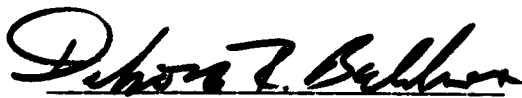


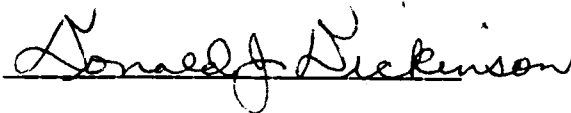
To the Graduate Council:

I am submitting herewith a dissertation written by Lisa Manly entitled "Empowering At-Risk Students". I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Education.


Charles L. Thompson,
Major Professor

We have read this dissertation and
recommend its acceptance:







Accepted for the Council:


Associate Vice Chancellor
and Dean of The Graduate School

EMPOWERING AT-RISK STUDENTS

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Lisa Manly

December, 1993

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DEDICATION

This dissertation is dedicated to my family, my doctoral committee, my friends, my colleagues, the school, and the children who empowered and sustained me when I was most at-risk of giving up.

ABSTRACT

The purpose of this study was to compare the effects of attribution training and problem solving training on at-risk elementary school children. A total of 19 underachieving third graders participated in four treatment groups and a control group: attribution training, problem-solving training, attribution and problem-solving training, attention only, and no treatment. Grades, changes on goal attainment scales, student and teacher evaluations on modified goal attainment scales, and a Likert scale self-report were used to measure group and individual differences. Observations, self-reports, and comments provided information on mastery of content, school affiliation, and perceived empowerment.

Non-parametric statistical results showed no significant differences between groups prior to, during, or following treatment. A high correlation between pretreatment grades and during treatment grades suggests little change due to treatment. On individualized goal attainment scales, nine of the seventeen subjects in treatment showed gains but only three increased their T-scores by more than five points. Teacher reports on a modified goal attainment scale and students self-reports on a modified goal attainment scale and a likert scale were positive.

Students' comments suggested affirmative views about school, school affiliation (academic and social engagement), action-oriented attributions and problem-solving approaches, and a sense of personal empowerment.

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CHAPTER I

INTRODUCTION

Perspective on the Problem

High dropout rates continue despite intervention and publicity. Howley and Huang (1991) reported that nationally only 68% of the 18-19 year old students graduated on time from high school in 1989. However, the problem is not merely a high school concern. Even in elementary schools, a common complaint among teachers is that many students seem to be reluctant learners who do not try and do not seem to care about the consequences of low effort. From investigations into the lack of academic motivation have come explanations of expectations, value systems, attributions, locus of control, poor self-efficacy, inadequate coping skills, learned helplessness, and disengagement.

Numerous secondary education programs designed to reduce the rate of high school dropouts have been researched. Unfortunately, these programs rarely show significant differences because they begin long after students establish personal identity and peer group, develop behavioral and study habits, and accumulate years of frustration and failure.

"The nature of classroom learning requires students to be adaptive by coping with and modifying stressful situations. The development of adaptive learning enables students to respond

flexibly to tasks, to transform and initiate them, and thereby assume control over their learning" (Rohrkemper & Corno, 1988, p. 297). Can students be successfully taught to be adaptive learners? Can "at-risk" students who have shown helplessness and limited coping skills learn to control their learning in adaptive ways?

At-Risk Students

"At-risk" is a popular term for students who experience difficulty academically, behaviorally, socially, and psychologically in their school environment. Minga (1988) defined at-risk students as:

"children who are not likely to finish high school or who are apt to graduate considerably below potential. At-risk factors include chemical dependency, teenage pregnancy, poverty, disaffection with school and society, high-mobility families, emotional and physical abuse, physical and emotional disabilities, and learning disabilities that do not qualify students for special education but nevertheless impede their progress."
(p.14)

Learned Helplessness

Frequent response styles of at-risk students resemble the disengagement of learned helplessness. Learned helplessness is defined as "performance deficits that result from exposure to

uncontrollable conditions or perceived lack of control" (Seligman, 1975). Originally used as a term to describe decreased escape-avoidance behavior in dogs previously unable to avoid being shocked, the paradigm has been extended to physiological and psychological changes in humans (Miller and Norman, 1979). Seligman (1975) explained that learned helplessness reduces motivation to control outcomes, interferes with learning, and produces fear and depression.

School Affiliation

School affiliation encompasses the opposite of learned helplessness, disengagement, and perceived rejection. In the elementary school setting affiliation can be defined as social acceptance by peers, cooperative efforts, involvement in classroom and learning tasks, and a sense of belonging. For older children affiliation might be exhibited through participation in athletic teams, clubs, school projects or productions, student government, or other group involvement with fellow students.

Empowerment

Empowerment is a term utilized with increasing frequency in psychological, political, social, and economic arenas. Defined by McWhirter (1991), empowerment is a process involving skill

development, awareness of power dynamics, a sense of identity, relating to others, and a network of support. Gutierrez (1988) identified the components as group identification or feelings of shared concerns, consciousness of power dynamics, and self-efficacy or belief that desired changes can be made. Zimmerman (1990) proposed that psychological empowerment is a result of learned hopefulness and the opposite of learned helplessness.

Attribution Training

Attribution training (also called reattribution training) is based on Heider's (1958) and Weiner's (1974) attribution theory. The training reteaches children to focus their attention on effort when attributing the cause of school performance rather than on luck, teachers' personality, or lack of ability. Literature suggest that attribution training has been effective in helping people regain a sense of control and increase achievement.

Problem-Solving Training

Problem-solving training appears to be a viable counseling program in school settings according to research literature. Students are trained to take responsibility for solving academic and social problems through a systematic approach of evaluation and planning.

Findings presented by Pecaut (1979), Kun (1977), Nicholls

(1978), Cauley and Murray (1982), Dweck (1975) and others identify third grade as a pivotal year developmentally in acquiring cognitive skills, metacognitive skills, and self-defeating behavior styles. Students at this grade level have been taught cognitive behavioral strategies such as attribution training and problem-solving successfully.

Problem Statement

Results of research on attribution training (Payne & Payne, 1989; Reid & Borkowski, 1987; Fosterling, 1985; and Reicher & Dembo, 1984) and problem-solving training (Thackaway, Meyers, Scheleser, & Cohen, 1985; Hughes & Hendrickson, 1987; and Larson, 1989) have contained promising implications for increasing academic achievement. However, it is not clear which type of training or whether a combination of the two is more effective in improving academic achievement of at-risk children. Therefore, the primary purpose of the present study was to compare and contrast results of small group counseling focusing on attribution training, problem-solving training, and a combination of both on daily grades, behavior, and school affiliation of at-risk third grade students.

Research Questions

The primary conceptual question for the study is: Can students who fit the "at-risk" profile be empowered to overcome development of disengagement or other at-risk behaviors by improving coping skills through small group counseling sessions? Secondly, is attribution training, problem-solving training, or combined training more effective or is the group experience and attention from an adult as effective as either type of training?

Hypotheses

It was predicted that:

Hypothesis 1: Following treatment, there would be no significant differences between the groups on weekly grades.

Hypothesis 2: Following treatment, there would be no significant differences between the groups on individually weighted goal attainment scales.

Hypothesis 3: Following treatment, there would be no significant differences between groups when reports were analyzed for perceived improvement.

Collected information was reviewed to investigate three additional questions.

Question 1: Following treatment, would participants be able to demonstrate the steps of attribution and problem-solving training taught in treatment?

Question 2: Following treatment, would participants express positive views when school affiliation is assessed through student report and comments?

Question 3: Following treatment, would participants express views suggestive of perceived empowerment?

CHAPTER II

REVIEW OF THE LITERATURE

Key concepts of at-risk students, learned helplessness, school affiliation, and empowerment were defined in the first chapter. These concepts have been described in the research presented below. Interventions of attribution training and problem-solving training were reviewed below as well .

Research on At-Risk Students

Although a variety of descriptions, categories, and interventions were included in a book by Capuzzi and Gross (1989), a general summary was provided to define at-risk students. Typically, risk is highest among those from lower socioeconomic status and those from communities with high drop-out rates (Capuzzi & Gross,1989). Gross and Capuzzi (1989) pointed out that parental, social, psychological (defense mechanisms and sense of belonging), physical (appearance, handicap, energy level, and hunger), environmental, and cultural factors influence self-esteem and the likelihood of dropping out. They listed low grades, low test scores, being retained in elementary school, behavior problems, poor self-esteem, poor attendance due to personal circumstances, lack of school affiliation (identification with school), lack of motivation, and lack of realistic goals as common characteristics of eventual drop-outs.

Similarly, Thomas (1989) noted that students who experience failure often protect their self-worth through unrealistically high or low goals, lack of effort, devaluation of academic tasks, and avoidance behavior. They may prefer displays of indifference, disruptive behavior, absence, and delinquency to appearing incompetent or less able than peers.

Many of these traits apparently remain throughout a student's education. Lloyd (1978) was able to discriminate with 75% accuracy whether third graders would drop out later by examining their achievement scores, global ability, socioeconomic status, family background, and retention in kindergarten through third grade. The two most predictive factors were failing first or second grade and whether parents were high school drop-outs.

Reports on the needs of at-risk students and reducing drop-out rates are accumulating in educational research. Just as there is consistency concerning the characteristics of at-risk students, there is some consistency about programs to address at-riskness. Among the components of programs that seem to work well are early identification, community collaboration, instructional support services, counseling, parental involvement, staff development, school climate improvement, and teacher involvement (Capuzzi & Gross, 1989; Iowa, 1989; Peck & Eberhard, 1988). Increasing assertive action and group work were supported by Morrow and Hawxhurst

(1988) who emphasized providing at-risk populations with skill development in recognition of personal power, responsibility, communication, facilitation, and education.

Research on Achievement Motivation

Atkinson (1964) theorized that achievement motivation results from an expectancy of achieving a goal and the value of the goal object. If both the expectation and value were positive, individuals tended to perform better, persist despite failure, and attempt tasks of greater difficulty. High achievers appeared motivated by the hope of success while low achievers seemed motivated by the fear of failure (Bleuer, 1987).

In a study examining the motivation of students in third through fifth grade, Carr, Borkowski, and Maxwell (1991) concluded that attributions and self-esteem contribute to metacognitively based behavior. Compared to those who achieved at average or above average rates, underachievers were less persistent in reaching goals, used inefficient strategies, and underestimated tasks demands. Their failure was due more to inappropriate beliefs and expectations about achievement than to a lack of knowledge. Significant differences between the 98 underachievers and 102 achievers were reported in beliefs about utility of effort, in self-esteem, and in reading.

Pecaut (1979) explained the motivation of low achievers by dividing them into four developmental groups: trust seekers, approval seekers, dependence seekers, and independence seekers. Pecaut estimated that 60% of underachieving students fall in the dependence seeking category which was described as arising between the ages of eight and twelve. Dependence seekers were characterized as students who place responsibility on others, depend on external evaluation, avoid choices, lack commitment, put forth minimal effort, are oriented to the present, are passive-resistant with adults, avoid independence, make excuses, and fear that adults won't care about them once they succeed.

Research on Attributions and Locus of Control

Weiner (1974) proposed that people explain success and failure and predict future achievement according to causal attributions of ability, effort, task difficulty, and luck. Individuals who believed that success depended on their own behavior and abilities, those with internal locus of control, were typically more motivated than those with external locus of control who believed that success is caused by outside forces of luck, task difficulty, or others with power (Rotter, 1966).

Lack of ability was classified as a stable, uncontrollable, and internal cause by Weiner (1974). Attributing failure to lack of

ability decreases expectations for success and produces negative self-esteem related to achievement. Attributing success to a stable, internal cause (ability) increases high expectations more than variable factors such as luck. Whereas Weiner (1974) advocated teaching children to attribute success to effort and ability while attributing failure to lack of effort, Heider (1958) emphasized that both success and failure should be attributed to effort since effort is controllable.

Cognitive-behaviorists postulated that behavioral events, stimuli and reinforcement, are followed by cause-effect attributions. Multiple events lead to generalized attributions and expectancies which are manifested in an attributional style or locus of control (Kendall, 1991). Attributions, like other cognitive structures, interpret experiences.

Lefcourt (1976) offered a descriptive overview of theory and research in his books on locus of control. Withdrawal and disengagement were identified as the behavioral results of negative expectations with frustration, depression, and upset as affective consequences. Researchers have found that internal attributions of inability led to feelings of incompetence, while lack of effort produced guilt. External attributions of bad luck, task difficulty, or unavoidable consequences led to hostility.

According to Payne and Payne (1989), research for the past 20 years has linked internal locus of control with school achievement.

In their study of 643 elementary students in grades K-5, they found a significant main effect between at-risk and not-at-risk students with the at-risk students being more externally oriented. People with internal locus of control were more resistant to coercion, more receptive to learning, more persistent when challenged, and more assertive (Lefcourt, 1976).

Mantzicopoulos (1990) examined characteristics of elementary school children and their strategies for coping with failure. Positive, defensive, self-blame, and mixed coping styles were compared. Children who indicated on the Academic Coping Inventory that they reacted with positive, action-oriented strategies tended to be high achievers. Significant differences were found for academic competence, social acceptance, and global self-worth. Significant differences were not found for internal or external locus of control.

Kun (1977) and Nicholls (1978) found that third graders are beginning to distinguish between effort and ability. Prior to that age of development, children tend to see the two as synonymous. Schunk (1983) suggested that feedback on effort would lead to greater awareness and belief in the importance of effort.

Elementary students' explanations for success and failure in social and academic domains were studied by Benenson and Dweck (1986). Results indicated that trait explanations (intelligence,

personality) developed earlier for success than for failure and that self-evaluations become more negative with age. The stronger the school's emphasis on academic achievement, the earlier trait explanations appeared. Furthermore, trait explanations attribute success and failure to stable, internal abilities which can produce maladaptive behavior and learned helplessness when failure continues.

Cauley and Murray (1982) conducted research in the attributions of ability and effort made by second and third graders. They found that the children could identify causes of their success and failure. Task attributions and effort were the most frequently reported causes. Furthermore, children could hypothesize about the separate and combined effects of ability and effort.

Fielstein, Klein, Fischer, Hanan, Koburger, Schneider, and Lutenberg (1985) reported that children in grades four through six with low self-esteem tended to attribute success to luck and failure to lack of ability while children with high self-esteem related their success to ability and generally attributed their failure to lack of effort or bad luck. These findings are consistent with studies of adults and depressed children.

Research on Self-Efficacy and Similar Terms

A theory of self-efficacy was proposed by Bandura (1977) as an outgrowth of attribution and locus of control theories. He suggested that students' confidence in their ability to perform (a personal judgement based on previous outcomes, ability, exertion, task difficulty, circumstances, and pattern of success and failure) had primary impact on achievement. Bandura (1977) explained that people tend to avoid challenges they believe exceed their capabilities while they engage in activities for which they judge themselves to be competent. Academically, students with low self-efficacy attempted to avoid many school tasks while students with high self-efficacy responded with effort expenditure and perseverance when faced with challenge.

Similarly, Benoit and Mitchell (1987) described personal effectiveness as awareness of the behavior required for success, expectations of success, belief that behavior and outcome are related, and value in the outcome. Learned hopefulness, empowerment and active participation through skill development and building a sense of control, was proposed by Zimmerman (1990). Similar qualities of learned resourcefulness (Rosenbaum, 1980) and learned effectiveness (Gregory, Chartier, & Wright, 1979) have also been suggested for training goals.

Research on Learned Helplessness

A body of knowledge closely associated with at-risk students' lack of motivation exists in the research on learned helplessness. Miller and Norman (1979) reviewed the concept of learned helplessness from Seligman's research with animals to human models of cognitive and motivational deficits during problem-solving or escape-avoidance tasks. In numerous accounts, subjects tended to perform better when reinforcement was perceived to be response-contingent and attributed to stable conditions. Studies examining the emotional aspect of learned helplessness reported anxiety, depression, frustration, anger, fatigue, and hostility following noncontingent reinforcement. Later studies added variables of expectancies, task importance, attributions, generalizations, cognitive schemata, individual differences (motivation, gender, prior mood), and locus of control to the paradigm of learned helplessness.

Forsterling (1985) characterized learned helplessness among students as an inability to identify contingencies between behavior and outcome, reduced motivation, and maladaptive affect. Attributions of powerlessness and low self-efficacy were viewed as components of learned helplessness.

Participants in the majority of studies have been adolescents or adults. Although the findings could generalize to children, there could be differences due to developmental limitations and years of

experience dealing with failure. Examples of learned helplessness as it applies to children include work investigating the academic tendencies associated with learned helplessness and training attempts to change those tendencies.

Licht and Dweck (1984) analyzed differences in children's approach to academic achievement. They noted that children who attributed failure to uncontrollable factors such as inability were likely to develop learned helplessness and become debilitated by failure. When confronted with difficulty, they tended to focus on failure and inability while mastery-oriented students focused on strategies for problem-solving. Since effort seemed useless to them, the more confusing a new concept appeared, the poorer the "helpless" children performed. However, among the 94 fifth graders in their study, the helpless students and the mastery-oriented students performed similarly when learning material was not confusing.

Eight to thirteen year old "helpless" children who expected failure, exerted little effort, and were below grade level despite adequate intelligence participated in either an attribution training or "success only" treatment (Dweck, 1975). Persuasion was used to increase effort and decrease math errors. Children in the attribution training group were taught to attribute failure to lack of effort and showed significant improvement. Subjects in the success only group

experienced greater difficulty following later failures. There were no significant differences between the two groups on the Intellectual Achievement Responsibility Scale or on test anxiety.

Research on School Affiliation

Academic engagement, or school affiliation, can be viewed as a continuum from integration in school life to alienation and disengagement (Damico and Roth, 1993). Affiliation consists of a student's involvement with curricular content, demands, and learning as well as interpersonal relationships and participation in extracurricular activities. Students who are affiliated academically and socially are more likely to graduate from high school while those who lack affiliation are most likely to drop out (Damico and Roth, 1993).

A typical school deficiency of at-risk students is membership in a group that stimulates learning and promotes belonging, participation, cooperation, recognition, leadership, service, and involvement. Children's perceptions of their current and future place in school and society may determine educational and career choices. Either motivation from perceived **inclusion** and personal relevance or alienation from perceived rejection and irrelevance of learning tasks results (DeRidder, 1989).

A sense of belonging or connection to significant others is a prerequisite to self-esteem according to Meggart (1989). Concluding

that a lack of belonging may lead to feelings of worthlessness, isolation, and defensive postures, she listed nine citations that reported negative attitudes about self increased the probability of deviant or destructive responses.

Burton (1991) correlated poor self-esteem, which is typical of many underachievers, with academic failure, inappropriate behavior, and disengagement. Madonna, Bailey, and Wesley (1990) found affiliation to be one of four variables that correlated highly with the self-concept of elementary school children.

Glasser (1986) explained that many youth who appear to be maladaptive students experience constant dissatisfaction with school because school does not meet their needs for belonging and control. Helping students recognize and rechannel their power while increasing their sense of belonging and commitment is advocated as a way to prevent failure and resistance.

Bleuer (1991) stated that because peers can be powerful influences, group counseling is more effective than individual counseling for treating underachievement. In a review of effective treatment programs in kindergarten through twelfth grades, Wilson (1986) noted the advantages of group counseling over individual counseling as one of the five most important factors.

Youngs (1985) stated that development of a support system is crucial in helping at-risk youth. Often they lack any support or

associate with other students who devalue school. Creating support systems of peers and adults that provide academic encouragement for these youth is strongly advocated.

A variety of interventions were designed to improve achievement through cognitive-behavioral training. Chief components have included assessing distorted or attributions, modeling, problem-solving strategies that work across settings, self-instruction, self-reinforcement, group and individual application, affective education, and an interpersonal emphasis (Kendall and Braswell, 1985).

Research on Problem-Solving Training

Instruction in problem-solving and decision making skills appears often in literature. In their review of problem-solving training, Kendall and Braswell (1985) reported that studies have been conducted with a variety of subjects for a variety of concerns. Overall, results seem to be mixed when working with elementary students just as they are with preschool, preadolescent, and adolescent populations. Gender, race, location, and socioeconomic status differences were unclear.

Elias, Beier, and Gara (1989) reported problem-solving when obstacles arose was the best predictor of self-concept and perceived school adjustment. They summarized the findings of many studies in

describing these components of effective problem-solving: a) understanding situations, others' perspectives, and personal goals, b) positive expectations that one can effect outcomes, c) the ability to generate multiple solutions and consider their consequences, d) choosing the most effective solution, e) planning steps for the solution, f) anticipating and alleviating obstacles, and g) monitoring progress and using the outcome for future planning.

In self-instruction training proposed by Meichenbaum (1977), thoughts were restructured and self-statements were modified. His basic steps for problem-solving were: a) What is my problem? b) What is my plan? c) Am I using my plan? and d) How did my plan work?

Baron (1981) outlined a five step program. The steps were a) problem recognition, b) brainstorming, c) reasoning, d) revision, and e) evaluation. A similar problem-solving approach, with the acronym IDEAL, was formulated by Bransford (1984). Specified steps included:

Identify the problem,
Define the problem,
Explore alternative approaches,
Act on a plan, and
Look at the results.

Meichenbaum (1988) adapted systematic desensitization into his

stress inoculation training of beginning with a mild level of stress and gradually increasing the intensity. This training consisted of phases of education on monitoring self-statements and their effect, rehearsal of a more adaptive response, and application of the new response in problem situations.

Spivack and Shure's (1982) **interpersonal cognitive problem-solving consisted** of training preschool and primary grade children to think of alternative solutions and consequences through a game-like format. Results showed increases in prosocial behavior, decreases in maladaptive behavior, and enhanced learning.

Their program for third and fourth graders involved teaching a problem-solving orientation, practice with problem identification, increasing the generation of alternatives, and developing sensitivity to consequences. Small group discussion, a TV modeling tape, and role play were utilized with small group discussions and role play being the most effective means of learning (Spivack, Platt, & Shure, 1976).

Meichenbaum and Goodman's (1975) modeling procedure included an adult modeling self-instruction, the child performing while the adult repeated the directions, the child performing while instructing herself/himself, the child whispering self-instructions while performing, and the child performing while guiding her/his performance covertly.

In a study with third and fourth graders with academic problems, Thackawray, Myers, Schleser, and Cohen (1985) compared general self-instruction training with specific self-instruction and with didactic problem-solving. They also reported greater gains on specific skills (addition problems) when specific self-instruction was used and increased general performance (reading, spelling, etc.) when general self-instruction was employed. Schleser, Meyers, and Cohen (1981) found the same results with first and second graders.

Studies by Derry and Murphy (1986) contrasted the effectiveness of presenting problem-solving techniques detached from classroom academics versus embedded in academic instruction. They found that embedding specific problem-solving strategies in the curriculum was more effective for teaching specific skills but general problem-solving training showed a more generalized effect across subject matter.

Summary

In summary, a profile of at-risk students has been described across research topics. Characteristics included environmental factors, low school achievement, learned helplessness or disengagement, negative expectancies and low school affiliation, low responsibility, external locus of control, and low self-efficacy.

Empowerment through attribution training, problem-solving training, skill development, and support groups appeared to reduce at-riskness.

CHAPTER III

METHOD

The purpose of this study was to compare and contrast the results of counseling groups that focused on attribution training, problem-solving training, and a combination of attribution and problem-solving training on grades, behavioral goals, school affiliation, and perceived empowerment. The methodology was designed to yield quantitative and descriptive information about the effects of small group counseling on at-risk third grade students.

Participants

Participants included ten males and nine females from a variety of ethnic heritages. Ages ranged from eight to ten. All of the students were in the third grade of the same public school in a small city in Georgia.

After approximately half of the school year, each third grade teacher was asked to identify three to four students who a) fit the profile of students at-risk for dropping out (family members who did not complete high school, low family participation in school events, retention or "placement" in kindergarten through third grade, and poor attendance), b) were not in special education, c) were achieving below their ability level, d) had low grades due to lack of effort,

careless errors, and/or incomplete assignments, and e) demonstrated low school affiliation. (See Initial Referral Form in Appendix A).

Test scores on the Iowa Test of Basic Skills and Cognitive Abilities Test were checked to verify that referred students were achieving below expectations. From a child's performance on the Cognitive Abilities Test, a grade equivalency and scaled score for each specific area on the Iowa Test of Basic Skills are projected. Of the nineteen participants, ten had scores from the previous year. All ten had cognitive abilities in the average range according to the Cognitive Abilities Test. Eight of the ten scored appeared to be underachieving (achieving at a level lower than the one projected by the Cognitive Abilities Test) in one or more subject areas assessed by the Iowa Test of Basic Skills.

Names were randomly assigned into four groups: Attribution, Problem-Solving, Attribution and Problem-Solving, and Attention (control A). Group times were arranged to include as many students as possible. Those whose class schedules prevented their participation became the no treatment group (control B).

Procedures

Treatment consisted of 30-minute sessions held once a week for seven weeks in the children's school during the school day.

Treatment began in January and continued through March.

Treatment groups contained four to five members. The experimenter conducted all groups.

Activities were similar for each group but the emphasis varied. Daily classwork and homework grades were collected weekly to monitor progress and control for changes in the curriculum or classroom environment. Children brought work samples with them each week. As part of the three treatment conditions, hypothetical examples were followed by opportunities for students to examine personal examples. An overview of session plans for each group and material used in lessons are contained in Appendix B. Sample transcripts of two group meetings were included.

The Attribution group focused on reasons or causes for outcomes such as poor grades. Group members were encouraged to attribute achievement to effort, paying attention, following directions, and other controllable factors.

In the Problem-Solving group, a set of problem-solving steps was applied to situations discussed each week. The steps included:

- 1) What is the problem?
- 2) What are some ways to solve it?
- 3) What would happen?
- 4) What would work best?
- 5) What will you try?
- 6) (follow up) Did it work?

The combination Problem-Solving and Attribution group received training that incorporated discussions of causes and application of the problem-solving steps shown above. Due to the dual emphasis, fewer samples of behavior could be considered in depth.

The Attention group served as one control group. Participants brought work samples each week. Each page was scanned by the examiner as the group members observed. Grades were noted, averaged, and compared to previous averages. Students received verbal reinforcement for good grades and improvement. Plans for improvement were not discussed.

Students in the No Treatment group, a second control group, did not meet with the examiner during the study. Grades and other measures were collected prior to and following the period in which other groups received treatment.

Teachers completed a pretest and posttest questionnaire on each student. The traits that were most consistent among subjects were converted into a goal attainment scale. Goal attainment scale ratings prior to treatment and following treatment were identified, reviewed, and discussed by each teacher and the researcher. Teachers assigned a weight to each column according to the relative importance of each goal to each individual student's classroom success.

Students were asked to specify their own academic weaknesses

prior to treatment. Following treatment, they compared differences in their behavior on a modified goal attainment scale and on a Likert scale.

Statistical Treatment of Data

Prior to group meetings, teachers were asked to submit the identified students' daily grades. These were charted individually, averaged individually, and averaged within groups.

Groups were compared by a Kruskal-Wallis Analysis of Variance test and a Median Sign Test to determine significant differences between groups prior to treatment and during the treatment phase.

Differences in students' behavior, as reported by teachers, were analyzed by changes on a goal attainment scale. According to the formula for calculating goal attainment scale values (Thompson and Rudolph, 1992; Kiresuk and Sherman, 1968; Kiresuk, Smith, and Cardillo, 1993) shown in Appendix C, T scores at pretreatment and posttreatment were compared. A T score difference of five was considered significant when utilizing scales with a weight of 20 or more.

Differences in student perceptions were charted for comparison showing the number of students reporting positive views (scores of 4-5) versus negative views (scores of 2-1) on a Likert scale and the number of responses per rating on a modified goal attainment scale.

Student perceptions were used to produce an overall mean and group means.

Teachers and students completed modified goal attainment scales. Ratings on modified goal attainment scales were more general than on the goal attainment scales, included areas of achievement not directly assessed by the goal attainment scales, did not specify frequency of behaviors, and did not convert to a statistical formula. A correlation coefficient was obtained via the Spearman Rank Order Rho formula to ascertain the consistency between teacher reports and student reports of improvement.

Statistical analyses were conducted to describe the feedback collected, measure the amount of change for individuals in each group, evaluate group differences, and support or reject three null hypotheses. Collected information was examined to answer three additional research questions.

CHAPTER IV RESULTS

The results of statistical analyses were presented in the order of the three null hypotheses tested. Findings related to the questions on following steps of training, school affiliation, and perceived empowerment were presented in descriptive form.

Hypotheses

Hypothesis 1: Following treatment, there would be no significant differences between treatment groups on weekly grades.

Each participant's mean grade for each week was collected for two weeks prior to treatment (baseline), during treatment, and at the end of treatment (see Table 1). There was a high correlation between the baseline grades and grades during treatment according to a Spearman Rank Order Rho analysis ($p = .84$).

There were grade increases from baseline to treatment mean for two of the participants in the Attribution treatment, for one in the Attribution and Problem-Solving treatment, for two in the Attention treatment group, and for one in the No Treatment group. The mean grade decreased during treatment for the remaining twelve participants but seven of the twelve showed an upward trend at the end of treatment.

Table 1
Weekly Averages of Participants' Grades

BL= baseline period of 2 weeks

M₁= mean during treatment

M₂= group mean for the week

		BL	1	2	3	4	5	6	M ₁
Attribution	(n=4)								
1		64	71	85	77	76	76	74	76.5
2		90			91		88		89.5
3		80	84	90	89	82		85	86
4		92			91		91		91
	M ₂	81.5	77.5	87.5	85.5	79	83	79.5	85.8
Problem-Solving	(n=4)								
5		75	75	70	70	58	34	78	64.2
6		94	92	90	91	85	88	92	89.7
7		75		68		70	79		72.3
8		71	80	33	50	80	43	61	57.8
	M ₂	78.8	82.3	65.3	70.3	73.3	61	77	71
Attribution & Problem-Solving	(n=5)								
9		97	96	94	91	87	93	96	92.8
10		85		81	59	90	80	80	78
11		95	85	93	84	88	89	93	88.7
12		82	90	85	80	75	80	89	83.2
13		95	90	84	76	88	87	85	85
	M ₂	90.8	90.3	87.4	78	85.6	85.8	88.6	85.5
Attention Only	(n=4)								
14		74	80	76	71	76	43		69.2
15		97	85	52		106	93	81	83.4
16		96	90	95	108	97	97	90	96.2
17		54		64	61	57	47	59	57.6
	M ₂	80.3	85	71.8	80	84	70	76.7	76.6
No Treatment	(n=2)								
18		-	-	-	-	-	-	-	
19		20			36			17	26.5

Weekly means were ranked from lowest to highest to compare treatment groups. No significant differences were found between the baseline and treatment means of treatment group members when compared using the Kruskal-Wallis Analysis of Variance ($X^2 = 1.32$; $p > .05$).

Though all of the participants were identified by teachers as being at-risk, only nine of the eighteen students with numerical grades had below average baselines (≤ 82). The weekly means for each of these students were graphed on Figure 1.

Six of the nine were in a treatment group. The grades of one of these students fluctuated greatly. Four students' grades were generally maintained, and four ended with an increase. None were declining at the end of treatment.

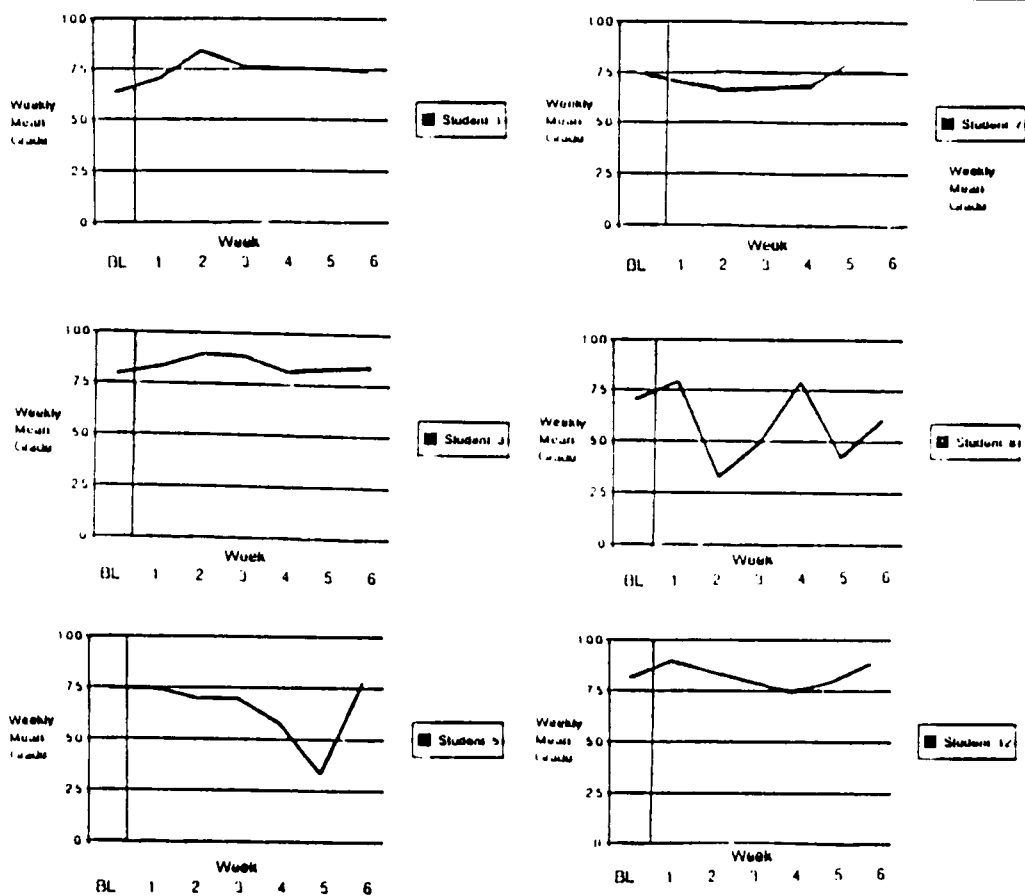
Three of the students with low baseline grades were in control conditions. Two of them ended the period with a decline while the third had a final increase after a gradual decline.

The grade changes from baseline to treatment mean for the nine students were ranked and compared by a Wilcoxon rank sum test. There was no significant difference between the students in treatment groups and those in control groups ($\bar{R}_1=15$, $R_1=17$; $p > .05$).

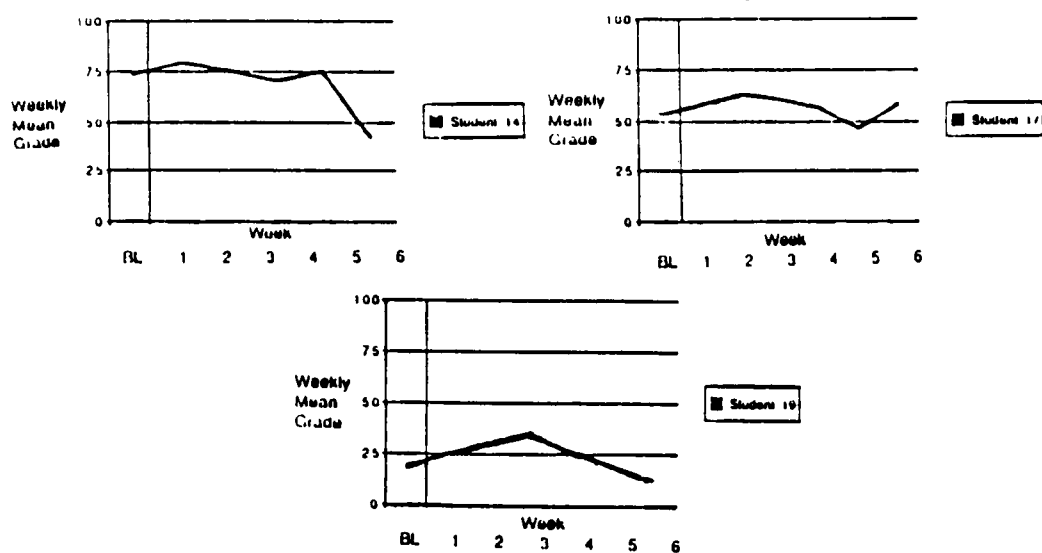
Hypothesis 2: Following treatment, there would be no significant differences between treatment groups on individually weighted goal attainment

Figure 1

Graphs of Weekly Means for Students with Baseline Means of 82 or Less



Students in Treatment Groups (n=6)



Students in Control Groups (n=3)

scales.

Differences in students' behavior were analyzed by goal attainment scales completed by the teachers. Participants' changes on their goal attainment scales were charted on Table 2. A change of five points was set as the treatment goal.

Nine participants showed gains, six obtained losses, and four showed no change. Three students rated gains of five or more points on T scores. Each of the three was in a different treatment group. Three participants rated decreases of five or more points on their T scores. Each of these three was in a different treatment group.

A Kruskal-Wallis Analysis of Variance was calculated on the differences in Goal Attainment Scales before and after treatment. No significant differences were found among groups, including the No Treatment group ($X^2 = .26$; $p > .05$).

Post hoc examination of the groups following randomization revealed uneven distributions of aggressive versus passive responses and of academic, social, and/or attention problems. A matrix of these traits, with the primary problem behavior area(s) designated for each student, and the student's treatment group is charted on Table 3. A Median Sign Test showed no significant differences in average goal attainment changes among the matrix cells ($X^2 = 7.44$; $p > .05$).

Table 2

Goal Attainment Scale Score Differences

(Calculated with scale weights of 20 or greater)

An increase of 5 or more points was set by the experimenter as the treatment goal for the seven week period. Bold type is used to designate the increases that exceeded the goal.

Student	T SCORES		
	January	March	Difference
1	44.71	37.65	-7.06
2	51.18	50.00	-1.18
3	50.08	63.61	4.53
4	45.98	54.02	8.04
5	35.59	35.59	0
6	63.72	53.43	-10.29
7	41.74	50.00	8.26
8	45.56	45.56	0
9	63.48	64.97	1.49
10	46.99	41.71	-5.28
11	56.76	53.38	-3.38
12	37.21	37.21	0
13	44.15	47.08	2.93
14	51.52	54.56	3.04
15	47.78	49.62	1.84
16	48.40	45.20	-3.20
17	47.67	48.00	0.33
18	44.28	44.28	0
19	26.74	36.43	9.69

Table 3
Teachers' Classifications of Participants' Inappropriate Behaviors

Student	AGGRESSIVE			PASSIVE		
	Academic	Social	Attention	Academic	Social	Attention
1				x	x	x
2		x				
3				x		
4						x
5	x	x	x			
6		x				
7		x	x			
8				x		x
9						x
10						x
11				x		x
12				x		x
13				x		x
14				x		
15		x				
16		x				
17	x	x	x			
18				x		
19	x	x				

Hypothesis 3: Following treatment, there would be no significant differences between treatment groups when reports were analyzed for perceived improvement.

Teachers' evaluations on a modified goal attainment scale were shown on Table 4. Points were summed by individual, then compared by groups.

Eleven of the seventeen students were credited with some improvement (rating of +2 or +1) in grades, understanding of grades, attitude, effort, and/or problem-solving. Individual means were positive for nine of the students, negative for one student, and zero for seven students. There were positive means in each category for all groups combined. The most improvement for the total group was shown in understanding grades; the least improvement was in grades themselves. Although the Attribution group appeared to show the most growth, there was no significant difference between groups on the Median Sign Test ($X^2 = 1.53$; $p > .05$).

Students evaluated their own progress by completing a modified goal attainment scale (Table 5), a Likert scale (Table 6), and by providing comments (Figure 2). According to self-reports on modified goal attainment scales, participants did "much better" on 214 behaviors reflecting effort, attitude, and work habits, better" on 122 of the traits, "the same" on 48, and "worse" on seven. None of the traits were marked as being "much worse". Nine students (53%)

Table 4

Teacher Evaluation of Student Improvement According to
Ratings on a Modified Goal Attainment Scale

G=Grades U=Understanding of Grades A= Attitude E=Effort
P= Problem Solving S= Sum for Individual M= Individual Mean

		G	U	A	E	P	S	M
Attribution								
	1	0	1	-1	0	0	0	0
	2	0	1	1	0	1	3	.6
	3	0	0	0	0	0	0	0
	4	1	1	2	2	1	7	1.4
	Group							
	Sum	1	3	2	2	2	10	
(n=4)	Mean	.25	.75	.50	.50	.50	2.5	
Problem-Solving								
	5	0	0	0	0	0	0	0
	6	0	1	0	0	0	1	.2
	7	0	1	.5	1	.5	3	.6
	8	0	0	1	1	0	2	.4
	Group							
	Sum	0	2	1.5	2	.5	6	
(n=4)	Mean	0	.5	.38	.5	.13	1.5	
Attribution & Problem-Solving								
	9	0	0	0	0	0	0	0
	10	0	0	1	0	0	1	.2
	11	0	0	0	0	0	0	0
	12	0	0	.5	0	0	.5	.1
	13	1	1	1	1	1	5	1
	Group							
	Sum	1	1	2.5	1	1	6.5	
(n=5)	Mean	.2	.2	.5	.2	.2	1.3	
Attention Only								
	14	0	1	1	1	1	4	.8
	15	0	0	0	0	0	0	0
	16	0	0	.5	.5	0	1	.2
	17	-1	0	-1	-1	-1	-4	-.8
	Group							
	Sum	-1	1	.5	.5	0	1	
(n=4)	Mean	-.25	.25	.13	.13	0	.2	
N= 17 Total Mean		.06	.41	.38	.32	.21		

Table 5

Student Self-Evaluation of Improvement in Behavior and Achievement
According to Ratings on a Modified Goal Attainment Scale

+2= Much better +1= Better 0= The Same -1= Worse -2= Much worse

		Number of responses per rating				
		+2	+1	0	-1	-2
Attribution						
	Student #					
	1	3	8	10	2	0
	2	17	6	0	0	0
	3	10	11	2	0	0
	4	7	11	5	0	0
	(n=4)	37	36	17	2	0
Problem-Solving						
	5	0	16	7	0	0
	6	18	2	3	0	0
	7	5	16	2	0	0
	8	6	7	6	4	0
	(n=4)	29	41	18	4	0
Attribution & Problem-Solving						
	9	13	9	1	0	0
	10	18	5	0	0	0
	11	6	13	3	1	0
	12	15	3	5	0	0
	13	15	4	4	0	0
	(n=5)	67	34	13	1	0
Attention Only						
	14	19	4	0	0	0
	15	23	0	0	0	0
	16	23	0	0	0	0
	17	16	7	0	0	0
	(n=4)	81	11	0	0	0

Table 6
Student Evaluation Of The Counseling Experience On A Likert Scale

Responses of 15 participants in treatment groups following treatment

					Number of Students Responding with Rating				
					5	4	3	2	1
Did you like coming to group?									
A lot		Sometimes		Never	13	0	2	0	0
5	4	3	2	1					
When I do something well, it is because I									
work hard				get lucky	11	0	3	0	1
5	4	3	2	1					
When I have a problem, I									
plan				let someone	8	2	4	0	1
				else fix it					
5	4	3	2	1					
When work is hard, I									
give up				keep trying	7	2	5	0	1
1	2	3	4	5					
Do you have control over your schoolwork?									
yes				no	7	2	6	0	0
5	4	3	2	1					

Figure 2
Students' Comments Collected at the End of Treatment

Why students liked coming to group:		
ENJOYMENT	PEOPLE	ENGAGEMENT
Fun (2)	Counselor (2)	Learning (1)
	Friend in group (2)	
OTHER		
Escaping classroom work (3)		
No reason stated (5)		
What students stated they needed to do for success:		
Try best/work hard (2)		
Pay attention (2)		
Practice/study particular subject (2)		
Get better grades/do better (2)		
Listen (1)		
Remember homework (1)		
Plan (1)		
Learn (1)		
Follow directions (1)		
No reason stated (3)		
What students reported learning from being in a group:		
(spelling has been corrected)		
SOCIAL SKILLS		
"Learned to be nice"		
"Don't talk when another person is talking"		
ATTRIBUTION		
"I'm doing better" (2)		
"That I am not a dummy"		
ATTITUDE		
"Always work hard"		
ACADEMIC/ STUDY SKILLS		
"Pay attention" (3)		
"To listen better"		
"Learning to read"		
"Learning to do spelling better"		
PROBLEM SOLVING		
"Solve problems"		

rated the majority of the traits as "much better", seven (41%) rated the majority of traits as "better", and one participant had most traits rated as "the same". The group with the highest amount of improvement claimed was the Attention group.

Using the self-reports to compare groups, a Kruskal-Wallis Analysis of Variance test produced a significant difference between groups ($X^2 = 10.2$; $p < .05$). The Attention group had significantly higher scores than the Attribution Training ($F = 21.02$), Problem-Solving Training ($F = 13.31$), and combined Attribution and Problem-Solving Training groups ($F = 15.61$) on Scheffe's Multiple Comparison Test. No other group differences were significant.

Questions

Question 1: Following treatment, would participants be able to follow the steps of attribution and problem-solving training taught in treatment?

Although a formal pretest and posttest of skills were not administered, participants were required to use the steps orally and in writing for practice and to demonstrate mastery. The members of the Attribution group, Problem-Solving group, and combination Attribution and Problem-Solving group were able to analyze errors after initial instruction and prompts. By the end of the first two sessions, those in the two groups with attribution training expressed adaptive attributions of effort and choice. Participants in the two

groups receiving problem-solving training were able to name and demonstrate the steps used by the end of the second session.

Question 2: Following treatment, would participants express positive views when school affiliation was assessed through student report and comments?

Students' comments and self-reports were examined for themes of enjoyment, belonging, and engagement in the learning process and social aspects of school.

Fifteen of the nineteen participants were surveyed on a Likert scale after the treatment phase concluded. Two of the participants in treatment groups moved to another school and could not be surveyed and students in the No Treatment group were not asked to respond.

Eighty-seven percent of the students in treatment groups indicated on a Likert scale (Table 6) that they liked group. Individual feedback from seven out of the ten students giving specific reasons for liking group reflected themes of enjoyment, engagement, or people. Engagement was suggested in the action-oriented attitudes and approaches to schoolwork and problem-solving cited 25 times on Figure 2. School affiliation and a sense of connection with the school were reflected in these views.

Question 3: Following treatment, would participants express views suggestive of perceived empowerment?

After being in treatment, 87% of the 15 students surveyed responded with positive views about attending group, 73% affirmed that doing well depended on working hard, 71% indicated that they frequently use planning to solve problems, 60% responded that they would keep trying when work was difficult, and 60% positively reported that they have control over how they perform on their schoolwork (see Table 6). None of the participants expressed negative views on attending group sessions. One student cited luck as the cause of success, reported he would be more likely not to plan solutions to problems, and said he would more likely give up than keep trying when faced with difficult work. None stated they lacked control on how they performed on schoolwork.

Comments, shown on Figure 2, suggested that most students retained the treatment message of accepting personal responsibility for achievement. Thirteen specific behaviors related to effort and study skills were identified as necessary for success. When participants were asked what they had learned from their group experiences, answers included examples of social skills, attributions, attitude, academic skills, and problem-solving.

CHAPTER V

DISCUSSION

The purpose of the study was to compare and contrast the results of four group counseling interventions: attribution training, problem-solving training, a combination of attribution and problem-solving training, and attention to grades (control A). The effects on daily grades, behavioral goals, perceived improvement, demonstration of training steps, school affiliation and perceived empowerment were analyzed.

The data produced and tested non-parametrically in this study did not show any consistent group differences that arose due to treatment. Students receiving attribution and/or problem-solving training were able to demonstrate and apply the steps of training to hypothetical and actual problems. The data generated by the two research questions on school affiliation and perceived empowerment were supportive of the group counseling process.

Hypotheses

Hypothesis 1: Following treatment, there would be no significant differences between treatment groups on weekly grades.

Daily grades were chosen as a dependent variable because they were readily available from the teachers and because they would be

sensitive to change and quantifiable. However, between the time the research project was submitted to the school administration for approval and the actual group counseling, the grading system for third grade changed from a traditional number/letter scale to an ungraded system in which many assignments were given a checkmark or returned to students for completion or correction. Teachers no longer graded all daily work so the few numerical grades available were not necessarily valid indications of usual work nor actual means. Some students received less than one numerical grade per week.

Due to the small number of participants and few data points, a single student's grades could have a large effect on a group mean. During the fifth week, four of the nine students with low baselines experienced an exceptionally low weekly mean which may have weakened the group mean comparisons. Therefore, graphs were included to illustrate grades of individuals.

When polled about the general trend in grades from January to April, the teachers reported grades varied by individual but the majority of students maintained their level of achievement. Grades of average to high achieving students tended to increase slightly while lower achieving students often experienced greater difficulty and decreased grades.

The grades of participants in this study appeared to follow the

general trend of grade maintenance described by the teachers. The mean grade during treatment was within five points of the baseline mean for nine of the eighteen participants. The mean grade during treatment decreased by more than five points for six participants and increased by more than five points for three participants. The distribution of grade changes did not appear to be a function of training condition. Nevertheless, among the students that began with lower grades, treatment seemed to improving grades.

Reviews of research suggested that the daily grades of elementary school children were rarely the dependent variable for attribution or problem-solving interventions. When the interventions were directed at specific subject matter (math problems or word recognition) skill tests indicated improvement (Derry & Murphy, 1986; Thackawray, Myers, Schleser, & Cohen, 1985). The differences in results may reflect length of treatment, content of treatment, and measures of knowledge versus daily performance.

Hypothesis 2: Following treatment, there would be no significant differences between treatment groups on individually weighted goal attainment scales.

Although no significant differences were found between groups, nine of the seventeen students in treatment groups showed gains

nine of the seventeen students in treatment groups showed gains and three increased T-scores by five or more points. Three showed decreases in T-scores.

According to research, the academic performance and behavior of at-risk students tends to begin deteriorating by the end of third grade. Therefore, considering the relative brevity of treatment and a host of confounding variables, these results appeared positive overall.

No measure on how classmates would compare was obtained. One teacher stated that her students receiving treatment had improved but "slipped again" during the last month and a half of school, as had the behavior of other students.

Although goal attainment scaling has been used for measuring counseling outcome in a variety of settings, none of the studies reviewed were conducted to compare treatment groups for at-risk students. In addition, individuals usually gauge their own progress whereas teachers were asked to rate students' progress for this study.

Hypothesis 3: Following treatment, there would be no significant difference between treatment groups when reports were analyzed for perceived improvement.

Due to limited consistency between the teachers' ratings and

students' ratings, improvement had to be viewed as perceptions of improvement. Realistically, improvement may be more subjective and personally relevant than quantifiable.

Members of the Attention group rated themselves significantly higher than the other groups. A possible explanation for their extremely high ratings might be that the other groups had focused on analyzing problems from several points of view, anticipating outcomes, and making judgements about problem-solving or attributions while the Attention group made no attempts to evaluate their own behavior or its effects on schoolwork. As a result, the other groups' ratings were more similar to adult observations.

Informal feedback from teachers and students about students' performance and group sessions was positive. Because of the perceived success of the groups, participation in future groups was recommended by the Student Support Team (a task force that reviews student problems prior to referral for psychoeducational evaluation) as a strategy for addressing other students' needs and remediating academic deficits.

Students' comments might have been one of the best indications of successful treatment though behavior or attitude change may not have accompanied the verbalizations. Similarly, teachers enthusiastically expressed appreciation of the groups and the benefits students seemed to be enjoying even though their ratings on the

dependent variables were somewhat less supportive.

Questions

Question 1: Following treatment, would participants be able to demonstrate the steps of attribution and problem-solving training taught in treatment?

The types of attributions made and generation of alternative solutions have been utilized as dependent variables in studies on attribution training and problem-solving training (Lefcourt, 1976; Schunk, 1983; Dweck, 1975; Kendall & Braswell, 1985; and Spivack, Platt, & Shure, 1976). Since mastering the content of training has been considered by many to indicate successful completion of training, treatment conditions in this study could be considered successful.

Question 2: Following treatment, would participants express positive views when school affiliation was assessed through student report and comments?

Maslow (1970) proposed that belonging was a fundamental human need. From profiles on at-risk students it seemed evident that students lacking school affiliation rarely do well and often drop-out of school. The training conditions in this study appeared to provide students with a sense of identification and an adult who gave them special attention and reframed problem situations into manageable challenges which the children could control.

Student participants seemed to take opportunities to provide feedback seriously rather than answering impulsively. In addition they begged to come early, expressed excitement when they were assured their group would be meeting that day, continued to ask if they could return after the program ended, hugged the counselor frequently, and stopped by the counseling office to visit.

There was a high level of interaction in all treatment groups, including the Attention group. During group sessions students shared concerns, utilized appropriate confrontation, and offered ideas to each other. Since there were no significant differences between treatment groups, the group process may have had more effect than treatment content.

Question 3: Following treatment, would participants express views suggestive of perceived empowerment?

The majority of students expressed positive views about school and gave responses indicating personal responsibility, personal power, and action-oriented attitudes. Their answers emphasized the recognition and possession of behaviors, attitudes, attributions, study skills, and problem-solving approaches that are associated with academic success. Their feedback reflected the components of empowerment.

Recommendations for Future Research

An extended period for treatment might indicate when students begin to internalize the treatment goals and apply strategies independently. More frequent contacts between participants and the experimenter would be preferable since a week's delay in feedback and reinforcement is too long for many elementary school children.

✓ The relatively small number of participants in this study was insufficient to allow the use of parametric statistics. A larger number of members in the control group, with representatives from each teacher, would allow more rigorous statistical analysis and control for teacher differences. Nevertheless, a true control group may not be possible ethically nor can all confounding variables be eliminated.

Extending the training into more than one school at a time would increase the probability of having a representative sample of the at-risk population. Such a venture would require more than one counselor, control for individual personality factors, but necessitate training and coordination of counselors conducting the experiment.

✓ Use of instruments with established reliability and validity is advised. Unfortunately, few instruments that are appropriate for the information desired and for the age/reading level of third graders are available. Although extremely time consuming, norming informal instruments may present an alternative.

Teacher cooperation and parent involvement might have augmented the impact of training but would have added new variables. Nevertheless, parental involvement and staff development were reported as important factors in effective programs for at-risk students (Capuzzi & Gross, 1989; Iowa, 1989; Peck & Eberhard, 1988).

Conclusions

The long range effects of early intervention are difficult to predict by these or any results. Requirements of a longitudinal study, high mobility among at-risk students, and characteristics that are difficult to quantify can make calculations of drop-out rates and related behavior complicated. Findings which are delayed until high school leave little time for changing interventions to help the students who were studied.

What short range benefits are shown from early intervention? Though statistical analyses did not reveal significant group differences, treatment seemed to lead to grade increases for students with low grades (Figure 1). The most promising results from the study were in the areas of school affiliation and empowerment. The implications of developing school affiliation and empowerment are important to students' academic success.

The concept of school affiliation was addressed through variety a

of terms. Atkinson's theory of achievement motivation, Benoit and Mitchell's work on self-efficacy among drop-outs, Zimmerman's description of learned hopefulness, and numerous other programs for at-risk students emphasized the importance of a sense of belonging and supportive attention in increasing the value students place on schooling. Morrow and Hawkhurst (1988), Gutierrez (1988), and McWhirter (1991) identified the components of empowerment as a process of recognizing shared concerns while augmenting skill development, personal power, communication skills, and support. Treatment goals in the present study were chosen to supply opportunities in each area.

This project provided a beginning in changing at-risk students' negative views about school and/or strengthening positive views about school and students' personal role at school. While statistical findings were inconclusive in determining the most helpful types of group intervention, the first steps of empowering at-risk students and increasing school affiliation were successful.

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Appendices

Appendix A: Forms

Informed Consent

This research consists of small group counseling sessions designed to aid students in improving their academic achievement. The study involves weekly 30 minute sessions in which students receive various types of training intended to promote increased effort, work completion, and accuracy and to teach a systematic format for solving school related problems. The study is voluntary and any child may withdraw at any time if desired by the parent, teacher, or child without any penalty. Daily grades will be collected each week and will be locked in a file in the counselor's office to insure confidentiality. No one will have access to actual names and grades except the counselor conducting the research. Names will be replaced by a code number on research findings for further protection. Audio tapes of each session will be recorded to document session contents and will be available to supervisors at the University of Tennessee. No last names will be used during sessions to protect anonymity.

Participation in this study involves little or no risk for the students as they will miss only 30 minutes of classroom instruction each week (for 6-12 weeks) during an enrichment period in which many students leave the classroom. Participants may benefit from short-term grade improvement and long-term gains of strategies for improving learning and solving problems.

Questions may be directed to Lisa Manly at Brookwood School (278-9202).

I agree for my child, _____, to participate in the small group counseling and research conducted by Ms. Manly. I understand that students may withdraw at any time determined by their teacher or parents or if the students would prefer to discontinue participation. I understand that I may contact the school about questions concerning this project.

Parent's Signature

Date

Teacher's Signature

Date

Student's Signature

Date

Researcher's Signature

Date

INITIAL REFERRAL FORM

Third grade teachers,

I will be conducting small group counseling for "at-risk" students beginning in the next two weeks. Please use the following criteria to help you nominate about 3 of your students. I will discuss times with you when I have all the nominations and ask you to describe the children's difficulties more fully.

Thank you,
Lisa Manly

Name _____

- ☐ Poor school achievement
- ☐ Little parental involvement with school
- ☐ Retained or placed in grades K-3
- ☐ Poor attendance
- ☐ Homework rarely completed
- ☐ Adequate intelligence and ability (as measured by previous group tests and teacher opinion)
- ☐ Not receiving special education
- ☐ Not participating in StAR or other special program
- ☐ Has not been in small group counseling this school year

Name _____

- ☐ Poor school achievement
- ☐ Little parental involvement with school
- ☐ Retained or placed in grades K-3
- ☐ Poor attendance
- ☐ Homework rarely completed
- ☐ Adequate intelligence and ability (as measured by previous group tests and teacher opinion)
- ☐ Not receiving special education
- ☐ Not participating in StAR or other special program
- ☐ Has not been in small group counseling this school year

Name _____

- ☐ Poor school achievement
- ☐ Little parental involvement with school
- ☐ Retained or placed in grades K-3
- ☐ Poor attendance
- ☐ Homework rarely completed
- ☐ Adequate intelligence and ability (as measured by previous group tests and teacher opinion)
- ☐ Not receiving special education
- ☐ Not participating in StAR or other special program
- ☐ Has not been in small group counseling this school year

Teacher _____

From your observations and reports from other teachers,
please rate _____ on the following
characteristics.

0 = not exhibited

1 = occasionally exhibited

2 = frequently exhibited

- _____ displays self-confidence
- _____ seems optimistic and motivated
- _____ learns from mistakes and rarely repeats them
- _____ manipulates others into rescuing him/her
- _____ seems to project negative feelings onto others
- _____ expresses vague goals when asked
- _____ breaks school rules
- _____ blames others or external circumstances
- _____ seems reluctant to make choices
- _____ seems angry or frustrated
- _____ gives up quickly
- _____ delays gratification
- _____ makes positive statements about self
- _____ completes work
- _____ blames failure on lack of ability
- _____ attributes success and failure to luck
- _____ attributes success and failure of students to whether
the teacher likes them
- _____ makes comments about needing to try harder
- _____ claims work is too difficult
- _____ puts forth little effort even on easy assignments
- _____ seems fearful
- _____ seems to think success and failure are beyond personal
control
- _____ seems to have a plan for solving problems
- _____ is persistent
- _____ encourages self and others
- _____ turns in satisfactory work

Scale 1: Comments	Scale 2: Making Choices	Scale 3: Responses to Assignments	Scale 4: Persistence	Scale 5: Problem-Solving
-2 Makes negative comments about self, others, or school (> once a day).	-2 Almost never makes choices for self or group when given choices to make (1-2 times per month).	-2 Responds to teacher's directions or introduction of task with outbursts of anger, frustration, or opposition (> once a day).	-2 Usually stops work quickly or shifts attention away from task often (> 3 times per day).	-2 Appears to use no plan to prevent/solve recurring academic & social problems and does not seek help (> once per day).
-1 Makes negative comments about self, others, or school (once a day).	-1 Rarely chooses for self or group when given choices to make (> once a week).	-1 Responds to directions or introduction of task with outbursts of anger, frustration, or opposition (2-5 times per week).	-1 Frequently stops work quickly or shifts attention away from task (1-2 times per day).	-1 Appears to have no plan to prevent/solve recurring academic & social problems. Relies on adults or peers for solution (2-3 times per week).
0 Makes no negative comments about self, others, or school (0 per day).	0 Occasionally chooses for self or group when given choices to make (1-2 times per week).	0 Attempts to work on assignments but displays anger or frustration before completing work (2-3 times per week).	0 Occasionally stops work before completing tasks (2-3 times per week).	0 Appears to use planning to prevent/solve academic & social problems (once a week).
+1 Makes positive comments about self, others, or school (once a day).	+1 Frequently chooses for self or group (3-5 times per week).	+1 Seeks assistance appropriately when difficulty is encountered (3-5 times per week).	+1 Persists with tasks until finished, with minimal redirection (1-2 times per day).	+1 Uses planning to prevent/solve academic & social problems (2-3 times per week).
+2 Makes positive comments about self, others, or school (> once a day)	+2 Usually chooses for self or group when asked to choose (> 5 times per week).	+2 Seeks assistance and accepts redirection when difficulty is encountered (> once a day).	+2 Usually completes tasks without teacher redirection (> 3 times per week).	+2 Regularly uses planning to prevent/solve academic & social problems (> 3 times per week).

Goal Attainment Scale

Weekly Grade Report

Please indicate _____'s grades for the week of:

(numerical grade, letter grade, or checkmark for completed work)

Reading

Spelling

Handwriting

Language

Math

Science

Social Studies

Health

COMMENTS:

Classwork

Homework

Attitude/Behavior

Please compare your current impressions of _____
with your impressions of him/her prior to participating in
his/her counseling group.

Thank you

	Much Better	Better	The Same	Worse	Much Worse	
Grades						
Understanding of grades						
Attitude						
Effort						
Problem-solving						

Do you think participation in this counseling group has helped
him/her academically? Why or why not?

General comments:

Teachers' Modified Goal Attainment Scale

	Much Better	Better	The Same	Worse	Much Worse
	Almost Always	Mostly	Some	Not Much	Almost Never
CLASSWORK					
Correct_____					
Complete_____					
Turned In_____					
On Time_____					
Grades _____					
HOMEWORK					
Correct_____					
Complete_____					
Turned in_____					
On time_____					
Grades_____					
BEHAVIOR					
Listening_____					
Paying attention_____					
Following directions_____					
Starting on time_____					
Finishing on time_____					
Bringing supplies_____					
Ignoring others_____					
Working instead of playing_____					
ATTITUDE					
Trying hard_____					
Believing in self_____					
Solving problems_____					
Understanding grades_____					
Being positive_____					

What have you learned from being in this group?

Students' Modified Goal Attainment Scale

1. Did you like coming to group?

A lot		Sometimes		Never
5	4	3	2	1

2. Why or why not?

3. When I do something well, it is because I

try hard				get lucky
5	4	3	2	1

4. When I have a problem, I

plan				let someone else fix it
5	4	3	2	1

5. When work is hard, I

give up				keep trying
1	2	3	4	5

6. Do you have control over your schoolwork?

Yes		Sometimes		No
5	4	3	2	1

7. What do you need to do so that you will do well?

Student Evaluation: Likert Scale

Appendix B: Session Material

Lesson Plans For Each Session

Attribution

Informed consent forms were distributed and explained.

Pretest and goal attainment scale were obtained from teachers.

1. Informed consent forms were collected.
Pretreatment grades were reviewed with students.
Group purpose and logistics were explained to students.
Students identified their own academic weaknesses and obstacles.
Students listed possible reasons for bad grades and good grades.
2. Grades were reviewed.
Imaginary work samples were reviewed.
Students identified likely reasons for mistakes.
Students examined their own work samples and class difficulties.
Reasons for difficulties were suggested.
Effort, careful work, and completion of work were emphasized as reasons for good grades.
3. Grades were reviewed.
Counselor demonstrated interfering versus helpful behavior and self-talk while students portrayed teacher to the.
Students and counselor role played adaptive and maladaptive behavior and self-talk.
Effects of behavior and attitude were discussed.
Group identified and categorized behaviors as they are demonstrated.
4. Grades were reviewed.
Group read and discussed "Waldo" script and causes that contributed to his good day and bad day.
Contributors to good and bad parts of students' own day and week were discussed.
5. Grades were reviewed.
Scheduling effects were considered using hypothetical schedules.
Other reasons for good/bad grades were reviewed.
6. Grades were reviewed.
Advice letters were completed.
7. Post treatment grades, modified goal attainment scale, and comments were collected.

Posttest and goal attainment scale ratings were obtained from teachers.

Problem-solving

Informed consent forms were distributed and explained.

Pretest and goal attainment scale ratings were obtained from teachers.

1. Informed consent forms were collected.
Pretreatment grades were reviewed with students
Group purpose and logistics were explained.
Students identified their own academic weaknesses and obstacles.
2. Grades were reviewed.
Imaginary work samples were reviewed.
Classroom problems leading to poor work were listed.
Five step problem-solving process was introduced: a) Identify problem, b) Brainstorm solutions, c) Consider what would happen, d) Decide what would work best, e) Choose a solution that will work well. (Evaluation was used as a follow-up).
Steps were applied to hypothetical problems.
Own class difficulties were reviewed.
Steps were applied to actual problems.
3. Grades were reviewed.
Counselor demonstrated interfering versus helpful behavior while students portrayed teacher.
Students role played adaptive and maladaptive behaviors and attitudes.
Group identified maladaptive behavior.
Together, the group applied the 5 steps to several problem behaviors.
Students individually applied 5 steps to a behavior problem.
4. Grades were reviewed..
Group read "Waldo" script.
Group applied 5 steps to some of Waldo's problems.
Each student applied steps to one of Waldo's problems.
5. Grades were reviewed..
Scheduling effects were discussed using hypothetical schedules.
Problem-solving steps were utilized for ways to do homework around activities.
6. Grades were reviewed..
Week was reviewed.
Group complete advice letters.
7. Post treatment grades, modified goal attainment scale, and comments were collected.

Posttest and goal attainment scale ratings were obtained from teachers.

Attribution & Problem-solving

Informed consent forms were distributed and explained.

Pretest and goal attainment scale rating were obtained from teachers.

1. Informed consent forms were collected.
Pretreatment grades were reviewed with students.
Group purpose and logistics were explained.
Students identified own academic weaknesses and obstacles.
2. Grades were reviewed..
Imaginary work samples were reviewed.
Possible reasons for poor work were listed.
Five step problem-solving process was introduced: a) Identify problem, b) Brainstorm solutions, c) Consider what would happen, d) Decide what would work best, e) Choose a solution that will work well. (Evaluation was used as a follow-up).
Five step process was applied to a problem a group member had experienced.
3. Grades were reviewed..
Counselor demonstrated interfering versus helpful behaviors and attitudes as students portrayed teacher.
Students role played adaptive and maladaptive behaviors.
Effects of behavior and attitude were discussed.
Group identified maladaptive behaviors and applied steps of problem solving to correct them.
4. Grades were reviewed..
Group read and discussed "Waldo" script.
Causes of problems were listed.
Five step process was applied to solve Waldo's problems.
5. Grades were reviewed..
Hypothetical schedules were discussed.
Other reasons for good/bad grades were reviewed.
Group applied process to problem solve ways to do homework around activities.
6. Grades were reviewed..
Week was reviewed.
Group members completed advice letter.
7. Post treatment grades, modified goal attainment scale, and comments were collected.

Posttest and goal attainment scale ratings were obtained from teachers.

Attention (Control A)

Informed consent forms were distributed

Pretest and goal attainment scale ratings were obtained from teachers.

1. Week's grades and work samples were brought to counselor.
Grades and work samples were reviewed.
Grades were averaged and compared to previous weeks.
2. Week's grades and work samples were brought to counselor.
Grades and work samples were reviewed.
Grades were averaged and compared to previous weeks.
3. Week's grades and work samples were brought to counselor.
Grades and work samples were reviewed.
Grades were averaged and compared to previous weeks.
4. Week's grades and work samples were brought to counselor.
Grades and work samples were reviewed.
Grades were averaged and compared to previous weeks.
5. Week's grades and work samples were brought to counselor.
Grades and work samples were reviewed.
Grades were averaged and compared to previous weeks.
6. Week's grades and work samples were brought to counselor.
Grades and work samples were reviewed.
Grades were averaged and compared to previous weeks.
7. Post treatment grades, modified goal attainment
scale and comments were collected.

Posttest and goal attainment scale ratings were obtained from teachers.

No Treatment (Control B)

Informed consent forms were distributed.

Pretest and goal attainment scale ratings were obtained from teachers.

No treatment was conducted by counselor with these students.

Grades from January through March were collected from teacher.

Posttest and goal attainment scale ratings were obtained from teachers.

ATTRIBUTION #1

(Self-evaluations on grades and interfering behaviors were completed.)

Counselor: What keeps you from doing a great job on every assignment?

T.: (Name of another student with whom she had been fighting)

Counselor: She's not even in your class.

T.: So. She's on my mind.

Counselor: Well if she's on your mind, that could be one thing keeping you from doing well.

What causes people to get bad grades? What keeps people from getting good grades?

R.: Not paying attention, not listening, not doing what you're supposed to.

A.: Playing with your purse, playing with make-up, playing with games, eating candy....

(Group names several students they know who do the above behaviors.)

A.: Well, sometimes the teacher gives them a piece of paper and they don't think they can do it and just stick it in their desk.

Counselor: They don't think they can do it and just give up?

R.: When the teacher is talking, what they do is draw or something instead and they don't know what she said.

Counselor: So they would not know what to do or how to do it. They might end up interrupting the teacher or bothering other students by asking for directions.

Let me ask which ones are true for you.

One of you mentioned students who think they can't do the work and just stick the paper in their desks. Does that even happen to you?

T.: No.

SAMPLE TRANSCRIPT

R.: No.

A.: Well, sometimes when we're working on sevens and eights.

Counselor: How do you do on those assignments?

A.: Bad.

Counselor: Do you think if the teacher likes you you'll get good grades but if she doesn't, you'll get bad grades?

R.: No.

A.: No.

T.: (story about cousin who is teacher's pet)

Counselor: Do you think not trying causes bad grades?

T. and A.: Yes.

R.: (story about classmate who wads up work, refuses to do it, or tears up work)

Counselor: Do you try your hardest?

T.: One time I tried so hard but (another student) made fun of me and I made an F.

Counselor: What made you make an F?

T.: (other student)

Counselor: Well, I think, most of the time, people make bad grades if they don't try, don't understand how to do it-- maybe they don't read or follow directions, or when they give up.

T.: Or rushing on your work.

Counselor: That's true. Going too fast on your work can cause careless mistakes.

(Group went over teacher reports, grades, and comments.)

Counselor: So, A., it looks like forgetting your books and falling asleep in class kept you from doing well. T., things on your mind kept you from concentrating on your work and doing your best. R., at least part of the time, you were turned around talking instead of listening.

Next week, I hope all of you will try hard and turn your work in so you can get good grades.

A.: I can't in math.

Counselor: You can't?

A.: Well, I can but it's hard.

Counselor: But if you really try your best, could you do better?

A.: I guess.

Counselor: Then see if you can try -- even when it's hard. Let's see how you all do next week.

PROBLEM-SOLVING GROUP #2

Counselor: Last time we met, C., you gave us an example of a problem: remembering your bookbag. You said you were going to put it by your desk or put a reminder note on your desk. Did you do that?

C: (nod)

Counselor: Did you remeber your bookbag?

C: (nod)

Counselor: Look at the board. There are 6 steps I'm going to ask you every week when you come here. I'm going to ask each one of you to give me examples.

I'm going to be getting your grades from your teachers each week. I'll go over them with you so we can see how you're doing and whether you are turning in work. As a group we'll come up with some ideas that might help you.

These are the questions I'll ask you (from board):

1. What is the problem? For instance, C. said he forgot his bookbag and couldn't do his homework without it.
2. What are some ways to solve it? We did that last time and came up with about 6-8 things he could try.
3. What would happen? We tried to think about what would happen if you did each idea. If you put a note on your desk, would it help you remember? If you asked a friend to remind you, would he or she get mad or embarrass you?
4. What would work best? What would work for you? If the teacher won't let you put your bookbag by your seat, it won't work for you.
5. What will you try? Pick at least one idea to try.
6. Did it work? Then the next time we meet, I'll ask you how it worked.

O.K. I've got H.'s grades. Let's look at them. Math looks like your problem area. Do you remember how you did this week?

H.: Math wasn't my problem. I'm good in math.

P.: Yes, it was. Remember? Homework?

H.: On my papers I took home I got a 100 or 95.

SAMPLE TRANSCRIPT

Counselor: Let's think about it. Did you get your homework done every day? Did you work carefully?

P.: She don't turn her papers in.

Counselor: Could that be it?

H.: I turn my work in.

Counselor: O.K. P., math was the biggest problem for you, too. Do you know what you would have to do to do better?

P.: Times is hard for me.

H.: He can't do his multiplication.

C.: I can't neither. I can't get those 6,7, and 8's.

Counselor: O.K. Two of you say you have a problem with this. Let's see if we can come up with some ideas to help you learn your times tables.

H.: I'm good at my times tables.

Counselor: How did you learn them?

H.: Making an array is how I learned them. (demonstration)

C.: Oh, I know how. You can make arrays on the back of your paper.

Counselor: Tell me what else you could do if you are working on your math and have multiplication problems. How can you figure them out? (Writes 'times tables' on board for problem.)

H.: You know how to count by tens? O.K. What would 10×10 be? 10-20-30-40-50-60-70-80-90-100.

C.: And 5×5 is like saying 5+5+5+5+5 or 5-10-15-20-25.

Counselor: I'd like us to think of a few more ways. We've said you could use an array or count by fives or(Writes these on board).

P.: Write little marks on your paper.

Counselor: How can you practice? Have you ever tried flashcards?

H.: Put up fingers. See? Like 5 fingers. Then go 10-20-30-40-50.

C.: Look all you gotta do is like 9×2 . All you do is add $9 + 9$.

(Group gives one another problems and demonstrates methods).

Counselor: Do you practice every day or night?

P.: I try but I got to go to sleep.

Counselor: When could you study?

Group: In the mornings....on the bus....in the cafeteria (before school).

H.: We stay on the bus for thirty-something minutes. He could practice on there.

P.: After school on the bus! In my room when I don't got nothing to do.

Counselor: (Records suggestions) Anything else? O.K. Number 4. An array?

C.: It's kinda messy and it takes so long.

Counselor: What happens when you count by fives, or tens, or whatever?

H.: That's what I do.

Counselor: P., count by fours.

P.: (slowly) Four...eight....twelve....

C.: Man, that will take you all day. You have to say it faster.

Counselor: So that might be too slow. What about adding?

C.: That's slow, too. And it takes a lot of paper.

Counselor: Making marks?

H.: Too slow. It's really the same thing as an array anyway.

Counselor: Practicing?

P.: That would work, I guess.

C.: I don't have none of those cards though.

H.: You can just put them on paper. You don't have to have cards. Your teacher might let you use hers anyway.

Counselor: So, P., what will you try?

P.: Study on the way home.

Counselor: C.?

C.: Practice in the cafeteria in the mornings.

(Counselor demonstrates how grades are averaged and how they will be charted.)

As time ends--

Counselor: H., I want you to look at the papers you get back and see what problems led to bad grades so we can give you some ideas next time. P. and C., what are you going to try?

P. and C>: Work on times tables!

Counselor: How?

C.: Um, practice in the cafeteria.

P.: Practice on the bus.

1. How did you do on your report card?
2. What did you need to improve?
3. What keeps you from doing well on every assignment?
4. Which gives you more trouble -- homework or classwork?
5. Which subjects are the hardest for you?
6. Which of the following do you need to improve?
 - listening
 - paying attention
 - following directions
 - starting on time
 - finishing on time
 - bringing supplies
 - ignoring people around you
 - talking or playing instead of working

FILL IN THE BLANKS BELOW WITH THESE WORDS.

shorter sweater sheep sleep stop
shatter sweet steep slam shop

1. If you drop that vase, it will bust
2. We saw a flock of birds.
3. There is a park at the bottom of a big hill.
4. Did you sleep well last night?
5. I saw a pretty blue dress at the store but it wasn't my size.
6. My sister loves to shop and should just live at the mall.
7. I am sweeter than my big brother.
8. My mother says I have a sharp tooth because I love candy, cookies, and cake.
9. How many sides does a stop sign have?
10. Please don't slam the door.

1	4	3	6	2	8	4	5	7	9	9
$\frac{+2}{3}$	$\frac{+5}{9}$	$\frac{-1}{4}$	$\frac{-3}{9}$	$\frac{x4}{8}$	$\frac{-6}{2}$	$\frac{+7}{11}$	$\frac{-x2}{7}$	$\frac{x1}{8}$	$\frac{-8}{17}$	$\frac{x1}{9}$

6	5	8	3	2	7	4	1	6	2	5
$\frac{\div2}{3}$	$\frac{-2}{3}$	$\frac{-7}{3}$	$\frac{-1}{3}$	$\frac{x1}{2}$	$\frac{+5}{2}$	$\frac{+9}{13}$	$\frac{+6}{7}$	$\frac{\div3}{9}$	$\frac{-1}{1}$	$\frac{x5}{25}$

3	4
$\frac{-3}{1}$	$\frac{+4}{16}$

6	1	3	8	4	10	5	9	2	1	7
$\frac{x1}{6}$	$\frac{x2}{2}$	$\frac{+3}{6}$	$\frac{-4}{4}$	$\frac{x5}{9}$	$\frac{-6}{4}$	$\frac{+7}{2}$	$\frac{-8}{1}$	$\frac{x9}{18}$	$\frac{+5}{6}$	$\frac{-7}{0}$

8	1	9	2	8	3	7	4	6	5	5
$\frac{+6}{14}$	$\frac{+9}{10}$	$\frac{-8}{1}$	$\frac{x1}{2}$	$\frac{-6}{2}$	$\frac{-2}{4}$	$\frac{+3}{4}$	$\frac{x4}{4}$	$\frac{-6}{4}$	$\frac{+7}{4}$	$\frac{x5}{5}$

6	8	7	9
$\frac{x4}{4}$	$\frac{+3}{4}$	$\frac{-2}{4}$	$\frac{-1}{4}$

Lesson 2

Samples for Error Analysis

PROBLEM _____

Ways to solve it	What would happen
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

What would work best?

What will you try?

How did it work?

1. Waldo was in a bad mood a school on Monday.
2. It all started when he went to bed late on Sunday night.
3. Monday morning when his alarm went off, he couldn't wake up. He turned off the alarm and overslept.
4. He jumped out of bed and hurt his foot on a toy he had left on the floor.
5. Waldo looked in his closet. The only clean shirt he had was one he hated. He wished he had taken his dirty clothes downstairs to be washed instead of leaving them all over his room.
6. He couldn't find his shoes anywhere. He had to wear an old pair that didn't feel good.
7. When he finally went downstairs for breakfast, his little sister was finishing the last waffle.
8. "There's no time to fix more now," said his mother as she handed him a pop-tart and a glass of milk.
9. Waldo sighed. Waffles were his favorite breakfast food. The pop-tart was a flavor he didn't even like.
10. "Hurry up, Waldo. You have five minutes to get your teeth brushed, your hair brushed, and be at the bus stop with your bookbag."
11. Waldo hurried into the bathroom. He was so frustrated that he accidentally squirted the toothpaste too hard. It went everywhere! When he took a step back, he stepped on the cat who hissed at him and scratched him.
12. Waldo frowned in the mirror. His hair looked goofy. When he tried to brush it, the static electricity made it stand straight up.
13. "The bus is coming!" yelled his sister and mother.
14. Waldo grabbed his bookbag. He had forgotten to zip it so books, papers, and pencils fell out. He stuffed it all back in as he ran down the hall.
15. The bus was about to leave as Waldo ran outside. He got the last seat

Lesson 4: "Waldo" Script

on the bus -- right next to a big, mean kid who elbowed Waldo all the way to school and laughed at this shirt and hair.

16. Waldo sat slumped in his desk all morning. His stomach growled. He couldn't pay attention. He didn't get his work done. Waldo's teacher yelled at him.

17. Waldo couldn't find his homework in his bookbag when the teacher asked for it. He had lost his pencil, too. His teacher told him he would have to stay in during recess.

18. During P.E., Waldo got hit on the head by a ball. He got mad and pushed the kid who threw the ball. The coach had to talk to Waldo about his bad attitude.

19. When Jaime tried to cheer up Waldo, Waldo told Jaime to leave him alone.

20. "Why is everything so rotten today?" Waldo asked himself. "Everybody is picking on me."

21. On the way home from school, Waldo sat by his best friend who invited him to come over. Waldo was in such a bad mood that even playing with his friend's new Nintendo game didn't sound fun.

22. That night, Waldo talked to his dad. His dad explained that moods change the way we see things and that we all have bad days.

23. "But a bad mood doesn't have to ruin everything for you and one bad day doesn't mean the next day will be bad," his father told him.

24. "What could you do differently tomorrow so that you could have a better day?" he asked Waldo.

(Adapted from a Learning Tree filmstrip "Living with Emotions")

A
 3:45 Got home from school
 4:00 Ate snack
 4:30-5:30 Went to brother's ballgame
 5:30 Ate supper
 5:30-8:30 Watched TV at friend's house
 8:45 Took a bath
 9:00 Went to bed

B
 3:45 Got home from school
 4:00 Ate snack
 4:15-5:00 Did homework
 5:00 Got bookbag ready
 5:00-6:00 Played outside
 6:00 Ate supper
 6:30-8:00 Watched TV
 8:30 Took a bath
 9:00 Went to bed

C
 3:55 Got home from school
 3:55-4:45 Went to store with mother
 5:00-6:30 Played outside
 6:30 Ate supper
 7:00-7:15 Started homework
 7:30-8:00 Watched TV
 8:00-8:30 Finished homework
 8:30-10:00 Watched TV
 10:00 Went to bed

D
 3:30-4:30 Went to scout meeting
 4:30-4:45 Waited for ride
 4:45-5:15 Did homework
 5:15-6:30 Played Nintendo
 6:30-7:00 Ate dinner
 7:00-7:30 Practiced times tables and spelling words
 7:30-8:30 Watched TV
 8:30-9:00 Took a bath
 9:00 Went to bed

E
 3:55 Got home from school
 3:55-4:30 Played
 4:30-4:35 Started homework
 4:35-5:00 Talked on phone
 5:00-5:30 Worked on homework
 and watched little brother
 5:30-6:00 Supper
 6:00-6:30 Homework
 6:30-8:30 TV
 8:45 Bed

Lesson 5

Dear Super Student,

I am a third grade student with a big problem. My teacher hates me. She gave me bad grades on my report card. Now I'm going to get in trouble at home.

You know why my teacher hates me? She only likes girls who are rich and pretty and very smart. Like Cindy. Cindy gets to do extra things for the teacher all the time and she never gets in trouble or has to sit in the hall. The teacher gives her an A on everything. Can I help it if I'm not perfect like Cindy? I'm just too dumb and ugly I guess. I give up.

I am so unlucky! I always get mean teachers. They yell at me all the time. They say I'm too slow but if I hurry they say my work is too messy. They tell me to be nice and friendly but when I talk to somebody I get told to be quiet.

When I know an answer and yell it out first, my teacher pretends she didn't hear me and calls on somebody else. Mrs. Grouch gets mad when I ask her to repeat directions if I forget them or don't know what she said. She also gets upset if I don't follow the directions. She put me all by myself then didn't like it when I got so bored I fell asleep.

What so you think I should do?

Signed,
Sad Student

Dear Sad Student,

I think the reasons you have bad grades on your report card could be _____

_____.

Are you sure your teacher only likes girls who are rich, pretty, and very smart? Maybe Cindy gets good grades and is treated nicely because _____.

I don't know if you are lucky or not but maybe there is a reason why teachers yell at you. Maybe it's because _____

_____.

Signed,

Dear Sad Student,

Do you want good grades? Do you want the teacher to not yell at you as often? You may be able to solve your problems.

It looks like your problems are _____

Let me give you a little advice. You might do better if you do these things:

- 1.
- 2.
- 3.
- 4.
- 5.

Here are some steps to follow to solve your problems. I will do an example for you.

What is the problem?

How could the problem be solved?

What would happen?

What will you try?

Signed,

Dear Sad Student,

I think the reasons you have bad grades on your report card could be _____

_____.

Are you sure your teacher only likes girls who are rich, pretty, and very smart? Maybe Cindy gets good grades and is treated nicely because _____.

I don't know if you are lucky or not but maybe there is a reason why teachers yell at you. Maybe it's because _____

_____.

Let me give you a little advice. You might do better if you do these things:

- 1.
- 2.
- 3.
- 4.
- 5.

Here are some steps to follow to solve your problems. I will do an example for you.

What is the problem?

How could the problem be solved?

What would happen?

What will you try?

Signed,

Lesson 6 for Attribution/Problem-Solving Group

Appendix C: Miscellaneous

Goal Attainment Scale (Thompson and Rudolph, 1992)

Calculation before treatment

$\bar{X}$ = mean	$\bar{X} = 50$
s = standard deviation	s=10
p= probability	p= .3
	1- p = .7
w= weight value	w= 20-60
x = scale value	x = -2 to +2

Goal Attainment T Score=

$$50 + \frac{10 \sum w_1 x_1}{\sqrt{(.7 \sum w_1^2 + .3 (\sum w_1)^2)}}$$

Calculation after treatment

$\bar{X}$ = mean	$\bar{X} = 50$
s = standard deviation	s=10
p= probability	p= .3
	1- p = .7
w= weight value	w = 20-60
x = scale value	x = -2 to +2

Goal Attainment T Score=

$$50 + \frac{10 \sum w_1 x_1}{\sqrt{(.7 \sum w_1^2 + .3 (\sum w_1)^2)}}$$

VITA

Lisa Manly graduated from Vanderbilt University in May of 1981 with a Bachelor of Science degree in Psychology and a minor in Special Education. After two years of employment as a special education teacher in two public schools in Georgia, she entered the Master of Science in School Counseling program at the University of Tennessee, Knoxville. In August of 1984, she graduated with her Master's degree and began working as an elementary school counselor for Dalton Public Schools in Dalton, Georgia. Following five years in that position, she returned to the University of Tennessee in August of 1989 to pursue a Ph.D. in Education through the Counselor Education and School Psychology programs.

While in her doctoral studies, Lisa worked as an academic counselor for the University of Tennessee Athletic Department, an instructor for the Department of Educational and Counseling Psychology, and an industrial consultant for the Human Resources Department of TRW-Koyo in Vonore, Tennessee. Since completing coursework in 1991, she finished internships as a school psychology intern in a residential treatment center and later in a public school system. She is presently employed as a certified elementary school counselor and school psychologist for Dalton Public Schools in Dalton, Georgia.