ and SRA score that was considered within the "gifted range." His grades were consistently below average.

Since seventh grade he had experienced academic and behavioral difficulties. All of his teachers reported problems in working with him. He would "clown around, distract others, fail to complete assignments and was insubordinate."

Gary's parents were divorced. Although he had not had contact with his biological father since the age of five, he had learned from his mother that he had been a heroin addict and died of AIDS when Gary was in intermediate school. Gary's stepfather is a recovering alcoholic, active in Alcoholics Anonymous. Gary's parent's held to "traditional parental and marital roles." His mother, according to his counselor, tended to protect him from his stepfather's displays of anger. However, she would also threaten Gary

with his stepfather and would ultimately rely on her husband to discipline Gary. At the time of the first counseling session, Gary's mother was a free-lance illustrator, working out of the home, and his stepfather was an auto mechanic. Both parents were recent members of a very fundamentalist Christian church.

During subsequent sessions, several dynamics were observed by the counselor: 1. Gary's mother had fairly low status in the household. The husband showed little respect for the wife's opinions and blamed her for Gary's "problems." 2. The stepfather had been estranged from his own father until moments before his father's death. 3. Although he disapproved of Gary's behavior, he recalled similar difficulties with school. He seemed resentful of Gary's "superior intelligence." 4. Gary's stepfather was very conditional toward him, rarely complimenting or listing Gary's positive attributes.

The counselor's treatment plan included "introducing typical classroom programming strategies, teacher meetings, behavioral contracts, and family counseling." Although most sessions included the entire family, the counselor also worked with Gary, alone, using social skills training and relationship oriented approaches. Over the course of the first five family sessions, Gary showed significant improvement for a time, but then regressed to former levels of misbehavior.

During the sixth session, the counselor gave instructions to the stepfather. A comparison was made between Gary's difficulties and the ones he (the stepfather) had experienced in school and regarding the loss of his own father after having been estranged for so many years. The counselor set as the stepfather's task the creation of a relationship between him and Gary modeled after the one he had longed for with his own father. Emphasis was placed on the fact that he should play the primary role in dealing with his stepson's problems. The urgency of school problems were de-emphasized, accepting the stepfather's ownership of a similar history.

At the same time, the mother was asked to behave in even more submissive ways to the son and husband. The counselor's overt rationale was that both parents would have to give even more of themselves, asking nothing in return. The mother's behavior in disciplining her teenager and arguing with the stepfather was seen as distressful for the family and making Gary's positive adjustment difficult.

The intervention was based upon the following: 1. Gary had adopted sexist attitudes that he used to rationalize his disrespect for female authority figures (teachers). Attention from teachers, therefore, was ineffective in changing his behaviors. 2. The stepfather saw Gary as very different from him. The intervention emphasized their similarities. To give the father "space" to move closer to the son, the mother's position had to change. 3. Due to

the father loss in both Gary's and his stepfather's life the counselor thought it important to draw the stepfather in closer to the stepson before some future event would cause a family schism.

The counselor also instructed the school authorities to make all home contacts only with the stepfather, and to require the stepfather's presence to readmit Gary if he were ever suspended. This request was monitored by the counselor. The stepfather was called twice because of classroom problems, but no suspensions occurred.

Two weeks after this session, the mother called to report that she had taken a job outside the home, with an advertising firm. The family resented this, but she felt, "if I need to take a back seat in disciplining my son, I may as well be earning money in the time I have available not having to worry about him." The stepfather was pressed into more regular "child care" responsibilities for the first time in their 11 year marriage.

In the weeks that followed there were only three reports of teacher problems with Gary. When the counselor and the parents met, in a follow up session, to discuss Gary's high school program, the husband complained about having his stepson as a responsibility, rejoiced in the extra money, that his wife was bringing in, reported that he and Gary had begun participating together in a sporting event (kayaking),

and said he hoped Gary would do more with his life than "simply be a mechanic."

In the tenth and final session, his parents indicated that Gary was no longer a behavior problem. He was passing all of his subjects with a "C" average.

CHAPTER V

DISCUSSION

This chapter includes a synopsis of the study's purpose and research methods. It also includes a review of the Teacher Rating of Student Classroom Behavior (TRSCB) pilot study and the research questions. Conclusions and recommendations complete the study.

Purpose

The major purpose of this study was to analyze the effectiveness of strategic family counseling to improve upon adolescent academic success rates and self-concept.

Research Methods

The basic design of the study involved two treatment groups, individual and strategic family counseling. There were six participating counselors with five students each. Prior to the study, three counselors had received outside training in strategic family counseling in addition to standard academic and personal counseling training which all school counselors receive. The three counselors providing individual counseling had received additional outside training in behavioral counseling methods. The researcher developed and presented several pre-treatment counselor workshops.

Following the administration of the student pre-tests, counselors held at least ten sessions with their students

and/or families. At the end of the school year, students were given post-tests and parents were asked to complete a family inventory of life events. In addition, counselors completed a self-report assessment of their skill level. From counselor session notes, representative case studies from each group were compiled.

The specific computational procedures utilized in the data analysis included SPSS-X Procedure FACTOR, SPSS-X Procedure RELIABILITY, T-tests, multivariate analysis of variance (MANOVA) and response variable correlations.

TRSCB Pilot Study

Because of the strong independence of the factors and the logical grouping into classroom behavior, classmate interactions, outside preparation, and respect authority factors, the TRSCB analysis demonstrated that the component construction had been validated. The very similar factor loading structures also permitted the use of a single sum of the item scores to represent the overall teachers score (Harmon, 1976). The Tukey additivity power of .906 was close enough to 1.00 to further validate the use of a single sum of the items for a teacher observation score.

SPSS-X Procedure RELIABILITY results indicated similar correlations and alphas which further validated the instrument.

The Guttman coefficients indicated the TRSCB to be reliable as well as valid.

Research Questions

Specifically, the study sought the answers to the following questions:

Question 1. What are the differences, if any, between experimental groups when pre-tested?

There were generally no differences even though two significant results occurred on the CPI(Cs) and CPI(Sp) scales, $p < .05$. Using normal approximation with continuity corrections, it was shown that two minor significant results can occur randomly and, therefore, it was concluded that the two treatment groups were essentially the same.

Questions 2 and 3. What are the differences, if any, between experimental groups on academic success as measured by change in student GPA between first and last semesters? What are the differences, if any, between experimental groups on self-concept as measured by a comparison of pre and post tests?

Research question two hypothesized that GPA would change as a result of the different counseling treatments applied. Research question three hypothesized that self concept as measured by several scales would also change differentially between the two counseling treatment groups.

The literature suggested there would be no difference across time for the individual counseling methods (they are not effective in general, in working with underachievers). It was hypothesized that there might be one from strategic family counseling. A significant result would have

confirmed a difference between the effects of strategic family counseling and individual counseling. However, no difference was evident. The achieved significance of the multivariate test was 0.943, a non-significant result. The interaction effect was basically the same for all response variables.

The second effect, repeated measures factor, would have shown whether there was any change in the students as a result of the treatments being applied. A significant result with higher values for the response measures on the post-test would have confirmed that both counseling techniques were effective. However, repeated measures factor showed no change in students as a result of the treatments being applied. It was concluded, therefore, that neither counseling method had an effect on the students' academic achievement or self concept.

A multivariate analysis of counselor within treatment factor provided significant results. The Hotelling (.035) and Wilks (.058) criteria were statistically significant, while the Pillais criterion was close to significant (0.10). From the univariate tests, there were significant differences in the counselors' groups on all responses except for the CPI scales social presence (Sp) and well-being (Wb).

Specifically, these differences indicated that:

1. One counselor from each treatment (strategic and individual) had student groups whose GPA's improved by at

least a letter grade. On GPA pre and post tests, one counselor's group (strategic family counseling), though it started above the rest, finished well above the rest of the groups. The other counselor's group (individual counseling) also improved but not as dramatically.

2. In general, both treatments resulted in improved self-concept scores. On the Rosenberg Self Esteem (RSE) scale, which measured aspects of self concept, all but two groups improved.

3. There was very different overall averages for two out of six groups on the CPI scale that identified students who, in interpersonal situations, are seen as self-confident and goal-oriented. Dramatic improvement was shown on the CPI Dominance (Do) scale in one (strategic family counseling) group. However, a dramatic decrease was also shown in another (strategic family counseling) group.

4. Neither counselor nor the treatments effected student performance on the CPI Capacity for Status (Cs) scale, which appraised student qualities of ambition and self-assurance in regards to social status. Scores indicated a flat pre-post performance of the groups, in general.

5. The CPI sociability scale (Sy), measuring self-confidence regarding social participation, was similar to the capacity for status (Cs) results. Neither counselor nor the treatments affected student performance. The groups started out different and remained different.

6. The CPI social presence (Sp) measure appeared highly volatile on which neither treatment nor counselor had much consistent effect. Interaction and variation between students within groups was quite large for this scale, which identified implications for social poise, confidence and spontaneity.

7. One counselor from each treatment group positively affected student performance on the CPI self acceptance (Sa) scale, which measured student sense of self-worth. One counselor group from each treatment (individual counseling and strategic family counseling) improved at least 20% while all other groups performance's were flat.

8. Individual students varied more within groups than the group averages did on the CPI well being (Wb) scale, which identified individuals who tend to put undue emphasis upon personal problems and worries.

Because the counselor within treatment effect was significant, it was used as the comparison for the treatment effect, using MANOVA. The treatment effect results showed uniform non-significance.

Question 4. What are the differences, if any, between counselor effectiveness as measured by their students' responses on GPA and other instruments?

Research question four hypothesized that the counselors' effectiveness would differ. As shown in the discussion regarding counselor within treatment, the groups differed, a portion of which was allocated to counselor

effect. In addition, there were significant differences found between counselors on the Teacher Rating of Student Classroom Behavior (TRSCB). One counselor's group (strategic family counseling) performed much better than all others.

Other Results

These results included correlations between response variables, Family Inventory of Life Events (FILE) scores, Assessment of Counselor Skill Level (ACSL) scores, and the case studies.

The variables correlating most highly were IQ and SRA (.74) and CPI capacity for status (CS) and sociability (SY) scales (.71). Only one of them need be included in future studies, since they are so similar. Most of the CPI scales were significantly correlated which was another internal validation of the CPI for the adolescent population of this study. The FILE and TRSCB correlation was barely significant and negative. The correlation was appropriate since students might seek more stability at school if less was available at home. The lack of any major stress events in the study should not be construed as a reason for not including this factor in future studies.

The ACSL average scores were not significant, indicating that counselors self-perceived effectiveness was the same. It was noted that counselors A (individual counseling) and E (strategic family counseling) who showed

improvements on most measures were only slightly higher than average in their self perception of effectiveness.

Counselor F (strategic family counseling), with the most inconsistent and often low group scores on measures, considered personal effectiveness to be very high.

The individual counseling case study was representative of what was shown, in this study, to be effective behavioral interventions with individual underachievement problems. The behavioral interventions served three interrelated functions: 1) to organize the student for successful classroom functioning; 2) to empower the student; and 3) to give the student a means of negotiating effectively with school authorities.

The interventions used in the strategic family counseling case study were constructed in response to the counselor's interactions and observations while meeting with the entire family of the underachieving student. For the student in this case study, behavioral programs would work only for a while, and then falter, suggesting to the counselor that "powerful family dynamics were at work in the student's life outside of the school's control."

The case study shows that the father and son were disengaged or too distant from each other, while the mother and son were enmeshed or too close to one another. According to the strategic family counseling theory, this dysfunctional triangle was basic to the problem experienced by this family.

Several characteristics of strategic family therapy are illustrated in this case. 1)there was no effort to provide insight to the family members; 2)the interventions were focused only on presenting problems; 3)the counselor's manner with the family was meant to suggest that the underachievement problems were temporary roadblocks in the families' efforts to problem solve.

Conclusions and Recommendations

The teachers, parents, counselors, school administrators, policymakers and political movements who have wanted to do something about the problem of adolescent underachievement have naturally looked to academic research to tell them something about the causes of it. Once the causes were known, something effective might be done towards a cure.

As was seen in the review of the literature, many voices have suggested causes and cures that, unfortunately, don't seem to have much impact. It is important, in working towards practical conclusions, to reckon with what may have affected the outcome of the "cures" in this study.

Differences between individuals. Students differ, and differ markedly, in outlooks, personal styles, interests, bodily development, and skills. These differences do count in education. However, individual differences of unequal outcomes in this and similar studies involving different

counseling treatments may be institutionalized in the education system itself. Competitive, hierarchically organized schooling produces its own explanation of its own effects. It sees differences in skills, interests and outlooks as things fixed in each individual, which can be measured and put on a scale in abstraction from the circumstances in the person's life.

As was seen in both case studies, the closer the counselors got to the family, (even the counselor who did individual counseling gathered a "family history" before working the student) the more conscious they became of the extent to which student skills, interests and outlooks were developed in response to the circumstances in which they lived, and could not be understood if seen apart from that context. A true appreciation of individual differences pushes one toward a reckoning with the social context. GPA and CPI Capacity for Status was significantly correlated, for instance.

Characteristics of families and schools. Families, as seen in the literature review, are thought to shape the educational careers of their young members in a wide range of ways: the extent to which parents care about schooling, the manner in which family members relate to each other, their material provision and their internal structure. The evidence from the case studies is perfectly clear: families are very powerful institutions, and their influence over their children registers in every part of their lives,

including schooling. Relationships within the family are vital, and children are active in the business, from the start.

It is also clear that the school is not a sealed unit whose output can be measured and understood in isolation from its context. Educational "choices" only make sense in terms of relationship between a student's experience at school, home and elsewhere.

Home/school relationships. As seen in the literature review, a familiar argument explains academic success and failure by the degree to which the culture of the home and of the school respond. The school sees the student as a bundle of abilities, knowledge and attitudes furnished by the parents. On evidence of the case studies, this is wrong. What students may actually bring to the school is their relationship to their parents' educational experiences and strategies; and that relationship may involve rejection, ambivalence, misunderstanding as well as endorsement or duplication.

The counselor's role within the school. Another answer to the question as to why the treatments did not manifest a significant result may be that the school system is not designed to help counselors produce it. Should high school counselors have the training and skills necessary to do family counseling, they are often not allowed the time (ten sessions per individual and/or family seemed "extravagant" to the principal and guidance director of the high school)

to devote to students and families. The academic search for the attributes of "effective counseling" has been fruitless, and appears bound to remain so. Being an effective counselor is not a settled trait of a person, like height or hair color, but the consequences of a complex, multi-person practice. It depends more on context than it does theoretical orientation or training. The same counselor can be involved in significantly different practices with different people and groups. The same counselor can be liked and successful with some individuals or families and quite disliked by others. The same counselor can be regarded as interested and fair by one individual or group, uninterested and careless by another.

Conclusion 1. Neither individual nor strategic family counseling treatments resulted in overall improvement on academic success or self-concept of underachieving high school students as measured by the instruments.

Recommendation. Since some counselors in both treatments were effective, but the treatments were not, future research might examine the following issues: a) it takes much more work to make a difference with any treatment; b) the treatments could be effective if started much earlier in the student's academic careers; or c) better counselors are required either through better selection or better training and supervision.

Conclusion 2. With respect to individual and strategic

family strategies particularly, but the school/family interaction in general, the case studies suggest there are objective items measurable in parental attitudes with great role model impact on underachievers.

Recommendation. Development of instruments to identify measurable factors would support development and application of counseling strategies that might work.

Conclusion 3. Only counselor within treatment was significant. This suggests that competent counselors get results, but that it is deeper than a particular method. The graphs generally showed that one counselor in each treatment type got results on several measures. It may be that different counselors stress different components of academic success or self-concept, thereby "washing out," on average, the effects.

Recommendation. It is recommended that in a follow up study counselors be interviewed to determine factors they used in selecting strategies. It may be that certain factors would solidify into a testable strategy. More research is needed to identify successful counselors and attempt to identify those factors which account for their success. Those results would be useful to the academic and counseling communities at large in developing training programs and helping to choose new counselors.

REFERENCES

- Alexander, J. F., & Parsons, B.V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. Journal of Abnormal Psychology, 81, 219-225.
- Atkenson, B.M., & Forehand, R. (1978). Parent behavioral training: An examination of studies using multiple outcome measures. Journal of Abnormal Child Psychology, 6, 449-460.
- Ball, S. J. Case study research in education: Some notes and problems in Hammersley, M. (Ed.) (1984). Ethnography of schooling, pp. 77-104.
- Bandura, A. (1978). The self system in reciprocal determinism. American Psychologist, 33, 344-358.
- Bogdan, R., & Taylor, S.J. (1975). Introduction to qualitative research methods. New York: John Wiley.
- Clements, J.E., & Alexander, R. N. (1975). Parent training: Bringing it all back home. Focus on Exceptional Children, 1, 1-12.
- Comer, J.P. (1984). Home-School relationships as they affect the academic succes of children. Education & Urban Society, 16(3), 323-337.
- Compher, J.V. (1982). Parent-school-child system: Triadic assessment and intervention. Social Casework the Journal of Contemporary Social Work, 53. 415-423.

- Conoley, J. (1988). Strategic Family Intervention: Three Cases of School-Aged Children. School Psychology Review, 16(4), 469-486.
- Conoley, J. (1987). Schools and families: Theoretical and practical bridges. Professional School Psychology, 2, 191-203.
- Conoley, C. W., & Beard, M. (1984). The effects of paradoxical intervention on therapeutic relationship measures. Psychotherapy, 21, 273-277.
- Cronbach, L. (1975). Beyond the two disciplines of scientific psychology. American Psychologist, 30: 116-127.
- Elkind, D. (1981). The Hurried Child, (pp 165-182). Reading, MA: Addison-Wesley.
- Gallagher, J.J. (1985). Teaching the Gifted Child, 3rd edn, Boston: Allyn & Bacon.
- Gatti, F. & Coleman, C. (1976). Community network therapy. American Journal of Orthopsychiatry, 4, 608-617.
- Greene, L.J. (1986). Kids Who Underachieve. New York: Simon & Schuster.
- Haley, J. (1973). Uncommon Therapy. New York: W. W. Norton.
- Haley, J. (1976). Problem Solving Therapy. San Francisco: Jossey-Bass.
- Haley, J. (1978). Ideas which handicap therapists in M.M. Berger(Ed), Beyond the double bind (pp. 67-82). New York: Bruner/Mazel.
- Haley, J. (1984). Ordeal Therapy. San Francisco: Jossey-Bass.

- Jick, T.D. (1983). Mixing qualitative and quantitative methods: Triangulation in action in Van Maanen, J. (Ed.). Qualitative Methodology. Beverly Hills: Sage.
- Kirk, J., & Miller, M. (1986). Reliability and validity in qualitative research. Beverly Hills: Sage.
- Jones, V.F. (1980). Adolescents with behavior problems: Strategies for teaching, counseling, and parent involvement. Boston: Allyn & Bacon.
- Lewis, W.W. (1982). Ecological factors in successful residential treatment. Behavioral Disorders, 7, 149-156.
- Lincoln, Y., & Guba, E. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.
- Lusterman, D.D. (1985). An ecosystemic approach to family school problems. The American Journal of Family Therapy, 13, 22-30.
- Little, L.F. & Gafney, I.C. (1986). The Truant Child.
- Madanes, C. (1980). Protection, paradox and pretending. Family Process, 19, 73-85.
- Madanes, C. (1981). Strategic Family Therapy. San Francisco: Jossey-Bass.
- Montalvo, B. (1973) Aspects of Live Supervision. Family Process, 12, 343-352.
- Marsh, H., & Others. (1984, March). Multi-dimensional self-concepts; relationships with inferred self-concepts & academic achievement. Research Report (143), Australia, New South Wales.

- Mathison, S. (1988). Why triangulate? Educational Researcher, 13-17.
- McGuire, D.E. & Lyons, J.S. (1985). A transcontextual model for intervention with problems of school underachievement. The American Journal of Family Therapy, 13(3), 37-45.
- Minuchin, S. (1974). Families and Family Therapy. Cambridge, MA: Harvard Press.
- Palazzoli Selvini, M., Boscolo, L., Cecchin, G.F., & Prata, G. (1974). The treatment of children through brief therapy of their parents. Family Process, 13, 429-442.
- Palazzoli Selvini, M., Boscolo, L., Cecchin, G.F., & Prata, G. (1978). Paradox and Counterparadox: A New Model in the Therapy of the Family in Schizophrenic Transaction. New York: Jason Aronson.
- Papp, P. (1980). The Greek chorus and other techniques of paradoxical therapy. Family Process, 19, 45-57.
- Parson, B.V., & Alexander, J.F. (1973). Short-term family intervention: A therapy outcome study. Journal of Consulting and Clinical Psychology, 41, 195-201.
- Purkey, W. (1970). Self-concept and School Achievement. Englewood Cliffs, N.J.: Prentice-Hall, Inc.
- Reynolds, C.R., Gutkin, T.B., Elliott, S.N., & Witt, J.C. (1984). School Psychology: Essentials of Theory & Practice. New York: Wiley.
- Rimm, S. (1985). Identifying underachievement: The characteristics approach. G/C/T, 2(5).

- Rimm, S. (1985). Underachievement Syndrome. Watertown, WI: Apple Publishing Co.
- Seligman, L. (1984, March). Strategic Family Therapy: A High Technology Approach. Paper presented at the Annual Convention of the American Association for Counseling and Development, Houston, TX.
- Shellenberger, S. (Ed). (1981). Services to families and parental involvement with interventions. [Special Issue]. School Psychology Review, 10.
- Silverman, D. (1985). Qualitative methodology and sociology. Brookfield, VT: Gower Publishing Co.
- Simpson, R.L., & Poplin, M.S. (1981). Parents as agents of change. School Psychology Review, 10, 15-25.
- Strauss, A. (1987). Qualitative analysis for social scientists. Cambridge: Cambridge University Press, pp. 215-240.
- Watzlawick, P., Weakland, J., Fisch, R. (1974). Change. New York: W.W. Norton.
- Wilson, N.S. (1986). Counselor interventions with low-achieving and underachieving elementary, middle, and high school students: A review of the literature. Journal of Counseling and Development, 64, 628-632.
- Woods, P. (1986). Inside schools ethnography in educational research. London: Routledge & Kegan Paul.

APPENDIX A
COUNSELOR TRAINING INFORMATION

Individual Counseling ApproachCounselor

- A Education: M.S., University of Virginia
 Training: Internship, Secondary Education
 Orientation: Developmental; Behavioral; R.E.T.
- B Education: M.S., Virginia Tech
 Training: Practicum, Secondary Education
 Orientation: Developmental; Behavioral
- C Education: M.S., American University
 Training: Practicum/Internship, Secondary
 Education
 Orientation: Developmental; Behavioral

Strategic Family Counseling ApproachCounselor

- D Education: M.A., University of Laverne (CA)
 Training: 1 sem. w/LPC in private practice,
 audio-taped supervision
 Orientation: Strategic Family Therapy
- E Education: M.S., East Carolina
 Training: Haley Madanes Institute (formerly The
 Family Therapy Institute, D.C.), 1 1/2 years.
 Orientation: Strategic Family Therapy
- F Education: M.S., Virginia Tech
 Training: 1 sem w/LPC in private practice, one-
 way mirror
 Orientation: Strategic Family Therapy

APPENDIX B

COUNSELOR HANDBOOK
(INDIVIDUAL COUNSELING)

CONTENTS

Abstract of Study3
Calendar4
Letter to Parents6
Permission Form7
Counselor's Role8
Interventions8
Session Notes Form.....11

ABSTRACT

Adolescent underachievement and related school behavior problems have been reported to be one of the most common referrals to mental health professionals. In spite of the magnitude of the problem, current literature in the field of education does not present effective models for interventions with high school underachievers. A review of school counseling studies assessing individual and group counseling approaches with underachievers suggests little or no significance in improving academic success and/or self-concept.

School counselors, though they often focus on the problems of individual students, know better than most mental health professionals that problem school behavior has its correlates within the home and helps to define and maintain a student's dysfunctional behavior. However, a review of the literature concerning approaches used by high school counselors in working with underachievers and their families, in terms of family counseling, disclosed few studies. The problem addressed by this study, therefore, is to assess the effect of a school-based family counseling approach on academic success and self-concept of adolescent underachievers.

Calendar

December

Identify five underachieving students based on first quarter report card (2 or more D's or F's) and average to above average IQ or SRA scores (EAS).

Contact students and parents. Explain that they (students) have been randomly selected to participate in a doctoral research project which will involve: a) taking two tests now and the same two tests at the end of the school year (tests measure achievement potential and self-concept) and b) attending as many individual counseling sessions as possible throughout the remainder of the school year. Explain that this study involves an investigation of approaches used by counselors working with students who are not, for whatever reasons, reaching their potential.

As soon as you receive signed permission, arrange for your five students to be tested. It will probably only take one period. I will administer the tests.

January - February

Three pre-treatment workshops will be held.

1. Introduction to Study/General Information
2. School-based Individual Counseling/Session suggestions
3. Guest Speaker: Behavioral Interventions for Underachievers

February - June

Schedule first session with each student no later than February 1, 1989. Whenever any one of your five students meets with you, please note it on the session notes form provided.

June

I will post-test all students.

Please provide end of year report card.

December 1988

Dear _____,

Your family has been selected to participate in a counseling study directed by Virginia Tech doctoral student and former Madison High School counselor, Judy Stone. Ms. Stone is interested in school-based counseling approaches regarding students who are academically not matching their potential. Your student will be asked to meet with her/his school counselor for about ten times throughout the remainder of the school year.

Having an underachieving student is sometimes frustrating, not only for the student, but for other members of the family as well. This program will enable your student to receive individual counseling that may help your student get better grades and feel better about her/himself.

As your student's counselor, I personally invite you to participate. As I would like to begin meeting with your child in January, I will be contacting you soon to set up a date and time.

Thank you, for your cooperation.

Sincerely,

PERMISSION FORM

_____ has permission to
be tested and participate in a Counseling Study directed by
former Madison High School counselor, Judy Stone.

(Parent's Signature)

COUNSELOR'S ROLE

The counselor will use self, the individual counseling process, and knowledge of behavioral interventions and techniques to facilitate change and integrate these changes into the student.

INTERVENTIONS

The following are intervention suggestions based on conversations with counselors participating in this study as to what they "usually" do with underachievers and consultation with an expert in behavioral counseling.

1. First thing to look for is whether or not the underachievement is psychological or related to a learning disability. Ask student to read from a textbook if records do not indicate reading scores. If student is not reading at grade level, it may be that that's the problem.

Talk to the student in terms of "power." The point in dealing with the student is that you want him/her to take control of and have power in their life. One area that they can have the most control is in your school work.

2. Modeling. "If you want to be successful, look at what successful people do." Never use the word, "failure." Learn to handle rejection. List different ways to talk about their experiences. Have student find out about successful people like Trump, Iococa, Hershel Walker.

3. Goal setting. Don't have to be grandiose. Choose goals that will motivate. Ex. Woods, super bowl star grew up where his friends did drugs, were killed on the streets. He decided to get out of that situation. He made football his goal, his "mission". His mission was that he didn't want to wind up dead. Discuss homework. Do homework contract.

4. Entitlement. What is it? The "shoulds." "I should make a good grade without studying...I should be able to just go into class and listen to that teacher and do well." Change shoulds to wants. Tell students it's a matter of mental training.

5. Parent-teacher conference. Have teachers provide progress reports. Student attendance at conference, optional.

6. Discuss procrastination. What "irrational, negative thinking" does to lead to procrastination. Ex. "Nothing ever goes right for me, it's hopeless." - irrational sense of futility. "Nothing will change no matter what I do." - irrational sense of powerlessness.

Have students write ways they think that leads to procrastination.

7. Have student list statements like "I would study but..." "I'm not in the mood;" "I have something better to do." in one column. In another column have student take the "but" out. I "I will study even though I'm not in the mood." Introduce concept of self-talk. Have student make cassette tape, doing positive self-talk.

8. Shoulds vs. should nots. Change should to wants. Introduce visualization technique. Ask student to visualize beginning, working on and completing an assignment. Visualize how the assignment will look when you complete it; how you will feel; how your teachers and parents will react; what the grade will be.

9. Recall past successes, a "peak" experience. Use that as a "hook" whenever there is self-doubt. Ex. Athletes understand this concept. Victory doesn't last forever because there will always be another game. Hang onto the "highs" from your successes.

10. Critical tapes. Have student recall ways people are self critical. Help student become aware of own negative "tapes." Do a positive tape. Give student encouragement. It takes time to change.

SESSION NOTES

Student number:

Month/Day:

Themes/topics:

Interventions:

Progress/Problems:

Plans:



Themes/topics:

Month/Day:

Interventions:

Progress/Problems:

Plans:

APPENDIX C

COUNSELOR HANDBOOK
(STRATEGIC FAMILY COUNSELING)

CONTENTS

Abstract of Study3
Calendar4
Letter to Parents6
Permission Form7
Counselor's Role8
Session Suggestions9
Session Notes Form16

ABSTRACT

Adolescent underachievement and related school behavior problems have been reported to be one of the most common referrals to mental health professionals. In spite of the magnitude of the problem, current literature in the field of education does not present effective models for interventions with high school underachievers. A review of school counseling studies assessing individual and group counseling approaches with underachievers suggests little or no significance in improving academic success and/or self-concept.

School counselors, though they often focus on the problems of individual students, know better than most mental health professionals that problem school behavior has its correlates within the home and helps to define and maintain a student's dysfunctional behavior. However, a review of the literature concerning approaches used by high school counselors in working with underachievers and their families, in terms of family counseling, disclosed few studies. The problem addressed by this study, therefore, is to assess the effect of a school-based family counseling approach on academic success and self-concept of adolescent underachievers.

Calendar

December

Identify five underachieving students based on first quarter report card (2 or more D's or F's) and average to above average IQ or SRA scores (EAS).

Contact students and parents. Explain that they (students) have been randomly selected to participate in a doctoral research project which will involve: a) taking two tests now and the same two tests at the end of the school year (tests measure achievement potential and self-concept) and b) attending as many family counseling sessions as possible throughout the remainder of the school year. Explain that this study involves an investigation of approaches used by counselors working with students who are not, for whatever reasons, reaching their potential.

As soon as you receive signed permission, arrange for your five students to be tested. It will probably only take one period. I will administer the tests.

January - February

Three pre-treatment workshops will be held.

1. Introduction to Study/General Information
2. School-based Strategic Family Counseling.
Session suggestions.
3. Guest Speaker: Strategic Family Counseling

February - June

Schedule first session with each family no later than February 1, 1989. Whenever any one of your five students/families meets with you, please make notes on the session notes form provided.

June I will post-test all students.

Please provide end of year report card.

December 1988

Dear _____,

Your family has been selected to participate in a counseling study directed by Virginia Tech doctoral student and former Madison High School counselor, Judy Stone. Ms. Stone is interested in school-based counseling approaches regarding students who are academically not matching their potential. Your family will be asked to meet with your student's school counselor for about ten times throughout the remainder of the school year.

Having an underachieving student is sometimes frustrating, not only for the student, but for other members of the family as well. This program will enable your student to receive counseling, with your family's involvement, that may help your student get better grades and feel better about her/himself.

As your student's counselor, I personally invite you to participate. As I would like to begin meeting with your family in February, I will be contacting you soon to set up a date and time.

Thank you, for your cooperation.

Sincerely,

PERMISSION FORM

_____ has permission to
be tested and participate in a Counseling Study directed by
former Madison High School counselor, Judy Stone.

(Parent's Signature)

COUNSELOR'S ROLE

The counselor works with the presenting problem, underachievement. Using a strategic directive approach the counselor will develop a variety of strategies in helping families solve the problem.

The counselor may serve as a guide to:

- 1) help families explore alternative behaviors and new ways of behaving.
- 2) assist families in communicating in alternative ways.
- 3) use self, the group process, knowledge of strategic family counseling and whatever techniques are in their possession, to facilitate change and integrate these changes into the family unit.

Using the strategic directive approach, the counselor will help the family clearly define goals in concrete, observable terms. Emphasis will be on how the family and counselor define the problem and what the family would be saying or doing differently at the end of therapy when it is successful.

An explicitly or implicitly negotiated working agreement on a definition of problems and goals will be talked about in each session. This "operational consensus" occurs through a trial and error process whereby the family and counselor implicitly propose framings to one another until they negotiate one that leads to change.

SUGGESTIONS FOR MEETINGS WITH THE FAMILY

Preferably, the entire family will be present throughout counseling in order to provide a more accurate assessment of the presenting problem in view of the family system. It is important to track family members' interactions (sequences) surrounding the problem.

1. Counselor: "Some things you should know as we begin. You may change your place in the room, but I should like it if all of you will stay in the room, or say so if you need to go out. Our meeting will be approximately one hour long."

Defuse family reluctance to counseling by immediately focusing on workable goals and practicalities.

Engage parents by framing their presence as an indication of concern and interest in solving the child's underachievement problem. Example: "You are the only father and mother that _____ has. Your ideas about the problem are especially important."

The pessimistic traditional diagnosis of the student as unmotivated, disturbed, or defective is translated into a solvable problem. Example: "It's not that he/she can't achieve but that he/she won't."

Parents are assured that the focus will be on means for changing the child's behavior rather than on blaming them for creating or maintaining the problem.

Family members are asked what they see as the problem. Example: "Each one of you has different opinions and ideas about the family. We all see from different angles, so pooling points of view regarding the problem will be helpful in gaining a fuller picture of what's happening."

2. After "warm up," counselor may begin by directing a question to someone in the room. Counselor observes, hypothesizes and makes intervention decisions. For example, the counselor could a) begin with the father, b) focus on interaction between two siblings, c) focus on interaction between underachiever and parent. Ask what it will be like for each family member when counseling has been successful. What changes will have been made? [This affords the opportunity for the counselor to talk one at a time with family members, making the beginning of a contract

between the counselor and the members as to what they want for themselves from the sessions. This facilitates each persons involvement in a problem/solution process.]

Have parents recount some elements of family history to provide contextual perspective on problem. Have father and/or mother talk about him/herself when they were underachiever's age.

Give opportunity for expression of positive and negative feelings within family as well as expression of differences and to reveal further relationships within the family.

Determine is sufficient information has been gathered about the family. Look for clues to 1)normal family life crises, 2) dysfunctional rules, 3) reward and limitations of family system, 4) individual influences within the system, 5) motivation for change, 6) communication patterns.

Family homework. Each person fills in the blanks to these statements: "This person helps me. _____"

"This person listens to me. _____" "This person knows my moods. _____"

3. Begin with reflections on previous session and events of past week(s).

Counselor then suggests that much has been learned about the family in the past sessions and that

this information be reviewed so that determination can be made together as to how to solve the problem.

Counselor suggests that the family's way of interacting concerning this problem is a help and a hindrance to them. Example: "Parents try to figure out problems by talking, and children tend to distract them or to show problems by actions."

Counselor directs discussion of family rules and lists theirs on large paper. Example: "Some of these rules are not clear. Being special and different in this family is hard."

Counselor states that one of the goals is to help family help underachiever with school progress. Parents are put in charge of homework monitoring procedure.

4. Follow up on homework monitoring system.

Counselor raises the matter of underachiever getting help she/he needs. Asks father and mother to review what is not understood about underachiever.

Counselor asks underachiever to ask for what she/he wants from father/mother.

Asks each member how they know when they are loved by others in the family.

Parents continue to be in charge of homework monitoring. Next session will be with teachers.

5. Parent-student-teacher-counselor conference.

Progress report.

6. Counselor: "What's happening with homework/classwork?"

"Who's helping?"

If at impasse, student not cooperating, parent not following through, try:

Dramatization strategy - re-create a situation of conflict, try new behaviors.

Doubling strategy - when in process of re-enacting dialogues, counselor sees incongruencies between what a family member is saying and the person's behavior or hears a double message, the counselor can become that person's "double" and speak as if that person. This will bring out incongruencies and facilitate a clearer and more direct message to the receiver.

Ask family members what they think underachiever can do in school that might help her/him to feel better about her/himself?

7. Review. Invite each member to share feelings.

Ask underachiever to visualize and define parts of her/himself. Competent part, student part, confidence part. Have each family member work out self-perception. Additional parts suggested by other family members added, if accepted.

Ask what can be done to help with disliked parts and how can family help?

8. Counselor comments on changes and suggests meeting be spent in discussing how underachiever and family has made or felt they were making changes. Discuss what they still want different and what they know about how to make it different. What are specific things they are or are going to do to facilitate change.
9. Parent-student-teacher-counselor conference. Progress report.
10. Counselor reassures that family "checkups" can be scheduled when needed. Discuss future plans. Affirm belief in family's ability to problem solve.

SOME POSSIBLE PITFALLS:

Data overload - Families may present an overload of data in the beginning of counseling. Limiting and focusing the amount of data may be helpful to achieve an unveiling of the family system. Focus more on process than on content.

Counselor reluctance/eagerness - If issues are not eventually met head on, counseling sessions may appear more like friendly chats than work periods. Direct communication need to occur. On the other hand

eagerness might tempt counselors to use entire session for work toward change. The intensity may push families away.

Lack of respect and caring for the family - If the counselor is unable to maintain a basic respect and caring for family members, the matter of continuing work with that family should be reconsidered.

Siding - When siding occurs, the counselor must be careful not to lose sight of a system view of the family.

Reluctance of family to change - Although families want to change and may have contracted to change, old patterns may continue to be more comfortable and familiar. Timing is important.

Counselor as judge - A counselor is not a judge or jury for the family, but often the family will want to make her/him one.

Counselor becomes part of dysfunctional system - Sometimes as particular family system is so compelling that a counselor may find unwillingness a part of the system, acting as other family members do. The counselor may develop some blind spots, some feeling of helplessness.

SESSION NOTES

Student number:

Month/Day:

Themes/topics:

Interventions:

Progress/Problems:

Plans:



Themes/topics:

Month/Day:

Interventions:

Progress/Problems:

Plans:

APPENDIX D

TEACHER RATING OF STUDENT
CLASSROOM BEHAVIOR
(TRSCB)

TEACHER RATING OF STUDENT CLASSROOM BEHAVIOR

		S O M E T I M E S A L W A Y S				
		N	E	S	A	M
		1	2	3	4	5
The student:						
1.	Does homework.	1	2	3	4	5
2.	Comes to class with appropriate materials.	1	2	3	4	5
3.	Receives test scores that indicate comprehension of the subject matter.	1	2	3	4	5
4.	Gets along well with classmates.	1	2	3	4	5
5.	Exhibits appropriate classroom behavior.	1	2	3	4	5
6.	Is attentive in class.	1	2	3	4	5
7.	Participates in class activities.	1	2	3	4	5
8.	Voluntarily contributes to class discussions.	1	2	3	4	5
9.	Is punctual.	1	2	3	4	5
10.	Comes to class.	1	2	3	4	5
11.	Exhibits respect for classmates.	1	2	3	4	5
12.	Exhibits respect for teachers, counselors, administrators.	1	2	3	4	5

COMMENTS:

APPENDIX E
ASSESSMENT OF COUNSELOR SKILL LEVEL
(ACSL)

**The vita has been removed from
the scanned document**