THE EFFECTS OF STRUCTURED GROUP COUNSELING AND PARENT COUNSELING-CONSULTATION ON THE REPORTED SELF-CONCEPTS AND OBSERVED BEHAVIORS OF CHILDREN DIAGNOSED AS LEARNING DISABLED

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CHAPTER I

INTRODUCTION

Introduction

One of the newest members to join the ranks of special education is the child who is diagnosed as learning disabled. With this child comes an assortment of labels, prescriptions and remedial techniques prepared by a host of medical and educational specialists. Martin (1974) notes a growing concern throughout the country for providing appropriate educational opportunities for children diagnosed as learning disabled.

Isolating children into special classes by problem areas is a widely accepted method of disseminating remedial assistance. This approach has been likened to a neurological model which largely ignores the emotional components manifested in the child's conception of the world and himself (Anderson, 1970).

Children placed in special programs have been reported to experience peer problems and lowered self-esteem (Taylor, 1977). Many tend to possess a lability in mood, reduced tolerance to frustration, and exhibit rather severe anxiety (Kahn, 1969; Simon, 1975; Auerbach, 1971).

Parents of children diagnosed as learning disabled may have difficulty understanding the complexity of behaviors and feelings unique to their children (Bricklin, 1970; Gargiulo, 1976). Many parents may lack a basic understanding of their child's specific learning disability. Often parent contact is limited to minimal progress reporting after the initial intake interview, leaving the parent without further resource assistance from the school (McDowell, 1976). Gargiulo (1976) has commented on the state of confusion that parents may experience. He notes that all too often parents feel ashamed and embarrassed because of misconceptions from incomplete understanding. Others have listed guilt and resentment as typical reactions experienced by parents (Philage, 1975; Wunderlick, 1972). These authors agree that many times reactions are transmitted directly or indirectly to the child which may unintentionally compound his/her feelings of lowered self-worth.

Significance of the Study

This study is significant in that it will contribute to the to the research in the fields of counseling and special education by focusing on the self concept of children diagnosed as learning disabled. The importance of focusing on the learning disabled child's self-concept has been referred to in the previous section of this chapter and will be discussed in greater detail in Chapter II. It has also been

noted that parents of children diagnosed as learning disabled often have difficulty dealing with them effectively. The self concept of the child diagnosed as learning disabled will be further explored through the utilization of a parent counseling-consultation program which purports to enhance parental understanding and support.

Statement of the Problem

Children who are diagnosed as learning disabled tend to be low in self-concept and their parents may have difficulty understanding and dealing with them effectively (Hirt,1970; Taylor,1977; McDowell,1976; Warniment,1976). The purpose of this investigation was twofold; 1. to determine the effects of structured group counseling and parent counseling-consultation on the reported self-concepts of children diagnosed as learning disabled and, 2. to determine the effects of structured group counseling and parent counseling-consultation on teachers' ratings of observed pupil behaviors.

Therefore, the problem investigated in this study was: What are the effects of a structured group counseling experience and a structured parent counseling-consultation program on the reported self-concepts and observed behaviors of children diagnosed as learning disabled?

Definition of Terms

The following definitions of terms are important to this study:

Self-concept is defined as the way children report how they feel about themselves. Self-concept in this study refers to the self-report obtained from the Piers Harris Childrens' Self-Concept Scale. Factor analysis of this instrument has been shown to yield six unique components of self-concept.

> Behavior is that component concerned with the child's perceptions of behavioral manifestations. Intellectual and School Status is concerned with how the child perceives himself in academic situations. Physical Appearance and Attributes is the way the child perceives his body image. Anxiety is seen as the way a child reacts to anxiety evoking situations. Popularity is explained as the child's reactions to his interpersonal skills. Happiness and Satisfaction is the way the child sees himself.

Group Counseling is the Human Development Program (HDP), the Magic Circle Approach. This program is defined by its authors as:

> a curriculum which addresses development in the affective domain. A multifaceted, preventative mental health program, HDP is mainly concerned with emotional and social development. Its strategies have been designed to promote the healthiest possible development of the whole human being (Bessell & Palomares, 1973, p. 7).

The Developmental Profile is a teacher rating form designed by Bessell and Palomares (1973) for reporting observed behaviors in three major areas; awareness, mastery, and social interaction. Each area includes two components.

Awareness:

Awareness of Self is defined as the child knowing how he feels, what he thinks, and what he is doing. Although he is conscious of himself, he is not self-conscious, insecure, or embarrassed. This awareness does not produce anxiety and the child accepts and acknowledges accurate feelings, thoughts, and actions.

Sensitivity to Others is explained as concern for the well being of other people. The child can readily perceive what others are feeling and adjusts behavior in ways that are thoughtful and beneficial to them.

Mastery:

Self-Confidence is seen as an eagerness on the part of the child to try new things. In coping with challenges, self-assurance and realism are evidenced. The child accepts himself to the point that expression is natural and uninhibited, yet refrains from being dramatic or exhibitionistic.

Effectiveness is defined as that behavior which portrays appropriate coping, emotional stability, and flexibility.

Social Interaction:

Interpersonal Comprehension is explained as the child's ability to understand cause-effect relationships.

Tolerance the second part of social interaction, is described as recognition and acceptance of individual differences.

Learning Disabilities (L.D.) is defined in the implementation regulations for Public Law 94-142 (Part B of the Education of the Handicapped Act):

> Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculaitons. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Parent Counseling-Consultation Program in this study is a series of five parent meetings (two individual and three group) with the overall goal of facilitating communication between home and school, and parent and child. This program is designed to provide parents with information concerning their child's strengths and areas where improvement is indicated, as well as specific training in the dynamics of human interaction. The format of each session takes approximately one hour and is explained in Chapter III.

Hypotheses

The .05 level of confidence was specified as necessary in order to reject the following null hypotheses:

Ho 1: The reported self-concepts of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent

counseling-consultation program, and other diagnosed learning disabled children are no different.

H_0 2: Teachers' ratings of the "Self-Awareness" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program and of other diagnosed learning disabled children are no different.

H_0 3: Teachers' ratings of the "Sensitivity to Others" of diagnosed learning disabled children who have participated in a structured group counseling program, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other learning disabled children are no different.

H_0 4: Teachers' ratings of the "Self-Confidence" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

H_0 5: Teachers' ratings of the "Effectiveness" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

Ho 6: Teachers' ratings of the "Interpersonal Comprehension" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

Ho 7: Teachers' ratings of the "Tolerance" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This chapter presents a review of the literature pertinent to this study. The first segment is concerned with the etiology or causes of learning disabilities. The chapter continues with a discussion of the self-concept of the child diagnosed as learning disabled. The chapter concludes with discussions of group counseling processes, the Magic Circle/Human Development Program, and counseling-consultation with parents of children diagnosed as learning disabled.

The Etiology of Learning Disabilities

The etiology of learning disabilities is a debated question. Rossi (1972, p. 492) claims that many children experience learning problems on the basis of "constitutional, genetic, neurochemical dysfunction." Throne (1973), who takes his lead from the basic work of Skinner (1938, 1953, 1968), does not place as much importance on organismic status. He feels that the way in which the child interacts with the environment externally is of greater importance than the internal state. Abrams (1970) states that there is

no single etiology and that the problems can be caused by any number of factors, all of which may be highly interrelated. Accordingly, he states that social and emotional conflicts may provide the primary causative factors in learning disabilities. He continues:

> Many children experience learning disorders simply because they have been exposed to adverse educational situations. Probably the greatest cause of the milder learning problems is to be found in the group of conditions which might be classified as educational (p. 303).

Clements (1966) and Baldwin (1966) speak of minimal brain dysfunction as the causal agent, while Lewinn, Doman, Delcato, Spitz, and Thomas (1966) choose to call it abnormality in brain function. Kahn (1969), on the other hand, asserts that it is necessary to make the distinction between the diagnosis of brain damage and the concept of the brain-damaged child. He explains that, more often than not, a diagnosis of brain damage is inferential rather than proven. The diagnosis is made on the basis of history, clinical behavior, psychological and psychiatric evaluation, neurological signs, and laboratory findings such as the E.E.G. Kahn warns that the neurologist, psychiatrist, and psychologist must guard against: "the use of inferential conclusions from each others' disciplines to bolster their own inferential diagnosis (p. 205)."

Johnston (1968) notes that the question of etiology may not be of much help to the educator. He continues that there may be so much energy involved in agreeing on how the

child has encountered the problem that valuable time is lost in remediation. He mentions that children with diagnosed learning disabilities should be defined behaviorally in order to look at specific areas of concern which can be used as educationally relevant information.

Leviton (1976) discusses two models, one medical and the other educational, with which to approach the definition of learning disabilities. Those concerned with etiology are more likely to fit within the medical model, while the educational model would likely encompass those who do not give etiology as much credance.

Self-Concept and the Learning Disabled Child

This section includes a review of studies which have attempted to investigate the self-concepts of children diagnosed as learning disabled. Hirt (1970) discusses three general areas in which a child's learning problems may be revealed. Defective self-concept is seen as the most pervasive and difficult area for teachers to understand. He states that children diagnosed as learning disabled have typically experienced recurrent frustration which has led to very low frustration tolerance. As the child sees others doing what he/she is unable to do, frustration grows. According to Hirt, children may burst into tears when a situation arises that is perceived by them as having the poten-

tial for failure. Children may become so accustomed to failure that they stop trying. Negative feelings of self-worth may indeed generate additional negativism.

Taylor (1977) describes the child diagnosed as learning disabled as having low self-esteem. Kahn (1969), however, discusses the observed behaviors related to low self-concept as reflecting either withdrawel or agressive acting-out. The child who does not interract with others, except when absolutely necessary, is Kahn's example of a withdrawn behavioral state. On the other hand he portrays the acting-out child as seeking attention through maladaptive or dangerous, impulsive means.

Children diagnosed as learning disabled were found to score significantly lower than their non-learning disabled counterparts on both subjective and behavioral measures of self concept in Charley's (1974) study of white, middle-class, elementary-school-aged children. In commenting on the results of the study, he also notes that language and/or learning disabled students are viewed more negatively by teachers than the students perceive themselves.

Twenty-eight children from Kindergarten through fourth grade with diagnosed learning difficulties were compared with a matched group of control children by Taylor (1977). Each group was measured for locus of control and level of self-concept. The learning-disabled group had significantly lower self-concepts than the control group, while no difference was observed between the groups in locus of control.

Webb (1972), in a five week summer-learning project, focussed on the self-concepts of 75 first grade children diagnosed as learning disabled by de-emphasizing academics and emphasizing affective needs. An attempt was made to measure the progress of the program by having the children draw weekly self-portraits. No statistical significance was found, yet Webb reports that overall, the childrens' drawings showed greater detail and more color toward the end of the five week program. Through informal questioning a follow-up was carried out later in the school year with the original group of children. That follow-up found responses to questions such as, "How's school this year?", to be mostly affirmative. Three of the generalizations proposed in Webb's (1972) study include:

> 1) Learning tasks should be challenging, but structured so that it is impossible to fail. Only children with secure self-concepts can successfully experience failure.
>
> 2) The attitudes and beliefs of the teacher about himself and the children are of primary importance. The teacher must see himself and the children as worthy, responsible, capable, and intelligent.
>
> 3) When the child reaches a barrier to his learning he should be helped to discover new ways of going around or over the barrier (p. 132).

Another study which de-emphasized academics was conducted by Griffiths (1971) who states that of all children seen by her as a reading specialist, the commonality was a low self-concept. She notes that generally these children had deep-seated discouragement regarding the possibilities

of success. Her approach in working with them utilized a tutorial-therapy session which she reported as having helped the children see themselves in more positive ways and also resulted in significant gains in academic achievement.

Self-Concept and Academic Achievement

Several authors (Primavera, Simon, and Primavera, 1974; Black,1974; Rosser,1973) have found, through a variety of investigations, that a consistent, moderate correlation exists between academic achievement and the self-concept of children diagnosed as learning disabled. Black (1974) studied 25 normal and 25 disabled readers using the Piers-Harris Childrens' Self-Concept Test (Piers & Harris, 1969) and the Wide Range Achievement Test (Jastak, Jastak, & Bijou, 1965). He found that the level of self-concept for the children diagnosed as having learning disabilities was related to the degree of their underachievement. He continues by saying that, while children achieving normally apparently did not demonstrate any significant change in self-concept scores on the Piers-Harris, there was a significant decrease in self-concept scores with increasing age and grade.

Rosser (1973) investigated the real/ideal self-concepts of children diagnosed as learning disabled and regular class children in a comparison, posttest study. Results showed that while students diagnosed as learning disabled possess lower self-concepts than other students, they do not per-

ceive their ideal self-concepts as being significantly different from other children.

Several other investigators (Houck & Houck,1974; Leviton,1974; Brunner & Starkey,1976) have looked at the relationship between academic achievement and self-concept. These studies used differing criteria for academic achievement and vary in complexity of design. There is no evidence in this group of studies to support the view that there is a relationship between self-concept and academic achievement in children diagnosed as learning disabled.

Leviton (1974) selected children diagnosed as learning disabled from grades 1 through 3 and administered the Metropolitan Achievement Test (Prescott & Balow, 1970) and the Self-Concept/Self-Appraisal Inventory. Results showed no significant relationship existing between self-concept and academic achievement in his sample which included subjects drawn from an upper-middle-class, white population.

Thirty-seven children diagnosed as learning disabled between the ages of eight and fourteen years were used in Houcks (1974) study investigating the relationship between self-concept and academic achievement in children diagnosed as learning disabled in two settings; self contained learning disability classes and L.D. resource labs. Subjects were administered the Wide Range Achievement Test (Jastak, Jastak, & Bijou, 1965) and the primary Self-Concept Inventory (Muller & Leonetti, 1973). Results indicated that

there was no difference between groups in academic achievement or self-concept. Additionally, there was little correlation between the measures of academic achievement and self-concept.

Brunner and Starkey (1976) studied the self-concepts of sixty-five students from four groups; emotionally disturbed, learning disabled, remedial, and average class. The Firo-B (Schultz, 1967) was administered and the data were analyzed using a t-test. Results indicated that the remedial group scored lower than the other three groups.

A summer compensatory program was studied by Leviton (1973) to determine if a program of this nature would effect change in the self-concepts and academic achievement of children diagnosed as learning disabled. Of the sixteen data analyses conducted, only one obtained significance, that being arithmatic problem solving. On the basis of these findings, Leviton concludes that there is no significant relationship between change in academic achievement and self-concept.

Self-Concept and Class Placement

Authors (McKee, 1976; Greenlee, 1977; Smith & Arkans, 1974; Martin, 1974; Towne & Joiner, 1968; Dunsing, 1973; Gilhool, 1973; Decker, 1977; Weininger, 1973; Kronick, 1974, 1976) have discussed the contributory aspects of special class placement in relation to the self-concept of children diag-

nosed as learning disabled. The question that is raised repeatedly by these authors is: What happens to a child when the label of Learning Disabled is attached and when removal from the regular class occurs?

That education is an inalienable right is the point made by Gilhool (1973) in an historical description of the growing litigation for providing special programs for children whose needs are not adequately met in the regular classroom. Documentation is provided which maintains that the courts have also addressed the question of standards for special class placement. This has resulted in an injunction against group testing, the requirement that tests used be standardized and applicable for cultural/language subgroups, and the requirement that no child be placed in special education without parental consent. Gilhool says these safeguards are necessary to prevent placement in unsuitable programs. "The fact of the matter is that if an exceptional child is assigned to a program not appropriate for him, he might as well be excluded from schooling (p. 605)."

While Gilhool presents the need for careful special class placement procedures, Smith and Arkans (1974) re-emphasize that regular class placement is unsuitable for some children with learning difficulties. They mention:

> The regular class teacher serving 20 to 40 children can not be expected to meet the educational, physical, social, and emotional needs of children with severe deficits. These children will require a highly and specially trained teacher all day, every day so that they might receive their equal educational opportunities (p. 501).

Towne and Joiner (1968) discuss some possible negative implications involved in the special class placement of children who are diagnosed as learning disabled. It is their view that efforts in special education are focussed primarily on refining tools for diagnosis and developing remedial techniques rather than in looking at the social aspects of special programs for the child diagnosed as learning disabled. The authors make the point that special placement is a social as well as educational process and must be recognized as such.

Kronick (1976) feels that by placing children in the position of receiving special assistance they often are viewed as disabled. She continues by saying that the status of the newly diagnosed learning disabled child has changed from one who could succeed to one who is a failure. Kronick also notes that people typically construct an image of themselves which is relatively consistent with society's view of them. When educators and parents upset this image or status by altering the environment (placement), social interaction skills are placed in jeopardy. The child may stop seeking friends for fear of exposing the new label and may be reluctant to relate to other children diagnosed as learning disabled since their status is also devalued.

In an earlier study, Kronick (1974) suggests that there might be a significant relationship between the degree of group identification and the development of self-concept.

She indicates that we often fail to consider the implications of the child diagnosed as learning disabled being primarily with other similarly diagnosed children. She continues that it is doubtful that the kinds of learning which educators seek are likely to take place when socialization is restricted. She feels that others begin to identify individual children as being part of a group. Instead of being primarily an individual with a unique constellation of interests and goals with an incidental learning disability, he/she becomes a learning disabled child with the disability paramount. Therefore, special class placement may contribute negatively to self-concept.

Other writers have thought that special placement may be essential to meeting needs unique to certain children. Decker (1977) mentions that Edwin Martin, Deputy Commissioner for Education of the Handicapped, has equated special class placement with an "out of sight-out of mind" approach. Martin (1974) has discussed the reverse trend of returning exceptional children to the regular class, mainstreaming, by cautioning educators against taking the band wagon leap.

Decker (1977) reiterates this position by cautioning that not all children diagnosed as learning disabled can be helped in the mainstream due to the multidisciplinary approach that is required to educate them. His position is summarized:

> (The) indiscriminate mainstreaming of the learning-disabled child is to be avoided as potentially disadvantageous to him, his family, his peers, and

> his teachers. It is recommended that placement of the learning-disabled child be made after intensive study of his individual needs and of the program, whether publicly or privately administered, best suited to meet those needs (p. 356).

Greenlee (1977), McKee (1976), Dunsing (1973), and Consilia (1974) discuss the situation of segregation versus the mainstreaming of the child diagnosed as learning disabled and various implications for the self-concept. These authors lend reinforcement to Decker's (1977) recommendation for careful and thoughtful placement. They maintain, however, that interaction with the natural environment is absolutely essential to the developing self-concept.

Group Counseling

The studies in this section are concerned with a variety of group counseling approaches that have been used with children diagnosed as learning disabled. Anderson (1975) relates a specific program based on a neuropsychogenic model which provides the child diagnosed as learning disabled with training in problem areas and focuses concurrently on emotional development by providing group counseling to help cope with negative, self-defeating attitudes. Anderson advocates increasing the attention that is paid to the emotional needs of children diagnosed as learning disabled by providing counseling experiences adjunctive to the basic remedial program. The aims of the therapy, according to Anderson, should be to help the child understand how the

disability is utilized to achieve individual purposes and to help children understand what their secret goals are. He reiterates that: "curriculum planning should not ignore the fact that the child is first a social being and that his disability cannot exist apart from his evolving self-concept (p. 148)."

Wright (1970) selected a group of preadolescent boys for participation in a "talking group" which focused on feelings and attitudes. The boys, who were living in a residential treatment center, met weekly for an hour with a male-female co-therapist team. It was concluded through observation that the boys gained in the ability to better attend to the feelings of others as a result of participation in the "talking group".

Waldman (1970) lends support to the above approach by explaining the importance of helping children diagnosed as learning disabled to understand their feelings by learning to accept and cope with them more effectively. Assisting children in the identification of their feelings may help them to be a better predictor of their own behavior.

Developing strategies for the promotion of self-worth and well-being in elementary school students were the goals set by Simon and O'Rourke (1975) in a project for children with learning problems. The authors observed progress with the children in using the affectively based strategies in group sessions. All strategies were aimed at making the children aware of their strengths.

> How can a person feel good about himself until someone else feels this way about him, too, and makes a point of telling him so?
> How can someone grow if no one offers him an invitation and support?
> How can a person feel successful unless he has achieved success in a few important endeavors (p. 50)?

In a study with children reading below grade level, two groups were given remedial instruction while one participated additionally in client-centered, group counseling sessions which met for one hour weekly for six months (Fisher, 1973). The results of this study showed that the group which had had counseling scored significantly higher on a reading test than the group who did not participate in counseling. Although no direct measure of self-concept was obtained, it was concluded that group counseling improved the self-concepts of the children reading below grade level, which allowed for reading improvement.

Another study investigating the below grade level reader was conducted by McCollum and Anderson (1974). They hypothesized that if emotional factors complicate the process of learning, counseling intervention should expedite prescriptive remedial efforts. The subjects selected from three schools, were administered reading tests before and after the series of group counseling sessions. The counseling treatment was forty-five minutes each week for a total of ten weeks. Content of the sessions focused on school problems, personal feelings regarding each child's diagnosed disability, reactions toward special classes, and home prob-

lems. The therapeutic style was predominantly Adlerian with the leader/facilitator concentrating on the goal mechanisms used by each child to master the environment and overcome feelings of inferiority.

A repeated measures design was chosen and results indicated that, in general, the reading vocabulary skills of the counseled group were enhanced significantly. The control group did not demonstrate a significant gain. In conclusive statements the authors note: "counseling intervention made an impact beyond improvement which could be expected as a function of time alone (McCollum & Anderson, 1974, p. 154)."

Rardin (1971) conducted a series of eight group and two individual task-oriented counseling experiences with third grade students who were slow-learners for a period of six weeks. Objectives were: to help the children feel accepted and that they belonged, to respond spontaneously to children's negative and positive expressions, to foster an attitude of responsibility, and to provide successful learning experiences. A significant difference ($p<.05$) resulted between the counseled group and the non-counseled group as measured by the Raven Test.

Richarcson (1972) sought to determine whether the effects of videotaping in a group therapy situation contributes to change in self-concept. The population of this study consisted of 115 children at a school for children with learning disabilities. Treatment lasted for one month

with each session approximately one hour long. Experimental groups immediately viewed a videotaped portion of the session. Control groups viewed tapes, but not of themselves. The direction of change is reported to have been toward a decrease in the percent of exhibited maladaptive responses.

Fifty elementary school aged children enrolled in eight existing Special Learning Problems (SLP) classes in Virginia were subjects in an investigation designed by Weinstein (1971) that focused on the relative effectiveness of four educational-treatment methods. Through random assignment each child joined one of four experimental groups: Child Therapy Only, Parent Therapy Only, Child and Parent Therapy, or Special Class Only. Subjects in the Child Therapy Only and the Child-Parent Therapy groups were involved in twenty-four, ninety-minute group sessions. The parents of the children in the Child-Parent and the Parent Therapy Only groups had twenty-four, ninety-minute parent group sessions. In general, it was concluded that no one treatment was superior to the others.

Client-centered individual and group counseling was utilized in a study by Winkler, Tiegland, Munger, and Krangler (1965). The counseling treatments were approximately one-half hour in length for a total of fourteen sessions. Scores on the California Test of Personality (Thorpe, Clark, & Tiegs, 1953) and changes in grade point average were analyzed statictically, yielding no significant differences between counseled groups and non-counseled groups.

Magic Circle/Human Development Program

The studies discussed in this section have attempted to investigate the effects of Magic Circle/Human Development Program (HDP) (Bessell & Polamares, 1975) on childrens self-concepts and related variables. Several of these studies have defined self-concept according to the Piers-Harris Children's Self-Concept Scale (Piers & Harris, 1969).

Doll (1975) conducted a multi-faceted investigation on the effects of Magic Circle/Human Development Program on both students (second through fifth grade) and teachers. The teachers participated in two five day workshops, prior to the treatment period. The first was a workshop about HDP and the second focused on how to acquire communication skills. Experimental students participated in Magic Circles from twice weekly to once daily. Control students did not participate.

Self-concept was measured by the Piers-Harris Children's Self-Concept Scale and the HDP Developmental Profiles. A t-Test for independent means affecting experimental versus control groups on the Piers-Harris and the analysis of variance relative to Magic Circle by Piers-Harris indicated no significant differences between groups. However, the Analysis of Variance indicated that frequency of Magic Circle experience is a significant factor affecting the Piers-Harris scores. (The more often circles were experienced, the higher the scores.) Combined Piers-Harris and HDP Develop-

mental Profile scores were highly significant. However, it is not possible to determine whether the effect is due to altered perceptions and judgments on the part of the teachers.

Lancaster (1976) investigated the relationships between third graders' scores on the Piers-Harris with their view of their Magic Circle leader, their scores on the HDP Developmental Profile, and other conditions including social class. Daily Magic Circles conducted by a minimally trained leader were participated in by the experimental group for seven months. Results demonstrated generalized gains in experimental students as indicated by leader's ratings on the Developmental Profile. No statistically significant relationships between any of the studied variables were revealed, except for interactions relating to academic ability, classroom behavior and parent's employment.

Magic Circle/HDP was compared with a transactional analysis approach in a study by Edmondson (1976). The purpose of the study was to investigate the impact of these two programs on the self-concepts of fourth grade public school children. There were 165 randomly selected students assigned to one of three groups; Magic Circle/HDP, transactional analysis, or control. The treatment groups were each subdivided into five smaller groups of eight to sixteen students each. Participation in thirty minute sessions, three times a week for eleven weeks followed. Self-concept was

measured by the Piers-Harris Children's Self-Concept Test and the California Test of Personality (Thorpe, Clark, & Tiegs, 1953). No significant differences were found between any two of the three groups.

The effects of Magic Circle/HDP on the cognitive development of kindergarten children was investigated by Brett (1973) using a group intelligence test and a reading readiness test. A treatment of 20 minute circle sessions, four days per week for one semester and story reading on the same schedule was used. The Solomon Four-Group Design was utilized in the study to control for testing error. Analysis of Variance showed significance on IQ and Reading Readiness at the .01 level of confidence in the experimental group.

Counseling-Consultation with Parents

Studies concerned with counseling-consultation with parents of children who are diagnosed as learning disabled will be presented and discussed in this section.

McDowell (1976) cites parent counseling as an essential component to every special education program. He states that a committment to serve children with handicaps carries with it the responsibility to provide assistance for parents. McDowell relates a sequence of parent reactions that he has frequently witnessed when the initial explanation of the diagnosis is given. He maintains that the first reaction is usually disbelief followed by personal guilt and

then denial. A feeling of helplessness which usually leads to seeking help for the child is usually the sixth general reaction parents experience. If parents are helped through these stages they may be able to cope with and overcome their own self-doubts and may then be able to better contribute to the development of their child. The goal of parent counseling-consultation, according to Auerbach (1961), is to help parents explore every aspect of the situation in which they find themselves with their child, to look at their parent role, and to be aware of the complexity of child-parent interrelations.

McDowell (1976) maintains that the major trend in parent counseling-consultation is to involve the parent in active, group participation towards the promotion of positive relationships with their children. Group counseling-consultation may be more effective than individual counseling-consultation according to evidence presented by Ramsey (1967), Chapin (1949), Barsch (1961), and Appell, Williams, and Fishell (1964).

McDowell explains that there are three major classifications of parent counseling-consultation: Informational, psychotherapeutic, and parent training programs. Informational counseling is concerned with parent education relative to factors involved with the specific handicapping condition. Psychotherapeutic counseling is explained as the helping of parents to understand conflicts between them-

selves and their children. An additional goal is to assist parents to deal with their own feelings. Parent training programs may provide ways of assisting parents in learning effective techniques for interacting with their children.

One of the more widely known communication strategies used with parents is Gordon's (1970) Parent Effectiveness Training which is based on the concepts of "problem ownership". Filial Therapy (Guerney, 1969) is designed similarly to group play therapy and is used to teach parents to play with their children, and by doing so, open the lines of communication between parent and child. The C-Group was developed by Dinkmeyer and Carlson (1973) to train parents to solve practical problems. The "C" refers to the components of collaboration, concern, caring, clarification, confidentiality, and commitment to change. Program originators see its strengths in the action orientation and the requirements of involvement and commitment from participants.

McDowell (1976) has developed a group behavioral management program for parents which utilizes a workshop format. Parents are involved participants in the group. Others have demonstrated the effectiveness of parents in working to modify their children's behavior. (Russo, 1964; Straughan, 1964; Patterson, 1965; Wahler, Winkel, Paterson, & Morrison, 1965; Hawkins, Peterson, Schweid, & Bijou, 1966; Zeilberger, Tampen, & Sloane, 1968; McDowell, 1969).

Gargiulo and Warniment (1976) have studied the parents' perspective of learning disabilities to see if parents perceive a need for counseling-consultation. Through interviews with parents of children with diagnosed learning disabilities the authors note that parents do indeed experience frustration, lack of understanding, and feelings of shame and guilt. The need for parent counseling-consultation was expressed by the parents. Also expressed were feelings that they could be inadvertantly aiding in the lowering of the self-concepts of their children.

A study by Doleys, Cartelli, and Doster (1976) investigated the patterns of mother-child interactions. Non-learning disabled child-mother pairs and learning disabled child-mother pairs were observed and it was noted that mothers of children with diagnosed learning disabilities tended to command and criticize their children more than mothers of non-learning disabled children. The urgent need for parental counseling and training in how to manage and interact with children who are diagnosed as learning disabled is concluded from this study.

Bricklin (1970) provides a model of the counseling groups for parents of children who are diagnosed as learning disabled which exist at Parkway Day School in Philadelphia. She relates group composition as being approximately six couples meeting weekly. The purposes of the parent groups are to provide information and emotional support. Bricklin

discusses reactions of parents who have been involved in the group for two years. Parents stated that they were able to accept their children and to set limits on behaviors.

Several authors (Spector, 1975; Nelson, 1972; Auerbach, 1971; Wunderlich, 1972; Shrier, 1975; Wasserman & Adamang, 1976; Cowen & Beach, 1970; Philage & Kuna, 1975) have been additionaly concerned about the behaviors of diagnosed children diagnosed as learning disabled and parent attitudes concerning them. Spector (1975) attempted to determine whether any one of three different types of short-term parent counseling approaches would significantly improve the mother-child relationships and childrens' behaviors. The approaches utilized were traditional psychodynamic, parent-child involvement and behavior modification. He found that childrens' positive feelings for their mothers increased and negative feelings decreased in all groups as measured by a test of family relations. He concluded that mothers of children diagnosed as learning disabled might best improve their child's behavior and their relationship with him/her by investing extra personalized attention in mutually satisfying activities with their child.

Two parent group counseling models were used in a study by Nelson (1972) to investigate effects on the classroom behavior of children with educational handicaps. The models utilized a child-centered and a behavior-modification approach. There were no significant differences in observed

behaviors of the children of parents who were counseled according to the two group counseling methods.

Edgerly (1975) investigated the effectiveness of two combinations of treatment models with elementary school children diagnosed as having learning disabilities. The educational model provided individual tutoring with a specially trained teacher while the psychological model emphasized parent-counseling-consultation. The question this study addressed was whether or not change would occur in a number of academic and personality variables as a result of the different combinations of treatments. Hypotheses were examined for the following treatments: (1) a combination of parent counseling and tutoring, (2) a combination of information in the mail and tutoring, (3) tutoring only, and (4) regular classroom (control group). A significant increase in academic achievement was obtained by the parent counseling and tuturing group. None of the treatment groups achieved a significant increase on the personality variables.

Summary

The etiology of learning disabilities was discussed noting the possibilities of organic, environmental, and interactional variables as causal agents. The self-concepts of children diagnosed as learning disabled were discussed including studies pertaining to academic achievement and

self-concept, and special class placement and self-concept. Studies emphasizing group counseling with children diagnosed as learning disabled related a variety of approaches and results. Parent counseling-consultation was reviewed with authors indicating that there is a need for parent training-counseling. It was established that in many cases parent programs tend to have an effect on the parent-child relationship.

CHAPTER III

SUBJECTS, INSTRUMENTATION, AND METHODOLOGY

Introduction

The purpose of this chapter is to describe the research methodology employed in the present investigation. Included are a description of the subjects, a discussion of the instrumentation, treatment procedures, and procedures for gathering and analyzing data.

Subjects

The subjects involved in this study were students attending grades three through five at Skyline Elementary School, Stillwater, Oklahoma. The criteria for selection to participate in this investigation was based on legal placement within a learning resource lab for children diagnosed as having specific learning disabilities as defined by Public Law 94-142. The twenty-four eligible children were randomly assigned to one of three groups. Each of the two experimental treatment groups and the control group had eight subjects. Ranges on a common battery of tests were: 77 - 118 on the Weschler Intelligence Scale for Children-Re-

vised (Weschler, 1974); Wide Range Achievement Test (Jastak, Jastak, & Bijou, 1965) reading grade equivalent K.9 - 5.5, arithmatic grade equivalent 1.5 - 5.3, and spelling grade equivalent K.9 - 3.9.

Instrumentation

The two instruments utilized in this study were the Piers-Harris Children's Self-Concept Scale (The Way I Feel About Myself) (Piers & Harris, 1969) and the Developmental Profile (Bessell, 1970). The following section discusses these instruments in terms of purpose, development, standardization, reliability, and validity.

The Piers-Harris Self-Concept Scale for Children

The authors state that this self report was designed for research on the development of children's self-attitudes and correlates of these attitudes. They also report that the scale has been found to be useful on an individual basis as part of a test battery. The authors point out that responses to individual items can be used as aids to diagnostic interviewing or counseling.

Development of the Scale. Jersild's (1952) collection of statements made by children concerning their likes and dislikes was used in the original pool of items for this instrument (Piers & Harris, 1964). These items were written

as simple sentences with at least half having negative content but without negative terms such as "don't". Twelve "lie" statements initially were incorporated to see if children could admit common weaknesses. Ninety children from third, fourth, and sixth grade classes were administered the 164 statements in a pilot study. The results of the pilot study indicated that the children understood the items and that the inventory could be completed in 30 to 35 minutes. Items which were answered in one direction by more than 90 percent of the respondents were inspected and, in many cases, dropped. After this reduction, 140 items remained.

Standardization. The 140-item scale was administered to 4 third-grade classes, 4 sixth-grade classes, and 4 tenth-grade classes in Oregon and Pennsylvania public schools during 1964. To represent a cross section of socioeconomic levels, several different schools were used for administration to the elementary grades. The manual states that slow, average, and bright high school classes participated. Before scoring, statements were classified by three judges as reflecting adequate (high) or inadequate (low) self-concept. Repetitious items which were originally included as an estimate of consistency were discarded and the Lie Scale was put aside for seperate scoring. Of the one hundred remaining items, the manual states that 95 could be classified. The remaining five items were retained but their direction was not determined.

The scoring for the initial sample showed no significant ($p<.05$) sex differences. There were also no significant differences between third and tenth grade means, yet significantly lower scores (less adequate self-concept) for the sixth grade were found. Variability was reported to decrease consistently with age.

Reliability. The Kuder-Richardson Formula 21 (K-R 21) was used to judge homogeneity, internal consistency, of the instrument. This formula assumes equal difficulty of items and resulted in coeficients ranging from .78 to .93 over sex and age. This formula reflects the size of the standard deviation, with the resultant lowering of the estimate for tenth-grade girls. Additionally, split-half (odd-even) reliabilities, adjusted by the Spearman-Brown formula to better estimate full-scale reliability, were calculated for grades six and ten. These calculations resulted in adjusted correlations of .90 for grade six and .87 for grade ten.

Half of the standardization sample was retested after four months and resulted in coefficients of .72, .71, and .72, which were reported as satisfactory for a personality instrument in the experimental stage. The final revision, an 80-item scale, though shorter, was reported to have higher reliability since Wing (1966) found a coefficient of .77 for both a two-month and four-month test-retest interval for 244 fifth graders.

Validity. At the outset the authors attempted to build construct validity into the scale by defining the areas to be measured as those which children reported as "likes" or "dislikes" about themselves (Jersild,1952). Items were constructed to cover all these areas but those items which failed to discriminate between high and low self-concept individuals were dropped.

Mayer (1965) compared scores on the Piers-Harris with scores on Lipsett's Children's Self-Concept Scale (1958) using a sample of 98 children placed in special education class. They ranged from 12 to 16 years of age. Scores on the two scales correlated .68.

Cox (1966) compared the scores on the Piers-Harris with problems checked on the SRA Junior Inventory (Remmers & Bauernfeind, 1957). As does the Piers-Harris, the SRA Junior Inventory purports to indicate overall self-concept. However, the two instruments are scored in the opposite direction. As would be predicted, the scores on the Piers-Harris were inversely related to scores on Remmers' inventory. For 97 children in grades six through nine, a correlation of -.64 was obtained.

Ullman (1952) and Powell (1948) have found that children's self-concepts typically correspond only slightly with the way teachers and their peers rate them on self-concept. Piers (1965) obtained correlations between teacher and peer ratings of fourth and sixth graders and those students

scores on the Piers-Harris ranging from non-significant to .49. There was a slight tendency towards a higher relationship for the girls' ratings, and for the peer ratings to correspond better than teacher ratings with self-report.

The Developmental Profile

The Developmental Profile consists of six scales, two each, for awareness, mastery, and social interaction and was developed for those particular observable behavioral traits (see Chapter 1) emphasized in the Human Development Program, the Magic Circle Approach (Bessell & Palomares, 1970). The purpose of this instrument is to assess the child's progress in the Human Development Program.

Bessell and Palomares (1970) do not offer reliability and validity information pertaining to the Developmental Profile. Rather, they note Champney's (1941) method of devising scales for the purpose of assessing young children, which was utilized in the construction of the Developmental Profile.

Champney (1941) states that treatment of ratings in terms of traditional psychometric concepts of reliability and validity tends to lead towards confusion unless attention is paid to the complexity involved in the observer-rater-scale "instrument". In a general discussion of developmental procedures he explains that the variables should be selected with care and defined clearly for the rater. He

maintains that a scaling technique should be employed which distributes the ratings appropriately. In relation to scoring, the scheme should allow for as many variable discriminations as the rater is able to make.

The graphic-parallel-vertical format was adopted by Champney (1941) to accomodate all variables. The uniqueness of each scale is found in the verbal material which defines it, the descriptions appearing along the rating line, and the points at which descriptions are found. The continuous graphic type of scale was chosen over the discrete-point type because Champney (1941) felt this type of scale placed no limits on precision. The rating line is without break from one extreme to the other and aids the rater in perceiving the variable as a smoothly graded continuum; the upper end representing the high degree, large amount, or positive aspect of the variable.

According to Champney (1941), one source of error in rating scales is the tendency to rate at the cues. His method of scale development attempts to avoid this by keeping the rating lines clear and specifically alerting the rater to this tendency.

In a more extensive discussion of the scaling procedure, Champney (1941) explains that the verbal material which defines the scale is of utmost importance. The rater must understand the quality which is high at the top end of the scale and low at the bottom; as well as posess a picture

of the kind of concrete behavior exemplifying the variable at various points along the scale. All of this must be conveyed to the rater in the verbal material.

Champney (1941) has used a three part scaling procedure. The first part consists of carefully writing definitions for the variables. Secondly, meaningful cues are written. More cues than are necessary are ranked by judges. The final cues are arbitrarily chosen for presentation to judges for scaling purposes. The judges again rank the cues, arriving at an average.

The fairness of using the Developmental Profile, which purports to reflect the Human Development Program curriculum, with children who did not participate in the HDP, was a concern of the researcher. In a study (Harris, 1976) which attempted to compare the effectiveness of rational-emotive education with the Human Development Program, the rational-emotive group scored significantly higher than the others (HDP & Control) when tested on the Inventory of Rational Thinking (Harris, 1976) and a measure of rational-emotive education content. However, when the groups were rated on the Developmental Profile, there were no significant differences. Apropos to the present research, it is noteworthy that the Developmental Profile was not biased in favor of those receiving the Human Developmental Program; participation alone did not generate differences in the Profile.

The propriety of the use of the Developmental Profile is further evidenced by its relationship with the Burk's Behavior Rating Scale (Burks, 1968). Brown (1970), in his discussion on construct validity, describes an intertest method which he calls congruent validity. Congruent validity involves an examination of the relationship of a new test with a well-established instrument. As stated by Brown (1970):

> If the correlation is high the two tests can be said to measure the same construct. Because the meaning of the older test has been established, at least tentatively, this meaning can also be attributed to scores on the newer test, and one can infer that scores on the new test will relate to other variables in the same manner as scores on the established test (p. 147).

Pursuant to Brown's (1970) discussion a stepwise multiple regression of the Burk's subscales onto each scale of the Developmental Profile was performed. Listed in Table I, for each scale of the Developmental Profile, are those Burk's subscales whose addition to the multiple regression equation resulted in a significant ($p<.01$) increase in the Developmental Profile variance accounted for. Also presented in Table I are the Multiple R, R squared, and the simple R. Relationships between scales of the Developmental Profile (DP) and the subscales of the Burk's Behavior Rating Scale (BBRS) were supported in Table I: the Developmental Profile "Awareness of Self" scale is inversely related to the Burks Behavior Rating Scale "Excessive Withdrawal" scale; the Developmental Profile "Self-Confidence" scale is inversely

related to the Burks Behavior Rating Scale "Poor Academics" scale; the Developmental Profile "Interpersonal Comprehension" scale is inversely related to the Burks Behavior Rating Scale "Excessive Agressivness" and "Poor Coordination" scales; the Developmental Profile "Sensitivity to Others" scale is inversely related to the Burks Behavior Rating Scale "Excessive Sense of Persecution" scale and positively related to the Burks Behavior Rating Scale "Excessive Self Blame" scale; the Developmental Profile "Effectiveness" scale is inversely related to the Burks Behavior Rating Scale "Poor Physical Strength" and "Poor Anger Control" scales; and the Developmental Profile "Tolerance" scale is inversely related to the Burks Behavior Rating Scale "Excessive Sense of Persecution" and "Poor Physical Strength" scales.

Methodology

Two treatment groups and a control group were used in this investigation. Treatment one, the Magic Circle approach (Bessell & Palomares, 1970) was a structured group counseling experience for elementary school aged children. Treatment two is a structured parent counseling-consultation program designed by the researcher. Both treatment procedures will be discussed in detail. The control group received neither treatment.

TABLE 1

INTER-SCALE MULTIPLE REGRESSION SUMMARY

Developmental Profile Scales	Burks Behavior Rating Subscales	Multiple R	Squared	Simple R
Awareness of Self	Excessive Withdrawal	.681	.464	-.681
	Poor Academics	.753	.568	-.632
Self Confidence	Poor Academics	.753	.566	-.753
Interpersonal Comprehension	Excessive Agressiveness	.674	.454	-.674
	Poor Coordination	.759	.577	-.455
Sensitivity to Others	Excessive Sense of Persecution	.768	.590	-.768
	Excessive Self Blame	.830	.690	.412
Effectiveness	Poor Physical Strength	.643	.414	-.643
	Poor Anger Control	.781	.610	-.543
Tolerance	Excessive Sense of Persecution	.861	.741	-.861
	Poor Physical Strength	.917	.842	-.386

Magic Circle: A Structured Group Counseling Experience

A total of eight children diagnosed as learning disabled met with the researcher for twelve weeks in 35 minute sessions of Magic Circle group counseling. The circle sessions were held in the learning resource lab at Skyline Elementary School, Stillwater, Oklahoma. The suggestions for "Leading the Circle Session" (Bessell and Palomares, 1973) were followed.

The first twelve weeks of the Level III Human Development Program (Bessell and Palomares, 1973) curriculum was used in this treatment. The third grade curriculum was viewed as being the most appropriate for use with the mixed third through fifth grade level groups, due to the probable difficulty of the younger children in understanding the higher level curriculum.

Parent Counseling-Consultation Program

Parents of 8 children diagnosed as learning disabled met with the researcher for two individual and three group sessions, over a twelve week period. The individual and group sessions lasted approximately one hour. The content of each individual and group counseling-consultation session follows.

Session One: The first individual counseling-consultation session, informational in nature, involved explanation of

the child's Individualized Educational Plan (IEP). The child's strengths and areas for improvement were discussed in detail. "A Parent's Guide to Learning Problems" (Golick, 1968) was given to each parent in the first meeting. Parents were informed that this article would be discussed during the first parent group meeting. A schedule of meetings and topics was given to each parent at the end of the session.

Session Two: This parent group utilized a structured discussion format. Golick's article was discussed and demonstration-participation exercises were used to provide parents with first hand "simulations" of various learning difficulties. These simulations are found in Appendix A.

Session Three: This group session provided specific training in the technique of active listening/reflection of feeling by utilizing structured dyad experiences (Appendix B). Additional instruction in this interaction skill were offered in the form of an audio recording of children's comments to which parents responded (Appendix C). Parents were encouraged to practice these techniques with their own children.

Session Four: This group session began with a discussion of the techniques presented in Session three which were to be practiced before Session four. Parents had the opportunity to have clarified any problem areas encountered. Typical

parent reactions to learning problems (Gargiulo,1976) were presented by the researcher. Additionally, general information regarding the self-concepts of learning disabled children was presented and discussed (see Appendix D).

Session Five: This second individual session and the last of the parent counseling-consultation program was used to integrate the parents' previous group experiences. Personal perceptions of the previous meetings were discussed. An attempt was made to answer any questions.

Gathering and Analyzing Data

At the end of twelve weeks, the eight children who participated in the Magic Circle group, the eight children whose parents participated in the parent counseling-counsultation program and the eight children in the control group were individually administered the Piers-Harris Children's Self-Concept Scale. All data were collected within one week's time with the use of a randomly assigned order of testing schedule.

Home-base teachers observed these same 24 children at the end of the twelve weeks and rated them on the behavioral traits defined by the Developmental Profile and the Burks Behavioral Rating Scale. Teachers were not aware of which treatment each child received. The Burks scale was administered for the purpose of validating the Developmental Profile. Teachers were given the individual profiles for each

of the children in their home base on Monday and were asked to return the completed forms by Friday of the same week.

This study utilized a post test-only, control group design (Campbell and Stanley, 1963). All analyses were performed at the Oklahoma State University computing center using the IBM 370 version of the Statistical Package for the Social Sciences (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). The dependent variables were analyzed as follows:

Piers-Harris self-concept data were analyzed with a One-Way Analysis of Variance (Kirk, 1964). Data from each scale of the Developmental Profile were analyzed using the Kruskal-Wallis Analysis of Variance by ranks (Siegel, 1956). Where significant main effects were found, the simple effects were examined using Ryans Procedure (Linton and Gallo, 1975).

CHAPTER IV

ANALYSIS OF THE DATA

Introduction

The seven hypotheses proposed in this study were analyzed according to the procedures discussed in Chapter III. Findings are presented in tabular form. A discussion of the findings is followed by a summarization.

Results

Hypothesis 1

The reported self-concepts of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and other diagnosed learning disabled children are no different.

A One-way Analysis of Variance resulted in a between groups F-ratio of 1.463 (df=2,23; p=.25) which did not exceed the .05 level of significance. Mean Piers-Harris scores for the Parent Consultation, Magic Circle, and Control groups were 63.2, 55.1, and 52.9, respectively. Thus,

no significant differences existed between groups in reported self-concept as measured by the Piers-Harris Children's Self-Concept Scale (The Way I Feel About Myself) (1969) and Ho1 was not rejected. This analysis is presented in Table II

TABLE II

ANALYSIS OF VARIANCE FOR SELF-CONCEPT

Source	d.f.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	2	476.59	238.29	1.463	.2543
Within Groups	21	3421.25	162.92		
Total	23	3897.84			

Hypothesis II

Teachers' ratings of the "Self-Awareness" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

A Kruskal-Wallis One-way Analysis of Variance resulted in a chi square, corrected for ties, of 8.617 (p=.013). Ho2

was rejected at the .05 level. Therefore, group assignment had a significant effect on teachers' ratings of the "Self-Awareness" of the children. Mean ranks on the "Self-Awareness" scale were 13.44 for the Parent Consultation group, 17.00 for the Magic Circle group, and 7.06 for the Control group. The results of the Kruskal-Wallis analysis for all scales of the Developmental Profile are found in Table III

TABLE III

MEAN RANKS AND KRUSKAL-WALLIS ANOV ON DEVELOPMENTAL PROFILE

	Mean Ranks			Kruskal-Wallis	
Developmental Profile Scale	Parent Group	Magic Circle	Control Group	Chi Square*	p*
Awareness of Self	13.44	17.00	7.06	8.617**	0.013
Sensitivity to Others	16.38	10.56	10.56	3.747**	0.154
Self-Confidence	15.63	15.38	6.50	9.410**	0.009
Effectiveness	14.25	13.75	9.50	2.348**	0.309
Interpersonal Comprehension	13.50	15.19	8.81	3.672**	0.159
Tolerance	14.19	13.06	10.25	1.430**	0.489

* Chi Square and p are corrected for tied ranks.
** Value required for significance at .05 level, df=2, is 6.0.

Ryans Procedure was employed to examine simple effects. Results of that procedure are found in Table IV.

TABLE IV

RYANS PROCEDURE ON DEVELOPMENTAL PROFILE SELF-AWARENESS SCALE

Treatment Group	Median Score	Ryans Z statistic: Control Group	Parent Group	Magic Circle	d-1*	tabled Z**
Control Group	4.5		1.995	2.573	2	2.40
Parent Group	5.5			1.208	1	2.13
Magic Circle	7.5					

*d equals the number of treatments spanned in the comparison.
**p=.05

Teachers rated the "Self-Awareness" of students who had participated in the structured group counseling experience as significantly higher than the "Self-Awareness" of students in the control group. No differences were found between teachers' ratings of the "Self-Awareness" of students whose parents participated in the structured parent counseling-consultation experience and teachers' ratings of the "Self-Awareness" of either students who participated in the structured group counseling experience or the control group students.

Hypothesis III

Teachers' ratings of the "Sensitivity to Others" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

A Kruskal-Wallis One-way Analysis of Variance (Table III) resulted in a chi square, corrected for ties, of 3.747 (p=.154). Mean ranks were 16.48, 10.56, and 10.56 for the Parent Consultation, Magic Circle, and Control groups, respectively. Thus, there were no significant differences between groups in teachers' ratings of "Sensitivity to Others" as measured by the Developmental Profile (Bessell & Palomares, 1970). Therefore, Ho3 was not rejected.

Hypothesis IV

Teachers' ratings of the "Self-Confidence" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

A Kruskal-Wallis One-way Analysis of Variance (see Table III) resulted in a chi square, corrected for ties, of

9.410 (p=.009). Ho4 was rejected at the .05 level of confidence. Mean ranks for the Parent Consultation, Magic Circle, and Control groups were 15.63, 15.38, and 6.50, respectively. Thus, ratings were affected by the treatments.

Ryans Procedure was employed to examine simple effects. Results of this procedure are presented in Table V

TABLE V

RYANS PROCEDURE ON DEVELOPMENTAL PROFILE SELF-CONFIDENCE SCALE

Treatment Group	Median Score	Ryans Z statistic: Control Group	Ryans Z statistic: Magic Circle	Ryans Z statistic: Parent Group	d-1*	tabled Z**
Control Group	4.25		2.415	2.626	2	2.40
Magic Circle	5.25			0.0	1	2.13
Parent Group	5.25					

*d equals the number of groups spanned in the comparison.
**p=.05

Teachers' ratings of the "Self-Confidence" of students who participatec in the structured group counseling experience and of students whose parents participated in the structured parent counseling-consultation experience were significantly

higher than teachers' ratings of the "Self-Confidence" of children in the control group. The ratings of children in the two treatment groups did not significantly differ from each other.

Hypothesis V

Teachers' ratings of the "Effectiveness" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

A Kruskal-Wallis One-way Analysis of Variance (see Table III) resulted in a chi square, corrected for ties, of 2.348 (p=.38). Mean ranks for the Parent Consultation, Magic Circle, and Control groups were 14.25, 13.75, and 9.5, respectively. Thus, there were no significant differences between groups in teachers' ratings of "Effectiveness" as measured by the Developmental Profile (Bessell & Palomares, 1970). Ho5 was not rejected.

Hypothesis VI

Teachers' ratings of the "Interpersonal Comprehension" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have partici-

pated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

A Kruskal-Wallis One-way Analysis of Variance (refer to Table III) resulted in a chi square, corrected for ties, of 3.672 (p=.159). Mean ranks for the Parent Consultation, Magic Circle, and Control groups were 13.50, 15.19, and 8.81, respectively. Thus, there were no significant differences between groups in teachers' ratings of "Interpersonal Comprehension" as measured by the Developmental Profile (Bessell & Palomares, 1970). Ho6 was not rejected.

Hypothesis VII

Teachers' ratings of the "Tolerance" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

A Kruskal-Wallis One-way Analysis of Variance (see Table III) resulted in a chi square, corrected for ties, of 1.430 (p=.489). Mean ranks for the Parent Consultation, Magic Circle, and Control groups were 14.19, 13.06, and 10.25, respectively. Thus, there were no significant differences between groups in teachers' ratings of "Tolerance" as measured by the Developmental Profile (Bessell & Palomares, 1970). Ho7 was not rejected.

Discussion of Results

Research previously reported in Chapter II indicates significant differences between the reported self-concepts of children diagnosed as learning disabled and their non-disabled peers. All children in the present research were diagnosed as learning disabled. No comparison was made with non-disabled children. The finding of no significant difference in reported self-concept from either treatment group may be due to what Kronick (1974, 1976), Hirt (1970), Taylor (1977), Decker (1977) and Greenlee (1977) call the over all depressed self concept of the learning disabled child and the inability of the treatments to offset this.

Studies (Doll, 1975; Lancaster, 1976; Edmondson, 1976) utilizing the Magic Circle approach to structured group counseling which showed significant differences between groups in reported self-concept as measured by the Piers-Harris, indicate that frequency of experience is a significant factor in affecting those scores. Circle sessions for the present study were held once weekly for twelve weeks. The infrequency of sessions in this study may have contributed to the lack of between group differences in the Piers-Harris scores.

The finding that both children participating in the Magic Circle approach to structured group counseling and children whose parents participatec in the counseling-consultation program were percieved by their teachers as more

self-confident than the children receiving no treatment may be a function of the Magic Circle topics and the content of the parent counseling-consultation. As noted previously, the Magic Circle topics used for this study focused heavily on self-awareness and self-confidence. The parent counseling-consultation model provided information regarding learning disabilities, simulations of learning problems (Appendix A), and specific training in basic human interaction skills (Appendices B and C). Additional information was provided the parents regarding the self-concept of learning disabled children (Appendix D). To the extent that this experience enhanced the parent's emphathic understanding of their children, their children's self-confidence might be facilitated.

Summary

This chapter reports the results of the present investigation. The dependent variable, self-concept, was analyzed with a one-way analysis of variance (Kirk, 1968). The results of this analysis indicated no significant differences between the groups. Thus, Ho1 was not rejected.

Data from each scale of the Developmental Profile (Bessell & Palomares, 1970) were analyzed with the Kruskal-Wallis analysis of variance by ranks (Seigel, 1956). Based on this analysis, Ho III, V, VI, and VII were not rejected while Ho II and IV were rejected at the .05 level of confi-

dence. Ryans Procedure was employed to examine simple effects on those two rejected hypotheses, Ho II and IV. A discussion of the findings followed the presentation of the results of the investigation.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this investigation was to identify the effects of structured group counseling and parent counseling-consultation on the reported self-concepts of children diagnosed as learning disabled. The second purpose was to identify the effects of the same on teachers' ratings of observed pupil behavior. Based on these purposes, seven hypotheses were stated for testing.

Ho 1: The reported self-concepts of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and other diagnosed learning disabled children are no different.

Ho 2: Teachers' ratings of the "Self-Awareness" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have

participated in a structured parent counseling-consultation program and of other diagnosed learning disabled children are no different.

Ho 3: Teachers' ratings of the "Sensitivity to Others" of diagnosed learning disabled children who have participated in a structured group counseling program, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other learning disabled children are no different.

Ho 4: Teachers' ratings of the "Self-Confidence" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

Ho 5: Teachers' ratings of the "Effectiveness" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

Ho 6: Teachers' ratings of the "Interpersonal Comprehension" of diagnosed learning disabled children who

have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

Ho 7: Teachers' ratings of the "Tolerance" of diagnosed learning disabled children who have participated in a structured group counseling experience, of diagnosed learning disabled children whose parents have participated in a structured parent counseling-consultation program, and of other diagnosed learning disabled children are no different.

Subjects for the study were 24 students attending grades three through five at Skyline Elementary School, Stillwater, Oklahoma who had been diagnosed as learning disabled according to the guidelines established in Public Law 94-142. The children were randomly assigned to one of three conditions: structured group counseling, parent counseling-consultation, or no treatment control. Treatment group one, the structured group counseling experience, utilized the Magic Circle Approach Level III of the Human Development Program one day each week for twelve weeks (Bessell & Palomares, 1970). The structured parent counseling-consultation, treatment two, consisted of a program with two individual and three group meetings held over a period of twelve weeks. Meetings were informational and discussion oriented, affording the opportunity for direct parental participation.

At the end of twelve weeks, students in all three conditions were administered the Piers-Harris Self-Concept Scale (The Way I Feel About Myself) (Piers & Harris, 1969) by the researcher. Home base teachers rated the children on the Developmental Profile (Bessell & Palomares, 1973) and the Burks Behavior Rating Scale (Burks, 1968). The Burks scale was included as a means of validating the Developmental Profile.

Self-concept data were analyzed with a one way analysis of variance (Kirk, 1964). Based on this analysis, Hypothesis I was not rejected. Data from each scale of the Developmental Profile were analyzed with the Kruskal-Wallis analysis of variance by ranks (Seigel, 1956). The results of these analyses indicated that Hypotheses III, V, VI, and VII which relate to the Developmental Profile scales of "Sensitivity to Others", "Effectiveness", "Interpersonal Comprehension", and "Tolerance" could not be rejected. Ryans Procedure (Linton & Gallo, 1975) was employed to examine simple effects on the two rejected Hypotheses, II and IV, which relate to the "Self-Awareness" and "Self-Confidence" scales of the Developmental Profile.

Conclusions

1. Although children who participated in Magic Circle sessions and children whose parents participated in the counseling-consultation program were found to be more self-

confident as measured by the Developmental Profile, the treatments did not differ from each other in their impact upon the child's measured self-confidence. Therefore, it may be concluded that Magic Circle and parent counseling-consultation did make a difference in measured self-confidence.

2. Children who participated in Magic Circle were perceived by their teachers as more self-aware. It was concluded that inclusion of a structured affective approach with these children was responsible for this difference between groups.

3. Self-concept may be resistant to change. Authors (Kronick, 1974, 1976; Hirt, 1970; Taylor, 1977; Decker, 1977; Greenlee, 1977) have stated that children who are diagnosed as learning disabled may have an overall depressed self-concept. The duration of treatments may not have been sufficient to offset this resistance to change.

4. The curriculum of the Human Development Program which was used in the Magic Circle Sessions may emphasize more "Self-Awareness" and "Self-Confidence" than "Sensitivity to Others", "Tolerance", "Interpersonal Comprehension", and "Effectiveness", when implemented for only twelve weeks.

Recommendations

The following recommendations for future research are based on the present investigation.

1. It is recommended that this study be replicated to substantiate the results.

2. It is further recommended that the reported self-concepts and observed behaviors of children who are diagnosed as learning disabled and receiving remediation in two modes, learning lab placement and regular classroom with special curriculum, be investigated.

3. As authors (Hirt, 1970; Taylor, 1977; Greenlee, 1977; Kronick, 1974, 1976) have indicated, the self-concept of the child who is diagnosed as learning disabled may be much lower than that of other children. It is recommended for future research that treatments be increased both in frequency and number.

4. The use of other counseling-consultation approaches with parents is recommended to further research efforts in this area. The parent counseling-consultation program written for this study is only one approach.

5. It is further recommended that other approaches to structured group counseling with children diagnosed as learning disabled be utilized. Any approach which attempts to focus on the affective needs of these children while maintaining a true respect for individual differences should be considered.

The following recommendations for implementation are suggested: Structured group counseling should be included as an integral part of the learning disability program for

the purpose of focusing on the affective domain. Teachers' responses indicate that observed behaviors can be affected by childrens' participation in such an experience. Inclusion of parent groups as an extension of the learning disability program in the public school has been advocated by several authors (Auerbach, 1961; Barsch, 1961; Edgerly, 1975; Hawkins, 1966). Although the parent counseling-consultation program which was used as a treatment in this study did not differ from Magic Circle group counseling in its effects on measured self-confidence, it should be considered for possible implementation for the purpose of encouraging involvement between the school and the home.

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APPENDIX A

SIMULATIONS OF LEARNING DIFFICULTIES

Simulation One:

Parents were asked to write their name while making a circular movement with a crossed leg. This was an attempt to simulate motor interference on a written task.

Simulation Two:

A lengthy recipe was read aloud by the researcher whereupon repetition of it was immediately required. The purpose of this activity was to gain an idea of how a child with an auditory sequential memory problem might respond to a series of verbal instructions.

Simulation Three:

A reading selection with nonsense words placed throughout the text was given to each parent for silent reading. Comprehension questions were asked which could not be answered due to the substitution of nonsense words. This activity attempted to illustrate the difficulties involved when a language problem exists.

Simulation Four:

Parents were asked to trace a maze while looking at it in a mirror. The difficulty in tracing a mirror image simulated a visual motor reversal problem.

APPENDIX B

DYADIC EXERCISES

Exercise 1: Parents will find a partner (other than their own husband or wife) and designate themselves "A" or "B". Partner "A" will listen while partner "B" talks. Partner "A" is not to speak but is directed to do everything possible to convey to partner "B" that he/she is listening and interested. At the end of three minutes the roles of listener and talker will reverse. A general discussion will follow at the conclusion of the session.

Exercise 2: With the same partner the parents will do exercise one again with the exception that this time the listening partner is directed to appear distracted and not really pay much attention to the speaker. A general discussion will follow at the conclusion of the session.

APPENDIX C

TAPE TRANSCRIPT FOR PARENT COUNSELING - CONSULTATION

Reflection of Feeling Practice Sheet

Before the tape was played parents were provided copies of the written transcript and writing implements. They were asked to respond in writing to the children's comments during the pauses on the tape.

Comment 1: "I never get to do what the other kids do."

Comment 2: "Nobody wants to play with me."

Comment 3: "I just can't do anything right."

Comment 4: "I hate having all his junk in my way. None of my other friends have to share a bedroom with their brother."

Comment 5: "My teacher made me bring this home to do and I can't understand it. She'll just kill me."

Comment 6: "You just don't understand me at all."

Comment 7: "All the other kids can do it and I can't."

Comment 8: "You told me I could go and now you say no. That's not fair."

Comment 9: "It was so neat! I got to tell everyone in class about our vacation!"

Comment 10: "At first I didn't think I could do it at all. Then I sorta got it and pretty soon I finished the whole thing!"

APPENDIX D

SELF-CONCEPT AND THE LEARNING DISABLED CHILD

Included here is an outline of the presentation, based on Chapter II of this study, which were given by the researcher at the fourth parent-counseling-consultation session. Each topic was introduced and explored utilizing an informal discussion format.

I. Etiology of Learning Disbilities
   A. Neurological views
   B. Social and Emotional Conflicts as possible primary causative factors
   C. Multiple-interrelated causal factors
II. Self-Concept and the Learning Disabled Child
   A. General Status
   B. Special Class Placement and Self-Concept
   C. Self-Concept and Academic Achievement
III. Summary
   A. Relating above topics
   B. Questions and Answers

VITA

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Candidate for the Degree of

Doctor of Education

Thesis: THE EFFECTS OF STRUCTURED GROUP COUNSELING AND PARENT COUNSELING-CONSULTATION ON THE REPORTED SELF-CONCEPTS AND OBSERVED BEHAVIORS OF CHILDREN DIAGNOSED AS LEARNING DISABLED

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