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I am submitting herewith a thesis written by Carol J. Topping entitled "A Comparison of Reality Therapy and Paradoxical Counseling Strategies with School Behavior Problems." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Guidance.

Charles Thompson, Major Professor

We have read this thesis and recommend its acceptance:

Accepted for the Council:

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A COMPARISON OF REALITY THERAPY AND PARADOXICAL COUNSELING STRATEGIES WITH SCHOOL BEHAVIOR PROBLEMS

A Thesis

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ABSTRACT

The purpose of this study was to determine whether or not Reality Therapy techniques would be more effective in decreasing classroom behavioral problems than paradoxical counseling strategies. A control group who did not receive a specific type of counseling technique was also used. Subjects were ten students from Tyson Middle School in Knoxville, Tennessee and were identified by their guidance counselor as behavior problems. For each student, a baseline period of one week was followed by two counseling interviews per week over a three week period. A null hypothesis was used. It was predicted that there would be no significant difference in the results of the two different counseling techniques in improving the behavior of the subjects in this study. The null hypothesis was supported by the data collected in this investigation.

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CHAPTER I

STATEMENT OF THE PROBLEM

The problem of disruptive student behavior has caused numerous theories and techniques to develop (Ayllon and Roberts, 1974; Besalet-Azrin, Azrin, and Armstrong, 1977; Dreikurs, Grunwald, and Pepper, 1971; Ginot, 1972; Glasser, 1972; Gordon, 1974; O'Leary and O'Leary, 1976; Tanner, 1978; Winnett and Winkler, 1972). Every model, consequently, has its own specific attraction (Davis, 1974; Tanner, 1978) and rate of success (Marlowe, Madsen, Bowen, Bearden, and Logue, 1978). However, discipline continues to be viewed as a major problem in the school setting (Cates, 1975; Smith and Gallup, 1977). Therefore, the purpose of the present study was to determine the consequences of applying a paradoxical counseling approach to the problem of discipline, as well as Reality Therapy techniques (Gang, 1974; Glasser, 1975) to find which strategy, if either, would be more beneficial in decreasing disruptive classroom behaviors. A control group was also used.

Justification

Although counseling is one of the most common approaches in dealing with disruptive behavior problems, little behavioral research (McAllister, Stachowiak, Baer, and Conderman, 1969; McCullough, 1972; Meyer, Strowig, and Hosford, 1970) has been conducted with students of junior high school age. In using paradoxical counseling strategies and Reality Therapy techniques successfully with this age group, student and teacher

cooperation with the counselor's suggestions and directives is important. Often students do not listen or follow directions, and sometimes they are defiant and do the exact opposite of what is suggested (White, 1977). One explanation of this noncompliance is termed "reaction phenomena" (Brehm, 1966). Writings that are sensitive to reaction phenomena are often termed "paradoxical" and include Frankl's logotherapy techniques of paradoxical intention (1960, 1973, 1978) and the theory of negative practice or symptom scheduling (Dunlap, 1928, 1932, 1942; Newton, 1968a, 1968b). Although paradoxical counseling strategies are not always successful in treating behavioral disorders like depression, insomnia, paranoia, or delinquency (Ramsey, 1980), beneficial results are usually obtained with disruptive classroom behaviors. Glasser believes that Reality Therapy is successful in stopping disruptive behavior because it fulfills students' basic needs (Glasser, 1972).

This study will empirically test both paradoxical strategy interventions and Reality Therapy techniques in treating disruptive classroom behaviors of junior high school students. The importance of this study is based on the recognized need for efficient methods of dealing with students who disrupt class, as well as the need for research to validate if either of the two counseling techniques is more beneficial in decreasing disruptive behaviors. Both strategies were designed in school settings and have proven successful (Adler, 1954; Cates, 1975; Frankl, 1960; Gang, 1974; Gerz, 1966; Glasser, 1975; Haley, 1976; Newton, 1968b; Ramsey, 1980; Weakland, Fisch, Watzlawick, and Bodin, 1974).

Hypothesis

For this study, the research hypothesis proposes that both paradoxical intervention strategies (Ramsey, 1980) and Reality Therapy techniques (Glasser, 1975) do prove successful in lowering disruptive classroom behavior at the secondary school age level, and there will be no significant difference concerning the improvement rate of disruptive behaviors of the students in the two groups' results.

Assumptions

1. According to available literature, paradoxical intervention strategies and Reality Therapy techniques can be utilized to effect change in the disruptive behaviors of students.

2. The counselor/experimenter applied the technique correctly and consistently.

3. The counselor correctly identified disruptive behavior in certain students according to the stated criteria found in the procedure section of this study.

4. Since students were not randomly selected, but identified by disruptive behavior criteria, it is necessary to assume that any differences between them are a function of chance, and that they are representative of the population.

5. The individual teacher disruptive behavior rating form, while not a norm-referenced instrument, is valid and completed with as little bias as possible.

Delimitations

The following conditions delimit this study:

1. The sample of disruptive students were selected from the population of sixth, seventh, and eighth graders at Tyson Middle School. Tyson Middle School serves an urban area of Knoxville, Tennessee.

2. Of this sample, the students were selected through counselor identification according to the stated criteria in Appendix A.

3. Based upon the Brief Therapy Model, paradoxical intervention strategy counseling sessions and Reality Therapy sessions were offered two times per week over a three week period, limiting the number of counseling sessions to six per subject.

4. The same amount of sessions was offered to a control group who received active listening from the counselor.

Definition of Terms

Discipline of Behavior. For the purpose of this study, discipline refers to training that develops self-control, character, orderliness, and/or efficiency through instruction and exercise. In short, disciplined behavior is that which is both helpful to self and to others.

Disruptive Behavior. Disruptive behavior is that which interrupts the academic performance of another student. Among these behaviors are such motor activities as getting out of one's seat, walking around, throwing objects, turning toward other students; noise making such as the tapping of feet or pencils, tearing papers, flipping pages and other nonverbal noise making behavior; verbalizations such as whistling,

laughing, humming, coughing, singing, or talking with other students, getting the teacher's permission to be excused from class or to sharpen a pencil; and aggressive behaviors such as hitting, pushing, pinching, grabbing objects from other students, or kicking.

Appropriate Behavior. Any task relevant and socially accepted behavior is considered suitable behavior.

Paradoxical Strategy Intervention. In order to facilitate an operational definition of what a paradoxical strategy involves, the classification proposed by Tennen (1977) has been adapted (see page 17).

Prescribing Strategies. This is the most commonly used paradoxical strategy. The counselor "encourages or instructs the student to engage in the specific behavior to be eliminated." For example, a student could be encouraged to rebel or daydream.

Restraining Strategies. In this strategy, the counselor discourages or even denies the possibilities of change. The counselor may even emphasize the consequences or possible "dangers" of change, or tell the student to proceed at a slow pace in implementing the proposed change.

Reality Therapy. Reality Therapy (RT) is based on the premise that all people should fulfill their basic needs to achieve a successful identity; the basic needs being love and self-worth (Glasser, 1972). Glasser has developed a seven step process to help students satisfy their basic needs, to succeed, and to gain the strength and confidence to handle life situations (Glasser, 1972).

The remainder of this study will be organized as follows: First, a review of the current and historical literature on discipline, paradoxical intervention strategies, and Reality Therapy will be pursued. Secondly, the methodology will follow the literature review and be organized in terms of selection procedures, baseline phase, treatment phase, experimental design, rating scales, and analysis of the data.

CHAPTER II

REVIEW OF THE LITERATURE

Beginning with a brief look at the literature which establishes the need for better discipline and current approaches to the problem, this chapter will then survey the literature which concerns the principles of the two treatment strategies that are used in this study. Concepts included are: symptom scheduling, Adler's use of paradoxical intention, Haley's strategic, Brief Therapy, the resistance theory, and Glasser's Reality Therapy.

Discipline: A Necessity

A series of articles in the Baltimore Sun from April 25 to May 6, 1977 reported that the most consistent problem facing teachers in the Baltimore city junior high schools was discipline (Brodbelt, 1978). The increasing difficulty in promoting adequate discipline in the classroom, halls, and playground have been repeatedly noted by parents, teachers, and administrators (Smith and Gallup, 1977). In 1972, a survey revealed that 54 percent of all teachers found student disruption in their classrooms to be a problem of moderate to crucial proportions (Joda, 1975), and the numbers are increasing. These reports clearly indicate the need for problem solving techniques in the classroom concerning disruptive behaviors.

In 1975, a Senate subcommittee reported that in public schools, there were over 100 murders and 70,000 assaults on teachers annually.

The estimated cost for school vandalism at that time was $500 million annually—the same amount spent on textbooks (Violence in Evanston, 1975). Although many students misbehave simply to see if they can get away with it, the real behavior problems stem from a complex blend of sources such as home environment, schools, and teachers. There has not yet been a consensus of opinion on disciplinary methods (Ainsworth and Stapleton, 1976). Historically, corporal punishment of beating, slapping, or whipping was the mode of discipline. DeMause (1975) found that a slow process from child abuse to the more humanistic way of dealing with disruptive children has been an evolutionary course, encompassing the following six stages: the infacticide mode during antiquity, the abandonment mode during medieval times, the ambivalent mode during the Renaissance, the intrusive mode during the eighteenth century, the socializing mode during the nineteenth and twentieth centuries, and the helping mode, beginning in the twentieth century.

Some educators, however, have not yet reached the present mode of dealing with discipline problems—the humanistic, helping mode of interacting with students. Teachers who have recognized the fact that public schools have to produce people who are capable of coping with a complex society and individuals responsible for their own behavior know that discipline needs to become part of the educational experience, rather than a punishment activity. These educators (Vacca, 1972) understand the need to redefine the concept of discipline as it is practiced in schools. Tanner (1978) identifies the most commonly used models today as the training model, behavior modification, psychodynamic

model, group dynamic model, and personal-social growth model. Whether to focus directly on the behavior or on developing personal insight and decision making appears to be the basic problem. Holen and Kinsey (1975) designed a study to ascertain whether different types of counseling outside the classroom (behavioral and Rogerian client-centered) or teacher approval within the classroom, with the counselor serving as the consultant, would be more effective in changing students' inappropriate behavior. The results show that short-term behavioral counseling, which actively seeks to create client change, was more effective than short-term client-centered counseling, which helps the client become more responsible through facilitating self-insight. Holen and Kinsey also indicated that the short-term behavioral counseling was preferred by the client over client-centered approaches. This indicates that the short-term behavioral counseling method is a desired and efficient way of dealing with disruptive behaviors in students.

Paradoxical Intervention Strategies

Paradox, meaning contrary to expectation or incredible, has fascinated men for the last two thousand years. Important achievements in this century in such areas as logic, mathematics, and epistemology are directly linked with paradox. Also permeating our daily lives, paradox is seen in the form of paradoxical communication between parents, children, spouses, friends, employers, and employees. Paradox in speaking is a statement which seems self-contradictory or absurd, and yet is seen as the truth. An example of this can be found in the person

who says that he or she is not thirsty at all and yet, he or she feels compelled to continue drinking.

Because of its behavior implications, pragmatic paradox is of interest to this review. According to Watzlawick, Beavin, and Jackson (1967), pragmatic paradoxes are distinguished from simple contradictions since a choice may be a solution in the latter, but not even possible in the former. The most frequent form of paradox in the pragmatics of human communication is through an injunction demanding specific behavior that by its very nature can only be spontaneous. An example of this can be dealt with in the command "Be spontaneous." Anyone faced with this injunction would have to comply and be spontaneous within a frame of compliance, thus, nonspontaneity. Other injunction examples include: "You ought to love me"; "I want you to dominate me"; "You should enjoy playing with the children like other fathers do"; and "You know that you are free to go, dear, don't worry if I start crying" (Watzlawick et al., 1967, pp. 199-200).

According to Sluzki and Vernon (1971), a paradoxical message is structured so that (a) it asserts something, (b) it asserts something about its own assertion, and (c) these two assertions are mutually exclusive. Also, there are two levels of injunctions; at the first level, the meaning of the message cannot be decided; the secondary level message conflicts with the first. The latter injunction is commonly communicated in nonverbal ways.

Paradoxical Strategy Rationales

Several approaches to psychiatric treatment, reviewed by Raskin and Klein (1976), share the common factor of the counselor overtly encouraging the client to keep the presenting problem, practice it, and even embellish it. This is seen as paradoxical. Raskin and Klein outline these approaches into the learning theory, redefinition, and interpersonal power rationales.

Learning Theory

This rationale is based on analyzing the problem behavior, extinguishing it, setting up aversive consequences, removing supports for its maintenance, or making its cessation rewarding which should result in the removal of a symptom or behavior. Based on this rationale are the techniques of negative practice, symptom scheduling, and massed practice. Negative practice (Dunlap, 1932) is a term used to indicate that a response practiced is not a response learned, and that a response of one type can be practiced to convert it into a response of a different type. By practicing a symptom with the firm belief of losing that symptom (affective component) and under instruction (ideational component), voluntary control symptom remission could be facilitated. Symptom scheduling is a prescriptive method that was developed by Newton (1968a). He states that symptom scheduling is most effective with symptoms that are current, expandable, interpersonal, and distressing. He also believes that counselors should give clients a rationale, schedule the symptom in a humorous context, be specific,

be able to change sessions and do office exercises, and have a former client do testimonial for a new client. Another technique based on learning theory principles is massed practice. In this procedure, the problem behavior is practiced constantly until boredom and fatigue make the behavior aversive. This "massed practice" forces display of the symptom in a variety of settings and conditions which change the stimulus props, and it also decreases the chance of having the response being spontaneously emitted in the original setting.

Redefinition

Raskin and Klein's redefinition rationale theory is best exemplified by Frankl's logotherapeutic techniques of paradoxical intention. Logotherapy assumes as its role the assistance to an individual in helping him/her find a unique meaning in life. This meaning in life can be discovered by doing a particular deed, experiencing a value, and/or by suffering. According to Frankl, a given symptom possessed by an individual will evoke a fearful expectation that the symptom might occur; and, ironically, this elicits the feared symptomatic response. To combat this fear, paradoxical intention, a process by which the client is encouraged to do, or wish to happen, the very thing that he/she fears (Frankl, 1978, p. 117) is used. In doing this, the pathogenic fear is replaced by a paradoxical wish.

Interpersonal Power

The final rationale of Raskin and Klein is the interpersonal power rationale. Involving the viewing of the symptom as an attempt to

influence others, the individual psychology of Adler fits the description. Mozdzierz, Maccitelli, and Lisiecki (1976) name Adler as being the first person in Western civilization to write about a paradoxical strategy in terms of behavior change. Adler reconciled contradictory behavior from the viewpoint of an inferred goal of overcoming. Paradoxical strategies are utilized as a means of transforming the client's symptomatic asocial behavior into a healthy cooperative venture shared by the client and the counselor. The client can either persist in the symptomatic behavior by cooperating with the counselor or rebel against the counselor and abandon the behavior which prevented cooperation in the first place. Either way, the client exhibits cooperative behavior (Mozdzierz et al., 1976). Even though they have sought help, the clients often resist following directives that necessitate dealing with resistance. Haley (1973) enumerates Erikson's techniques for persuading resistant clients to achieve goals as follows: (1) encouraging resistance, (2) providing a worse alternative, (3) causing change by communicating metaphor or analogies, (4) encouraging a relapse, (5) encouraging a response by frustrating it, (6) emphasizing the positive, (7) using space and position, (8) seeding ideas, (9) amplifying a deviation, (10) controlling information, (11) awakening and disengagement, and (12) avoiding self-exploration.

Interactional View: Theory and Practice

Watzlawick, Beavin, and Jackson (1967); Watzlawick, Weakland, and Fisch (1974); and Weakland, Fisch, Watzlawick, and Bodin (1974), have

articulated explanations of paradoxical counseling intervention strategies from communications theory. Weakland et al. (1974), do their therapy at the Brief Therapy Center, Mental Research Institute, Palo Alto, California. Here they focus on the present, observable behavioral interaction of their clients and deliberately intervene to alter the present functioning of the system. They believe setting time limits on treatment exerts a positive influence on both the client and the counselor. Thus, the therapy schedule is brief and is limited to ten one hour sessions, regardless of the nature or severity of the problem. When the problem-maintaining behavior is changed, the problem will be resolved. The problem behavior is a social phenomenon and reflects a dysfunction of the system; thus, the system must be modified. Brief Therapy's view of problems state that problems are usually symptom oriented, interactional, and ordinary life difficulties. Many problems are caused by transitional steps in family living that are over/under emphasized. Some difficulties are maintained and even intensified by the creation of a positive feedback loop which attempts to solve the problem, but only intensifies it. Often people use illogical remedies or repeatedly handle their problems in a poor manner. In sum, Brief Therapy regards problems as those which occur from difficulties that have been over/under emphasized by the person, and then are poorly handled.

Once the problem has been conceptualized and an estimate of which different behavior would lead to the specific goal, an intervention strategy is formulated. The treatment approach (Weakland et al., 1974) consists of the following elements:

1. Change and insight. The aim being to change behavior, redefinition of the meaning or implication attributed to the behavior itself can have a powerful effect on making attitudes, responses, and relationships more positive.

2. Use of idiosyncratic characteristics and motives. These characteristics are viewed as potential levers for change, and not as obstacles or deficiencies.

3. Directed behavior change. Assignments requesting the client to do a particular action once or twice before the next session are given regularly to help promote change in the actual settings.

Paradoxical Instructions

Paradoxical instructions appear illogical and involve prescribing behaviors that appear to be in opposition to the goals of counseling. The most important single class of interventions are these instructions. This technique shares commonalities with techniques by Dunlap (1932), Frankl (1960, 1973), Haley (1973), Newton (1968b), and Watzlawick, Beavin, and Jackson (1967). "Symptom prescription" is the most common form of paradoxical instruction used and is the encouragement of an undesirable or problematic behavior in order to decrease its frequency and bring it under control. Motivation is the key to success in this technique. By being able to make the problematic behavior worse, the client can feel he/she has some amount of control over it. Also, if the client makes the symptom increase, it proves he/she has followed the counselor's instructions and the behavior is changeable. There are three explanations for why clients accept these paradoxical instructions:

(1) the counselor is seen as an advice-giving expert, (2) instructions are given in a manner that facilitates acceptance, and (3) often nothing is required of the client that is new. One criticism of paradoxical intervention methods is that it requires a great deal of influence by the counselor. Weakland, Fisch, Watzlawick, and Bodin (1974) state their position concerning this criticism as follows: (1) influence exists in all human interactions, (2) the counselor is a specialist at influencing others and is doing his/her job by influencing change, and (3) the counselor is, therefore, obligated to seek and apply the proper means of influence.

Operational Classification of Paradoxical Interventions

Rohrbaugh, Tennes, Press, White, Raskin, and Pickering (1977) give an operational view of paradoxical interventions as prescribing, restraining, or positioning strategies, the most common of these being prescribing strategies. The counselor encourages the client to engage in the specific behavior to be eliminated, and then either wants the client to comply or rebel. In restraining strategies, the counselor discourages or denies the client's possibility to change. By accepting and exaggerating an assertion the client makes about him/herself, the counselor attempts to shift the problematic attitude-positioning strategy. Paradoxical prescriptions ascertain that in order to lose a symptom, one must keep it or exaggerate it. If a symptom is uncontrollable, a client should will that uncontrollable symptom to occur. Paradoxical restraining strategies state that in order to change, one should remain the same.

Positioning strategies form a contradiction rather than a paradox (Tennen, 1977, p. 6).

Two different rationales for using paradoxical strategies are complianced-based strategies and defiance-based strategies (Rohrbaugh et al., 1977). In the compliance-based strategies, the effectiveness of the paradoxical intervention is related to the client's attempts to comply with the counselor's directives. When the client resists or rebels against the counselor's instructions, it is a defiance-based strategy. Regarding compliance-based strategies, it is the very act of trying to comply that is detrimental to the problem preserving process, according to Tennen (1977). Behaviors that are controlled by this strategy include anxiety attacks, somatic disorders, and obsessions. Also, compliance can create an ordeal because engaging in a behavior that is frought with aversive consequences decreases its appeal and makes it a worthless venture. It is still considered compliance because the client follows the counselor's request. Defiance-based strategies are ones where the client rebels against prescribing and restraining tactics (Haley, 1973). The counselor wants the client to change by rebelling and not following his/her instructions. These two strategies differ in domain: compliance strategies focus on the client's struggle with his/her symptom (intra-personal), and defiance strategies focus on the client's struggle with the counselor (interpersonal). The theory of reactance (Brehm, 1966) explains when it is appropriate to use compliance-defiance based strategies. Reactance theory states that a client will experience psychological reactance when a free behavior is eliminated or threatened

with elimination. The person then becomes motivated to restore the threatened or eliminated freedom, depending on the importance of the freedom, the proportion of freedoms threatened, and the magnitude of the threat. When a counselor attempts to change a client's behavior, it often triggers the arousal of reactance which leads to noncompliant or rebellious action. This reaction can be minimized by not being too "pushy" in trying to get a client to change and by downplaying the counselor role of "expert." Also the counselor should avoid one-sided messages and directives by encouraging a client to take an opposite side to the issue at hand and oppose the counselor. It should be pointed out to the client that engaging in new behaviors does not mean giving up old ones. It is most appropriate to use defiance-based paradoxical interventions when the potential for reactance is not high and the target behavior is not perceived as free. Compliance-based strategies tend to be most helpful with bound target symptoms when reactance potential is low.

Reality Therapy—Basic Concepts

There are many similarities between the theoretical constructs of Reality Therapy (RT) and the theories of Maslow (1954), Rogers (1961), Adler (1954), Perls (1969), Ellis (1962), Fromm (1956), Taba (1971), and others. RT is based on the premise that all people should fulfill their basic needs to achieve a successful identity (Glasser, 1965). These basic needs, love and the need for self-worth, are two-way needs. One must not only feel worthwhile about him/herself, but also toward

others. The major emphasis is placed on what the person can do to behave more effectively in the environment, and the locus of responsibility rests with the individual. A crucial philosophy of RT is the role of the individual in society and how this role is shaped by those with whom the individual comes into contact. Role or identity is so important that it must attain a degree of stability before an individual can set out to find a goal. Through interaction with the people around them, people acquire a view of themselves, and they tend to behave according to this view. For example, if a person feels confident about him/herself, he/she acts confident; if he/she feels like a failure, he/she acts like one. Because a large part of one's life is spent at home and in school, these environments play an important part in trying to satisfy the needs of the individual. According to Glasser (1972), schools should play an important role in developing a student's identity by assuring that the basic needs are satisfied, and yet, schools have been unsuccessful in this endeavor, which causes failure in many students. Disruptive behaviors occur because basic needs have not been met, and certain students gain attention or recognition in this way. Behavior problems tend to intensify as students' needs are more and more unsatisfied. RT then is a technique that attempts to solve students' disruptive behavior problems by helping unsuccessful students to fulfill their basic needs.

Steps of Reality Therapy

Glasser believes that schools should take the proper steps to follow the principles of RT so that all students can satisfy their basic needs

and succeed and gain the strength and confidence to handle life situations (Glasser, 1972). So that schools can learn the principles of his theory, Glasser has outlined seven basic steps:

1. Involvement. Teachers must become involved with the person they are trying to help. A trusting relationship must be developed by being warm, courteous, personal, friendly, and understanding.

2. Current behavior. A student must be made aware of his current behavior(s) in order to gain a successful identity. A teacher should ignore past behaviors or failures in order to encourage the student to change his present behaviors. This is based on the fact that people often avoid facing a present behavior by emphasizing how they feel rather than what they are doing.

3. Evaluating behavior. In order to change a behavior, a student needs to evaluate it. The teacher does not judge the behavior for the student, but rather leads him/her to evaluate the behavior through their involvement, and this brings the actual behavior out in the open.

4. Planning responsible behavior. After the student makes a value judgment concerning his/her behavior, the teacher must help the student in developing a realistic plan for action to follow the value judgment. The student then has the responsibility to make a decision concerning his/her own evaluation, and thus learns responsibility.

5. Commitment. The teacher then requests a commitment from the student, either verbal or written, to give the student a greater incentive to fulfill the plans. This also intensifies and accelerates the trying of a new behavior, and the student is assured that the teacher is actually involved with him/her, wanting him/her to change.

6. No excuses. If a student does not complete a plan, excuses are not asked for. Glasser (1972) states that this is discipline. The student is then asked to set up another plan of action and is told by the teacher that success can be obtained. If a teacher accepts an excuse, he/she is conveying to the student that his/her failure is accepted and that the teacher really does not care whether the student fails or not.

7. No punishment. If a plan is not completed, no punishment is administered, and the responsibility of setting up another plan is left up to the student.

Summary of the Chapter

In Chapter II, a survey of the literature related to the theoretical and applied base of proposed treatment and intervention was presented. Beginning with a statement concerning the need for discipline in the public school, two different approaches for handling disruptive behavior problems were presented: paradoxical intervention strategies and Reality Therapy techniques.

Paradoxical intervention strategies are first reviewed by Raskin and Klein, who outline their approach into the learning theory, redefinition, and interpersonal power rationales. Learning theory is a rationale based on analyzing a problem behavior, extinguishing it, setting up aversive consequences, removing supports for its maintenance, or making its cessation rewarding. This should result in the removing of the problem behavior. Under this rationale, the techniques of negative

practice, symptom scheduling, and massed practice are included. Redefinition is a rationale that redefines a fear or behavior and replaces that fear or behavior with a paradoxical wish. The last rationale, interpersonal power, involves viewing the behavior as an attempt to influence others.

Next, an interactional view of the paradoxical intervention strategy was reviewed. Focusing on the present, the counselors who use this technique set time limits on treatment, believing that it exerts a positive influence on both the client and the counselor. The therapy schedule is brief, regardless of the nature or severity of the problem. Counselors also view their clients' problems as those which occur from difficulties that have been over/under emphasized by the client, and then are poorly handled. Once the problem has been defined, a treatment approach, which consists of three parts, is utilized.

Paradoxical instructions are then defined as prescribing behaviors that appear to be in opposition to the goals of counseling. The most important single class of interventions are these instructions. A criticism of these instructions is introduced, and a position concerning it is stated by Weakland, Fisch, Watzlawick, and Bodin (1974).

An operational classification of paradoxical intervention is defined by Rohrbaugh, Tennen, Press, White, Raskin, and Pickering (1977) as prescribing, restraining, or positioning strategies. Prescribing strategies encourage the client to engage in a specific behavior to be eliminated, and then is expected to comply or rebel. In restraining strategies, a client's possibility to change is denied or discouraged.

Positioning strategy is used to make a client accept or exaggerate an assumption about self. Two different rationales for using paradoxical interventions are compliance-based and defiance-based strategies. These two strategies are defined and appropriate usage is explained.

The chapter concludes with a discussion of Reality Therapy (RT). Reality Therapy is based on the premise that all people should fulfill their basic needs, love and the need for self-worth, in order to achieve a successful identity. A crucial philosophy of RT is the role of the individual in society and how this role is shaped by those with whom the individual comes into contact. RT is then described as a technique that attempts to solve students' disruptive behavior problems by helping unsuccessful students to fulfill basic needs. Lastly, an outline of Reality Therapy's seven basic steps (Glasser, 1972) is given.

CHAPTER III

METHODOLOGY

Selection Process

Site

The site for this study was Tyson Middle School in Knoxville, Tennessee. The student enrollment for grades six through eight is approximately three hundred and seventy students. The school building was built in 1936 and was, until recently, a junior high school. Tyson Middle School serves a population of students that come from a highly varied mixture of socioeconomic backgrounds. Many minorities are represented, and seventy to eighty black students are bussed in from North Knoxville. Team teaching is not used at Tyson, but Title I mathematics and English classes are offered. The school has, besides its guidance counselor and librarian, teachers of physical education, art, music, and French.

Guidance Counselor

An explanation of this study was given to the guidance counselor and a list of key descriptors identifying disruptive behaviors was interpreted. A copy of this list is in Appendix A. The guidance counselor then gave the experimenter names of students considered behavioral problems by most of their teachers and who were sent to the office frequently because of their disruptive behaviors. The guidance counselor also distributed and collected release forms (see Appendix B).

Teachers

The concepts involved in the treatment phase of this study were presented individually to the teachers during their planning period. Letters were also written to each teacher to explain how they were to mark the disruptive behavior score cards of each student.

Students/Subjects

After the guidance counselor collected a student's release form that had been signed by a parent or guardian, the experimenter met with that student. She explained that she was a student at The University of Tennessee, Knoxville, studying to become a guidance counselor. She also explained that one of a counselor's duties was to listen to students' problems and that she was trying to improve this skill by helping them with a problem that they might have in school. Several of the students thought that she was there to tutor them in a subject that they were having trouble passing. The experimenter explained that she was not qualified to do this and assured them that she was not there to talk to them because they were in any trouble but because she needed help in learning how to become a good guidance counselor. The student was told that the meetings were strictly voluntary and that any time he/she wanted to quit coming, it was fine to do so. Ten students went through the process of bringing their release forms home, having them signed, bringing them back to the guidance counselor, and staying the full three weeks of the treatment.

Phase I: Baseline Conditions

Teachers were requested to keep a tally of a student's certain disruptive behavior during his/her class period for a week. A specific disruptive behavior for each student was selected by the guidance counselor on the basis of the amount of times a student was sent to the office because of that behavior. During this first week of the study, no treatment was implemented by the experimenter in order to establish a baseline for each student's specific behavior.

Phase II: Treatment Conditions

During the initial interview, time was spent establishing rapport with each student and answering questions that might be present concerning the meetings. Prior to this initial meeting, the experimenter had randomly divided the ten students into three groups: (1) a group who would receive paradoxical counseling strategies, (2) a group who would receive Reality Therapy, and (3) a control group who would be actively listened to by the experimenter. A student from the sixth, seventh, and eighth grade, however, was purposely put into each group in order to make sure a certain technique was not biased because of age differences.

In the second interview, the students began their different forms of counseling, depending on which group they had been randomly assigned. The three experimental groups were characterized as follows:

Treatment A. The three students assigned to this group received paradoxical counseling strategies for their disruptive behavioral

problems of fighting, talking in class, and arguing. As an example of the counseling these students received, the student who fought in class can be used. This student, hereafter in this example known as M, was sent to the office at least six times a week for fighting in class before the study began. During the baseline period of this study, M was sent to the office five times. At the initial interview, M stated that he "just liked to fight." He was not necessarily fighting for revenge but for the enjoyment of it. The experimenter found out that three of the boys M liked to fight with in class also were in his physical education class. After the experimenter talked to the physical education teacher, it was decided that M could receive a grade for simply dressing out for class. After he dressed out, he would Indian wrestle with each of the three boys he fought with in his other classes for the remainder of the period. This technique is based on the paradoxical counseling principle called massed practice. As stated before, the problem behavior is practiced constantly until boredom and/or fatigue make the behavior aversive. Theoretically, because M knew he was having to do this great amount of Indian wrestling because of his disruptive fighting behavior in class, he knew what he had to quit doing in class in order to get back to his regular routine in the physical education class. He had physical education three times a week before his third session. At the third session, it was discovered, through the tallied score cards kept by his teachers, that his fighting had decreased from eight times on Tuesday to three times on Monday. At this third session, it was decided that he would only have to Indian wrestle during two of

his next three gym sessions. By M's fourth session, he was fighting only once or twice a day, and this, he reported, was usually not in class, but outside during recess or in the hall.

Treatment B. Reality Therapy was administered to the three students in this group in accordance with their disruptive behaviors in the classroom. A sample of this counseling can be seen using J's problem of class tardiness. Not only did J come in late, she came in so loudly that she disrupted the entire class. After an initial session of developing a trusting relationship, the experimenter and J used the second session to gain awareness of her behavior (tardiness) and evaluated it in terms of whether it was beneficial or detrimental to what she wanted at school. She stated that she had not been tardy all year, but had started "running around" with some friends who were always late to class because of "fooling around" in the hall. J said she did not like being sent to the office every day for this behavior and did not want to be suspended from school, which the principal had told her was soon to happen if she did not start getting to class on time. After J decided that she wanted to start going to class on time, the experimenter and J developed a plan of action to help her achieve this goal. J would talk to her friends during lunch period, at homeroom, and recess and would also tell her friends she was bound to a contractual agreement. During the next week, she decided she would be on time to all of her classes, with the exceptions of homeroom and first period, every day. She then signed a contract that she and the experimenter had written. At the third session, after looking at the teachers' tallied

score cards concerning J's tardiness, it was found that she had been tardy to all but three of her homeroom and first period classes and to eight other classes that week. She began to get nervous upon seeing the tallied scores which showed she had not met her contract's goal and started making excuses, but the experimenter explained that J need not make any excuses because they were not going to be listened to. The experimenter told J that an easier plan could be made, but J wanted to keep the old one, stating she knew she could reach the goals she had set for herself in the week ahead. At the fourth session, the experimenter found, through the tallied score cards, that J had missed her goal by only two tardinesses, and that J had even been on time for several of her homeroom and first periods.

Treatment C. The four students who comprised this group did not receive a specific type of counseling technique but were simply actively listened to on any subject of their choice. This group was added to the study to see if behavioral change could be brought about simply through receiving added attention outside of what was given to them by teachers, counselor, etc. If this group's disruptive behavior did not change drastically due to added attention, then Treatment A and B's effectiveness could be more exclusively attributed to their counseling techniques. The students in this group had problems in daydreaming in class, arguing/threatening, cutting classes, and fighting. The student who cut classes talked about family problems during the second session and how he wanted to run away from home. The experimenter explored this topic with B for an hour. Before the third session, the experimenter discovered that B

had skipped even more classes during the second week than he had during the baseline period. During the third session, B asked questions about going to court and getting to live with another parent. It was found that B did not get along well with his father and he "hated" his stepmother. He wanted to take his brother to his mother's house and live there. This was discussed for an hour, also. The experimenter found before the fourth session that B had skipped fewer classes but was still missing enough classes to be averaging three weekly visits to the office. During the fourth session, B told the experimenter that there were "lots of places for kids to hide where grownups could not find them." The experimenter discussed this with the guidance counselor.

Experimental Design

The experimental design of this study resembled the pretest-posttest control group design, involving three groups, all of which were formed by random assignment, and the administration of a pretest and posttest score to determine the effectiveness of the treatment. The combination of random assignment and the presence of a pretest (baseline data) and a control group served to control all sources of internal invalidity. The baseline period began on the same day for all students; however, the treatment sessions were not administered simultaneously to all individual students. The experimental design allowed for changes in the dependent variables to be attributed to the treatment conditions rather than to other variables which might have been operating at any one time period.

Analysis of the Data

Graphs have been used to present the data obtained in this investigation. Precounseling tally scores kept by the teachers are plotted during the baseline period, or the first week of scores. The next three weeks' worth of data follows the baseline scores. All teachers' scores were added together to encompass a student's total day's worth of disruptive classroom behavior.

CHAPTER IV

RESULTS

The results of this study are presented in Chapter IV. Included in the chapter is a discussion of the data collected regarding the pre- and postlevels achieved by each student as perceived by the teachers, and the unobtrusive measures observed by the teachers, school counselor, and experimenter. In the presentation of the findings, students are designated as T_1, T_2, T_3, T_4, T_5, T_6, T_7, T_8, T_9, and T_{10}.

Pre- and postlevels of disruptive behavior achieved by each student as perceived by the teachers, in relation to their tallies on the score cards provided interesting results. T_1 was a seventh grader in the group which received Reality Therapy. Her prelevel score in being tardy to class averaged 5.25 times per school day during the baseline period. Her postlevel score, after three sessions of Reality Therapy averaged 2.0 times per day (see Figure 1).

T_2, a sixth grader also in the Reality Therapy administered group, had an average of 5.6 fights per day during the baseline period. After his three sessions of counseling, his average dropped to 2.4 times per day. These scores are displayed in Figure 2.

T_3 was in the group which received paradoxical counseling strategies. She was a seventh grader who argued with or threatened other students 3.8 times per day during the baseline period. Her postlevel score shows a drop down to 1.6 times per day (see Figure 3).

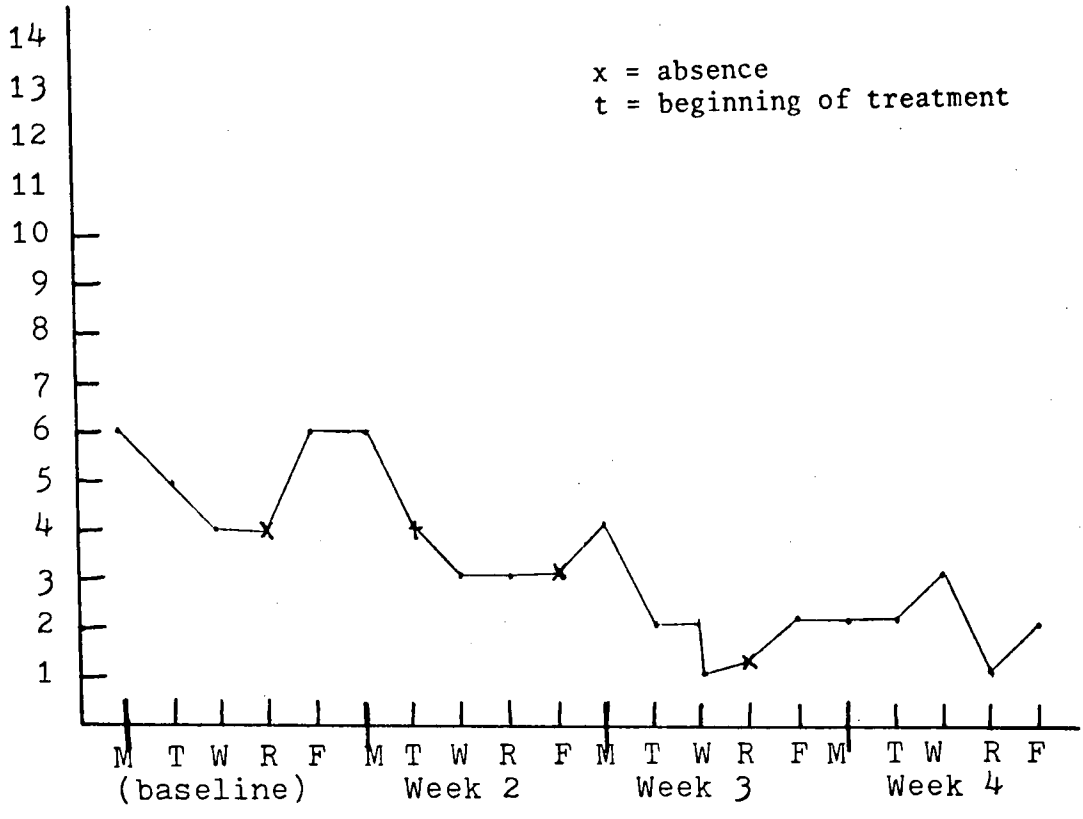


Figure 1. Disruptive Behavior—Tardiness; Tallied Score for T_1.

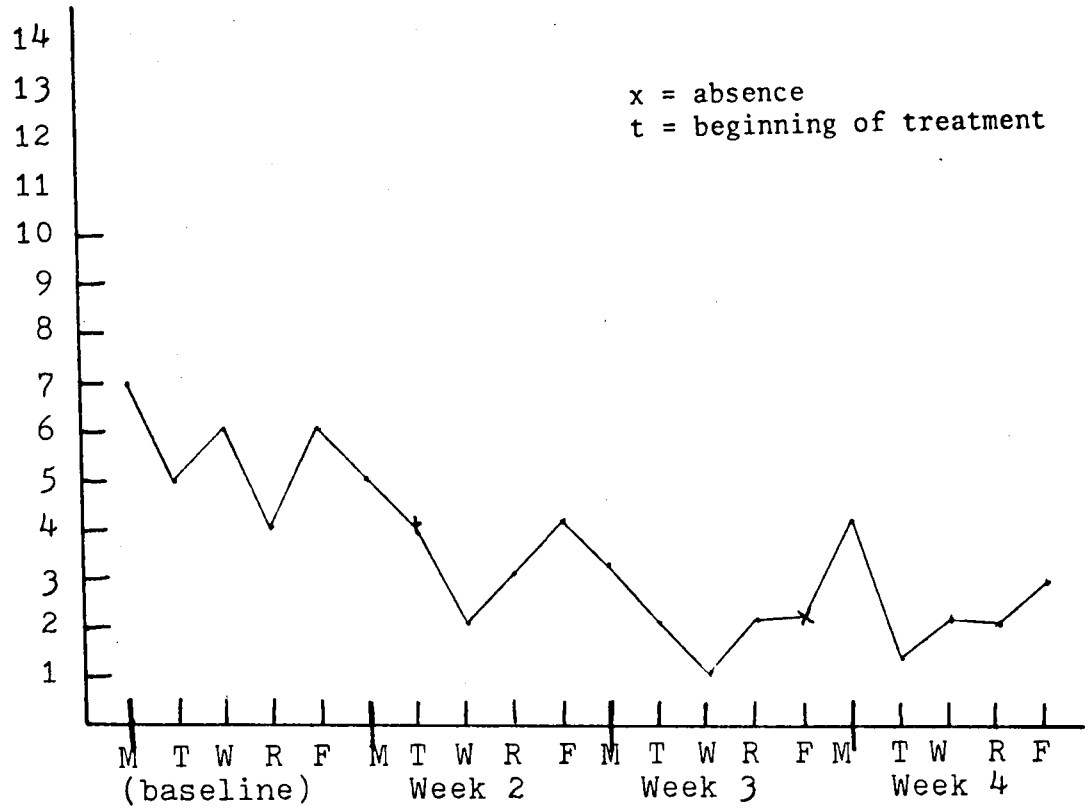


Figure 2. Disruptive Behavior—Fighting; Tallied Score for T_2.

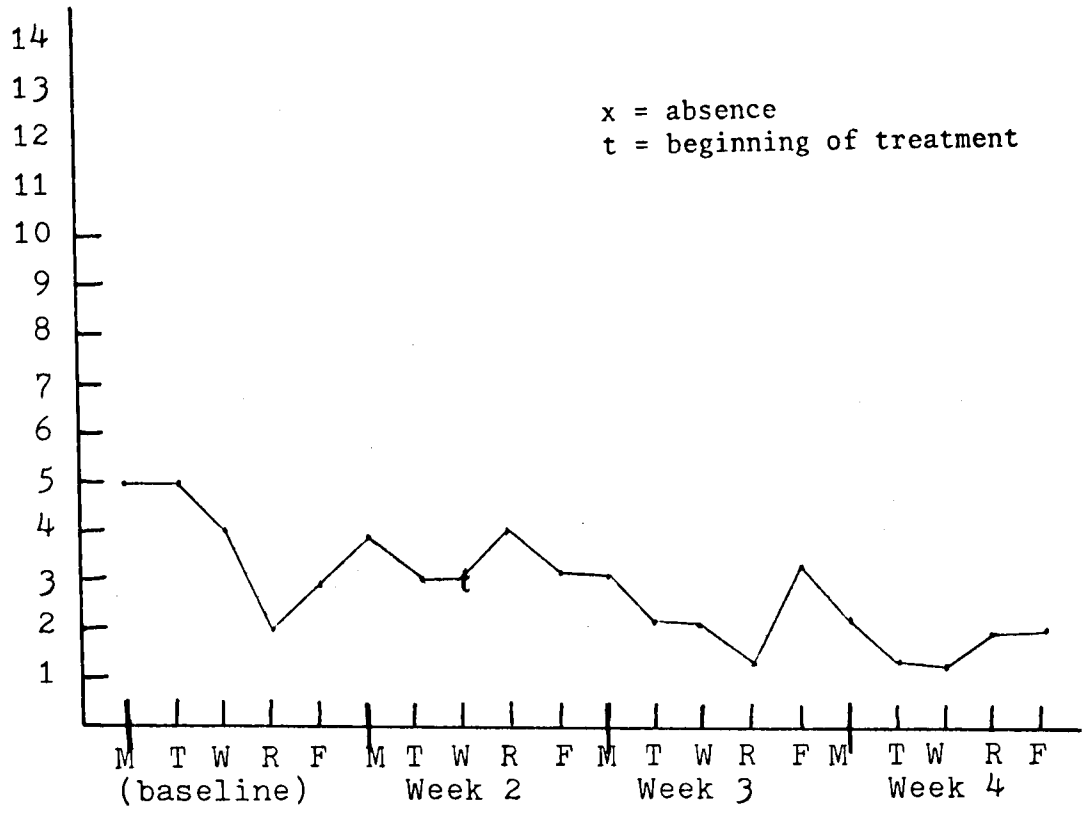


Figure 3. Disruptive Behavior—Arguing/Threatening; Tallied Score for T_3.

T_4 cut classes a total of two days per week and was tardy an average of 5 times per week. After this eighth grader had attended six counseling sessions as a member of the control group, he had a postlevel score of one absence per week and four tardinesses per day, as shown in Figure 4.

For T_5, a prelevel score of daydreaming six times per day was not much different from her postlevel score of five times per day. She was a sixth grader in the control group and talked about her boyfriend at each session (Figure 5).

Prelevel scores for talking, concerning T_6, averaged 9.8 times per day. This sixth grader was in the paradoxical counseling strategies group. It can be seen in Figure 6 that her postlevel score averaged 5.8.

T_7 was an eighth grader who was in the Reality Therapy group working on his truancy. During the baseline period, he was absent three times and averaged being tardy 5.5 times per day. His postlevel average shows a decrease in absences (1 per week), but tardiness still averaged five times per school day. T_7 and the experimenter worked on the truancy aspect of his problem during the three-week sessions (see Figure 7).

A prelevel score of 6.0 fights per day was given to T_8, a sixth grader in the paradoxical counseling strategy receiving group. As Figure 8 shows, his postlevel score averages 1.8 fights per day.

For T_9, a prelevel score of six arguments per class day was found. An eighth grader in the control group, her postlevel score surprisingly increased to 6.2 arguments per day, as can be seen in Figure 9.

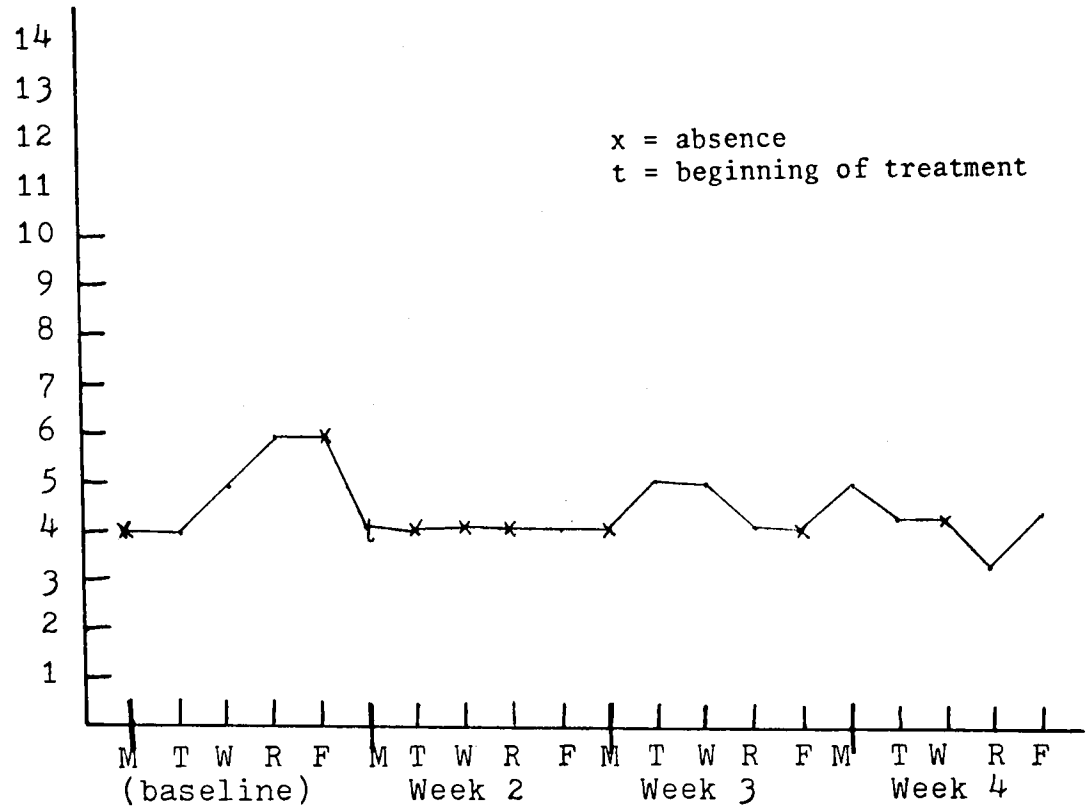


Figure 4. Disruptive Behavior—Cutting Classes; Tallied Score for T_4.

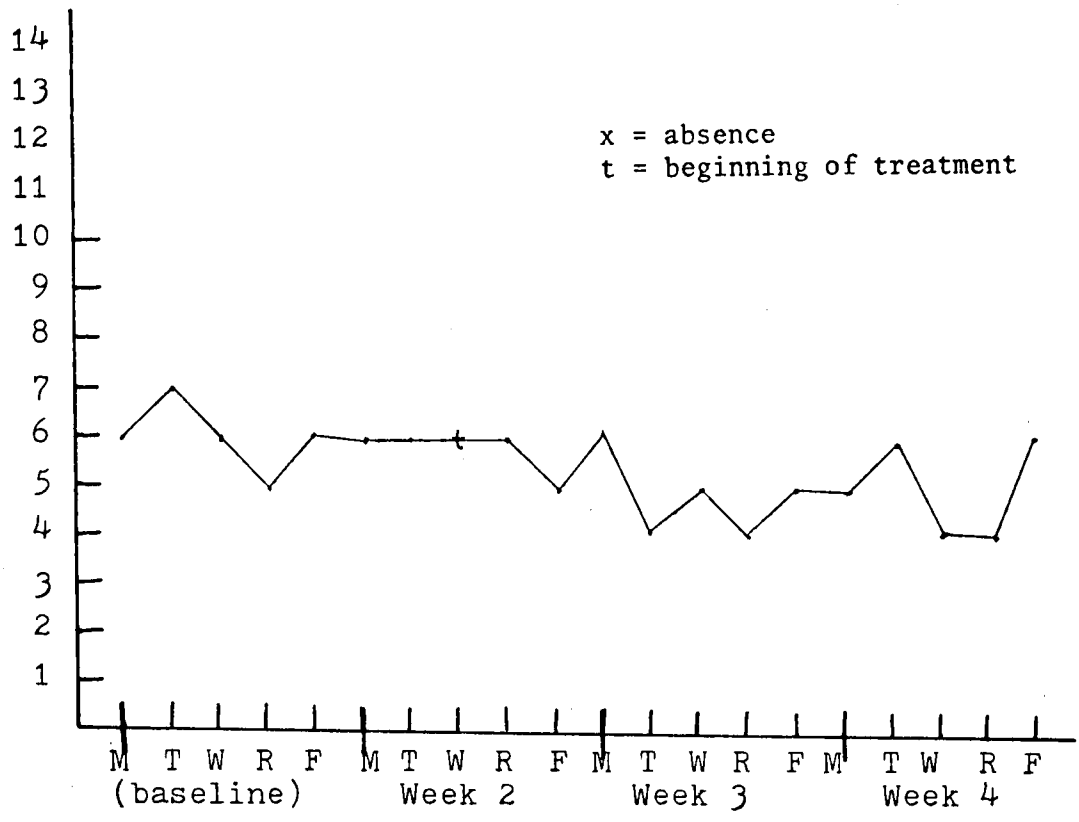


Figure 5. Disruptive Behavior—Daydreaming; Tallied Score for T_5.

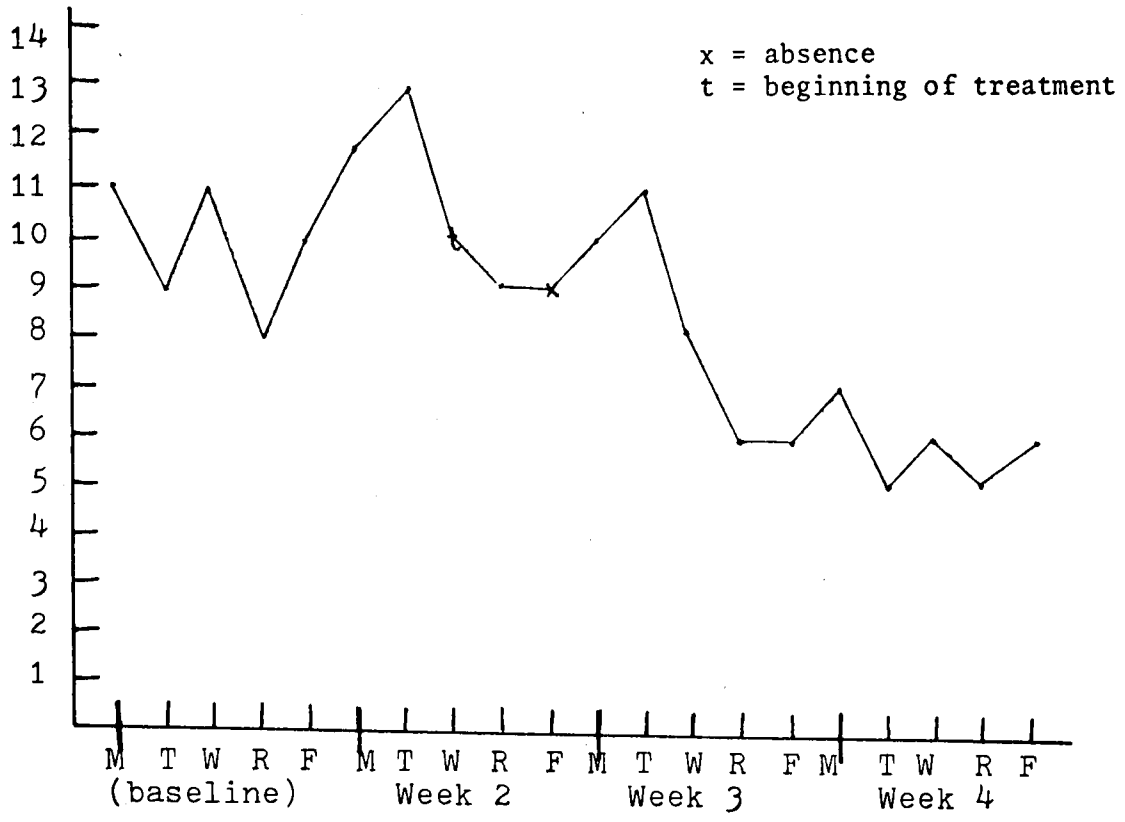


Figure 6. Disruptive Behavior—Talking in Class; Tallied Score for T_6.

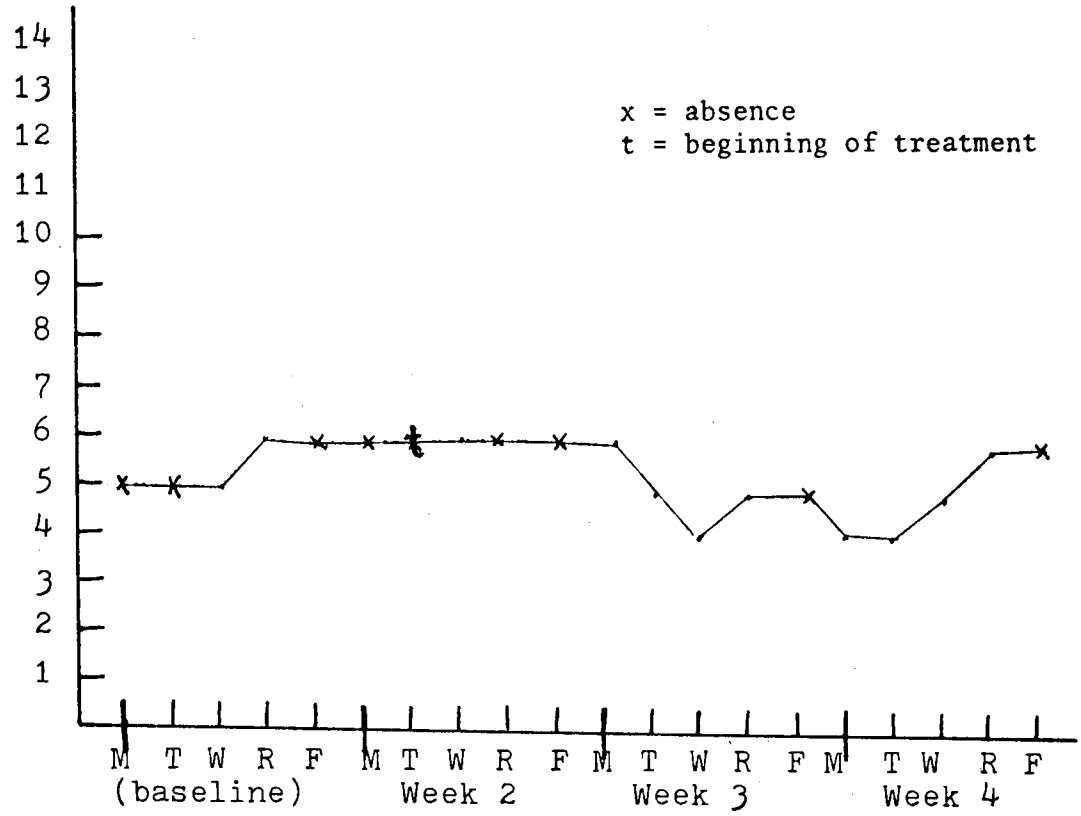


Figure 7. Disruptive Behavior—Truancy; Tallied Score for T_7.

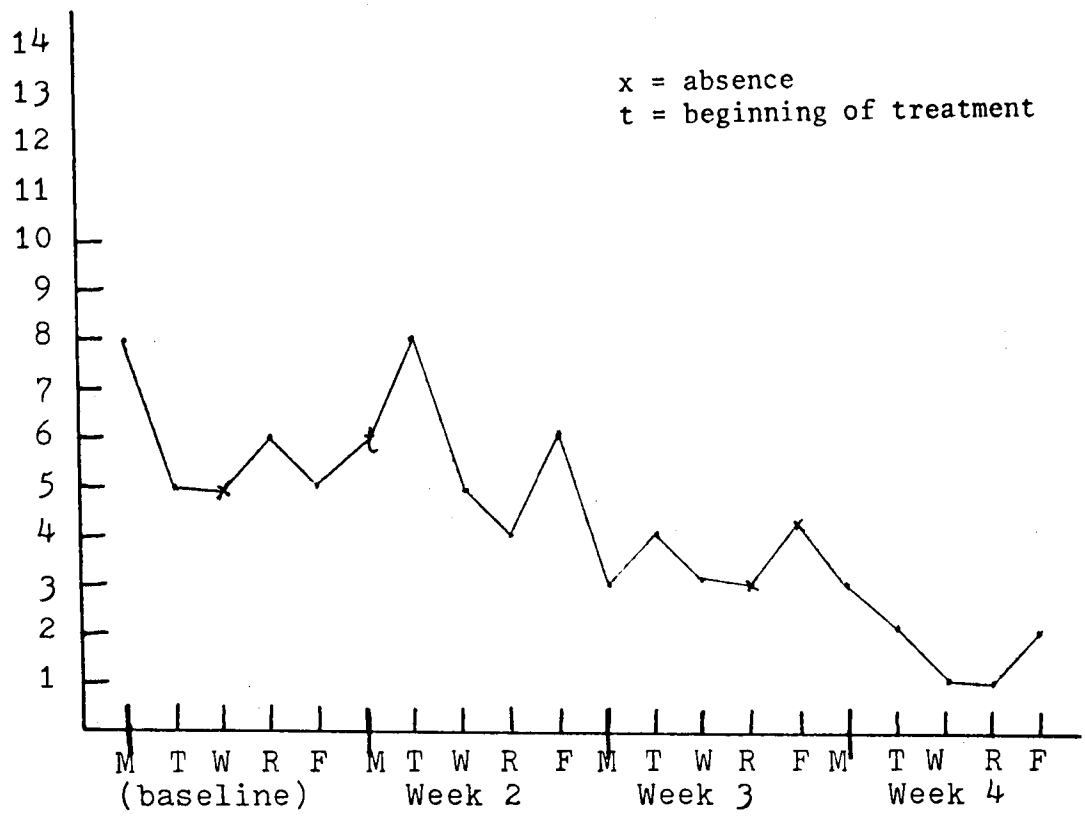


Figure 8. Disruptive Behavior—Fighting; Tallied Score for T_8.

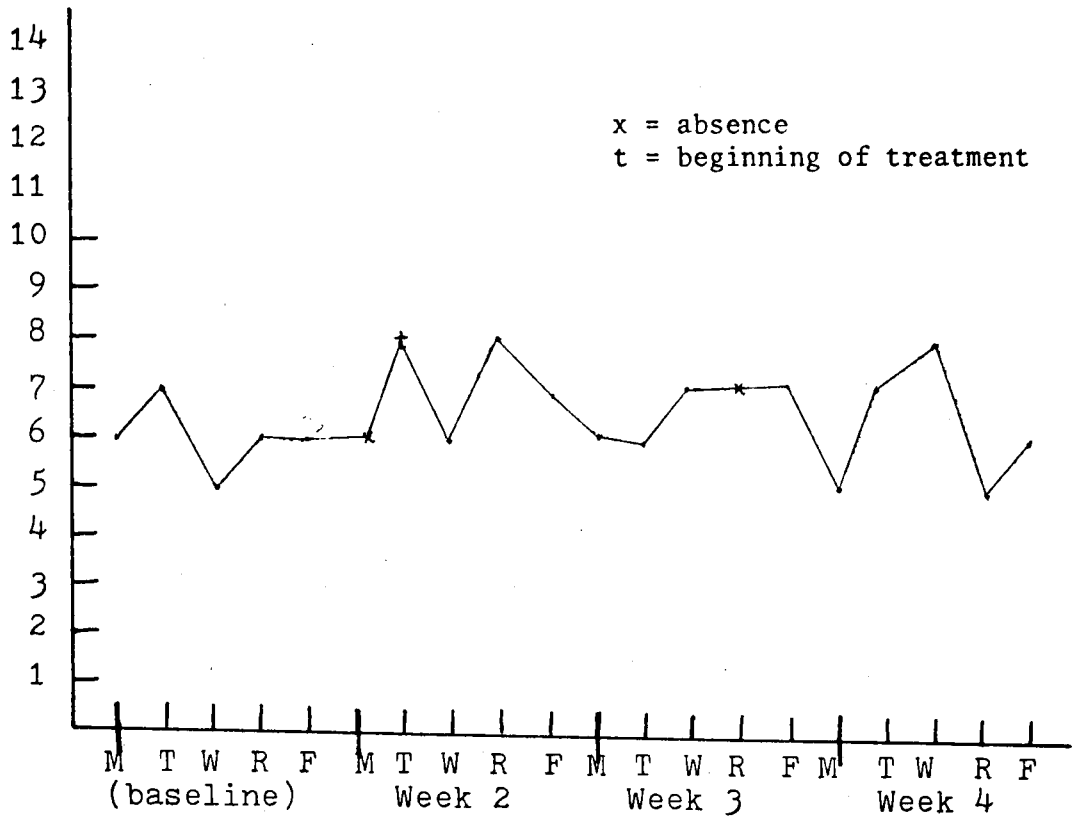


Figure 9. Disruptive Behavior—Arguing/Threatening; Tallied Score for T_9.

T_{10}, also in the control group, was often truant and tardy. The baseline data shows (in Figure 10) that T_{10} was absent once that week and was tardy an average of 3.75 times per day. His postlevel score, like T_9's postlevel score, increased, to 4.75 tardinesses per day, although his absences remained at one a week.

All subjects' disruptive behaviors decreased, with the exception of two members of the control group whose scores had slight increases in the amount of disruptive behavior. Interestingly enough, T_2 and T_8, two students with fighting behaviors decreased the same amount of fights per day (4.2), although one was in the Reality Therapy group and one underwent a paradoxical counseling strategy. T_2 went from 5.6 fights per day to 2.4 fights per day; T_8 lowered his score from 6.0 per day to 1.8 per day. T_1 lowered her score in tardiness from 5.25 times per day to 2.0 times per day using Reality Therapy, whereas T_6 diminished her talking behaviors from 9.8 times per day to 5.8 times per day through a paradoxical counseling intervention. T_3 lowered the amount of times she argued each day from 3.8 to 1.6 through her work with a paradoxical counseling strategy, and T_7 lowered his truancy score from three absences a week to one, working with a Reality Therapy goal. All students in either Reality Therapy or paradoxical counseling decreased their disruptive classroom behaviors in three weeks, whereas two students from the control group increased their behaviors.

Unobtrusive Measures

Some of the subjects showed a change in their observed behaviors which were not a part of the problem statement. The guidance counselor,

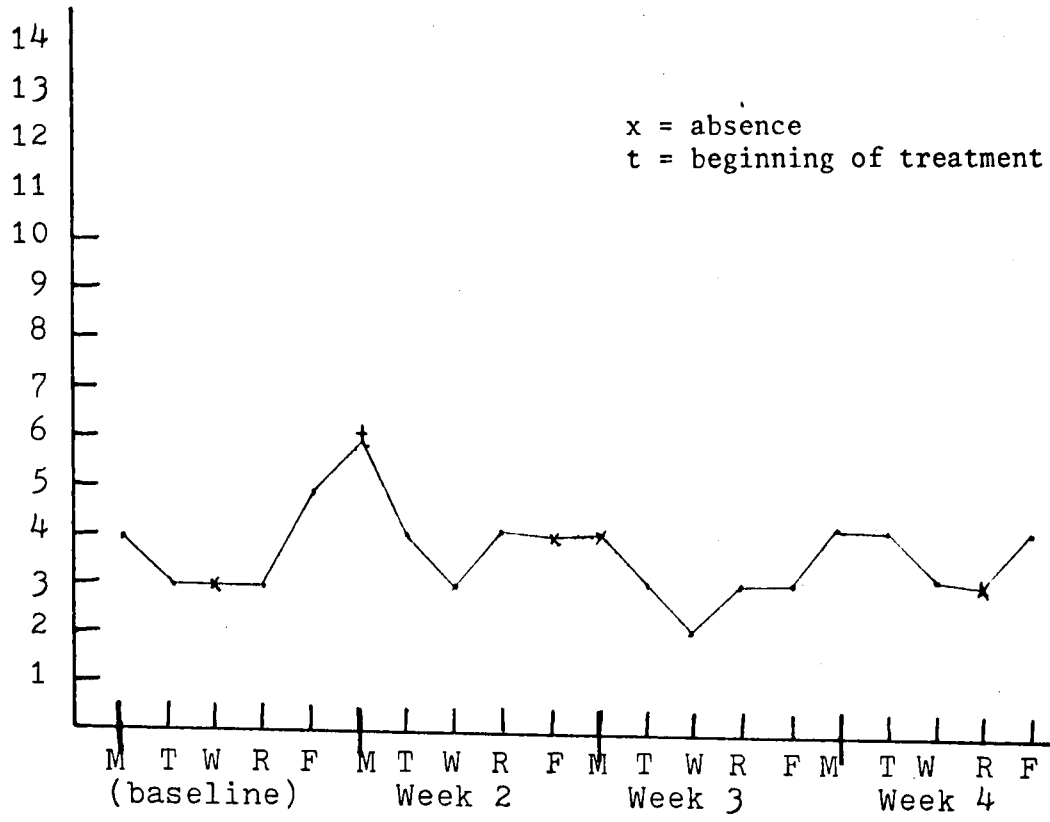


Figure 10. Disruptive Behavior—Truancy; Tallied Score for T_{10}.

teachers, and experimenter noticed that T_1, T_3, T_5, and T_6 showed more attention to their schoolwork. T_4 and T_7 came to class on time more than usual. T_1, T_2, T_5, and T_6 showed an increase in self-concept. T_3 was much easier to get along with in class. T_5 asked for tutorial help in her health class.

Summary of Results

The research hypothesis for this study was one which stated that students who underwent Reality Therapy in order to decrease disruptive classroom behaviors would change as significantly as the students who used paradoxical counseling strategies in order to decrease disruptive classroom behaviors. A control group was included to find out if the mere attention of a counselor would diminish disruptive behaviors. It was found that the counselor's attention alone did not, in fact, diminish disruptive behaviors, as two of the four students in the control group showed an increase in their amount of disruptive behaviors. Therefore, the results presented in this chapter do support the null hypothesis.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine whether the treatment process of paradoxical counseling strategies would have the same results as the treatment process of Reality Therapy in decreasing disruptive classroom behaviors. The study was conducted at Tyson Middle School in Knoxville, Tennessee. Subjects were ten students identified by their guidance counselor as behavioral problem students. An experimental design resembling a pretest-posttest control group design was employed in this study. A control group was added to see how much effect a counselor's attention would have on decreasing disruptive behaviors. It was found that simply having a counselor actively listen to a student did not decrease disruptive behavior. The null hypothesis was supported by the data collected in this investigation.

Conclusions

It has been concluded that the main findings show that there is not a significant difference between Reality Therapy techniques and paradoxical counseling strategies in decreasing disruptive classroom behaviors. Eight of the ten students experienced some success in decreasing their disruptive classroom behavior. One treatment, however, cannot be deemed superior to another because each technique is more

useful in some cases than others. Reality Therapy techniques might prove more useful in dealing with a student who is truant than a paradoxical counseling intervention. This is in agreement with Frankl's (1973, 1978) studies which state that paradoxical interventions are not a panacea. Neither are Reality Therapy techniques.

Regarding changing the classroom behavior of students, giving the students the opportunity to establish their own goals is a paradox. Most often (Madsen, Becker, and Thomas, 1968; Meyer, Strowig, and Hosford, 1970; O'Leary and Becker, 1967) students identified as disruptive are told that certain changes are to be made or the behaviors are unobtrusively conditioned. This returning of the power to make a decision to the student is viewed as a partial source of the success in this investigation.

Standardized procedures were often difficult to maintain in the school setting. The office where the sessions were held was often noisy, and students were often interrupted in the middle of what they were talking about, breaking concentration. It is possible that the various treatments would have been more successful or even different in the results if events within the school were on a less hectic schedule.

Some of the teachers stated that at times it was difficult for them to mark the score cards; i.e., they were too busy, they forgot, etc. This factor may have also biased the results of this investigation.

Suggestions for Further Research

In conducting this study, several other areas were found where research could be further explored. Because this investigation was done in a setting where the population was very diversified, it would be suggested that a larger sample be used in implementation of any counseling technique(s). The areas where further research could be done in relation to this study include the following:

1. The effectiveness of teaching school administrators; i.e., principals, guidance counselors, and teachers, how to use paradoxical intervention strategies and Reality Therapy techniques in lowering disruptive classroom behaviors.

2. The long range effects of these short-term paradoxical counseling strategies and Reality Therapy techniques on the students who received these forms of counseling.

3. Whether the decreased disruptive behaviors of the students in the classrooms transferred to other settings.

4. The effects that increasing the number of the students in the sample and the number of counseling sessions would have on the success of a future study of this nature.

5. The differences found in the results of this study as compared to a study where the students came for counseling sessions voluntarily, instead of being identified by a guidance counselor.

6. The effect that deciding goals and their attainment has on the success of counseling.

7. The differences found in the results of the control group in dealing with them in a way other than active listening by the counselor.

Although paradoxical counseling strategies and Reality Therapy techniques proved successful in decreasing disruptive classroom behavior in this study, further research is needed to determine which techniques would be most effective in working with certain types of students and their different problems. In spite of all the literature concerning various techniques in dealing with students displaying disruptive behavior, relatively little has been written about techniques used in the middle school, and more research could be done in this area.

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APPENDICES

APPENDIX A

LIST OF KEY DESCRIPTORS IDENTIFYING DISRUPTIVE BEHAVIORS

Descriptors:

When a lesson activity has been assigned, the student
. . . just sits at his/her desk without appropriate materials and makes no effort to get these materials
. . . looks at nonlesson material
. . . gazes out the window or looks around the room
without distracting other students by his/her inattention.

The student exhibits one or more of the following behaviors that disrupts the academic performance of another student:

a. Motor behaviors: getting out of seat, walking around, gestures without talking, throws objects, looks at other students, turns toward another student, turns around when another student hits him/her.

b. Noise making: taps feet, claps hands, tears paper into pieces or crumbles, taps pencil on desk, flips pages without looking at the book, drags chair or desk, exhibits other nonverbal noise producing behavior.

c. Verbalization: cries, screams, whistles, sings, laughs, coughs, talks to others, frequently seeks teacher permission to be excused from class or sharpen pencil.

d. Aggressive: hits, pushes, shoves, pinches, slaps, strikes, pokes others with objects, grabs objects from others, destroys objects.

APPENDIX B

PARENTAL AND STUDENT RELEASE FORMS

The University of Tennessee

Department of Educational Psychology and Counseling
Release Form

Your son/daughter is participating in counseling interviews with a counselor in training under the direction of the Counselor Education Staff at The University of Tennessee. These interviews are intended to help your child improve his/her school achievements. The interviews may be audiotaped, and portions of the interviews will be used for evaluation and/or supervision purposes only. After the interviews have been evaluated, they will be erased. Thereafter, each student's data will be coded by number in order to protect the student's identity. If this meets with your approval, please sign below. Your child will be free to withdraw his/her consent and discontinue participation in this project at any time without penalty. Any inquiries about this study may be directed to Carol Topping, 974-3753 or 974-3191, or Dr. Charles Thompson, 974-5131.

_____
Parent Signature

_____
Guidance Counselor Signature

The University of Tennessee

Department of Educational Psychology and Counseling
Release Form

You are participating in counseling interviews with a counselor in training under the direction of the Counselor Education staff at The University of Tennessee. The interviews will be audiotaped and portions of the interview will be used for evaluation and/or supervision only. After the interview has been evaluated, the audiotape will be erased. Thereafter, the data will be coded by number in order to protect your identity. If this meets with your approval, please sign below.

_____

Signature

APPENDIX C

DAILY OBSERVATION RECORD CARD

USED BY TEACHERS

Teacher_____ Student_____

Behavior_____

	Mon	Tues	Weds	Thur	Fri
Week 1					
Week 2					
Week 3					
Week 4					

Figure C-1. Daily Observation Record Card.

VITA

Carol J. Topping was born in Chicago Heights, Illinois on December 17, 1956. She attended elementary school and junior high school in that area, and then moved to Maryville, Tennessee where she graduated from Everett High School in 1975. In June, she was a freshman at The University of Tennessee, Knoxville and four years later in June 1979, she received a Bachelor of Arts degree in Psychology. In January 1980 she began to study toward a Master's degree in Guidance, which was awarded in December 1981.