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THE EFFECTS OF A STRUCTURED GROUP APPROACH ON  
ANXIETY IN JUNIOR HIGH YOUTH: A TECHNIQUE  
FOR PARAPROFESSIONALS

by

Lawrence R. Ballering

A dissertation submitted in partial fulfillment  
of the requirements for the degree

of

DOCTOR OF PHILOSOPHY

in

Psychology

Approved:

UTAH STATE UNIVERSITY  
Logan, Utah

1979

## ACKNOWLEDGEMENTS

I would like to express my gratitude to Dr. Keith Checketts, my dissertation director. His professional expertise and personal concern have greatly facilitated the writing of this dissertation. The assistance and guidance of my major professor, Dr. E. Wayne Wright, which aided progress to and through the dissertation process, is also gratefully appreciated. Further, the assistance of the other members of my committee, Dr. David Stone, Dr. J. Whorton Allen and Dr. Richly Crapo, is gratefully acknowledged. Dr. Barbara Gardner's assistance with style, form and procedure is also greatly appreciated.

Many others not affiliated with the academic setting were instrumental in facilitating my progress and receive a special gratitude. To Steve and Anne Cunningham a special thanks is offered for their subsidy and encouragement which helped me devote full time to the dissertation. Appreciation is extended to Rosa Hereford, Evelyn Stout, Mike Adams and Larry Boyd for their help in arranging for the facilities and subjects, and leading the groups; without whose assistance the study might not have been run. Also their respective institutions, Smith and Fairway Middle Schools, Youth Enterprises, Inc., and New Horizons Center are acknowledged for their cooperation.

Finally, to my family I express my loving thanks. I thank my parents for their patience and support which aided my development of the qualities needed to succeed. Also, I appreciate their love which aided in strengthening my sense of self. I thank my wife's

parents for their emotional, spiritual and financial support. And not least of all, I extend my appreciation and love to my wife Laurie, whose assistance, patience and loving support greatly facilitated my progress.

Lawrence R. Ballering

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## ABSTRACT

The Effects of a Structured Group Approach on  
Anxiety in Junior High Youth: A Technique  
For Paraprofessionals

by

Lawrence R. Ballering, Doctor of Philosophy

Utah State University, 1979

Major Professor: Dr. E. Wayne Wright

Department: Psychology

The effect of a structured group approach on anxiety, using paraprofessionals, was investigated. The variables of setting (junior high school and youth rehabilitation center) and time (pre-post<sub>1</sub>-posttest<sub>2</sub>) were also manipulated. Besides anxiety, four other variables were measured. Self-concept and anxiety were measured using the Piers-Harris Children's Self Concept Scale; peer rejection and peer acceptance were measured using the Peer Perception Questionnaire; teacher rating of student classroom behavior was measured using the Student Behavior: Teacher Rating Form.

Sixteen subjects who had been screened with the pretest were randomly assigned to either treatment or control conditions at each institution (two junior highs and two youth rehabilitation centers). Four group leaders used lesson plans for eight sessions over three weeks for treatment and also taught a matched control class on anxiety using lesson plans. Both treatment and control groups were told they would participate in a special class on anxiety. At the end

of the treatment period and again after a one-month interval, the measures were readministered.

The data were analyzed by means of an analysis of variance for each of the five measures. The results indicate that self-concept, anxiety and teacher rating were affected by the main effect of treatment as well as setting and time. The treatment groups achieved the greatest degree of change during the treatment period (pre-post-test<sub>1</sub>). However, only the junior high school treatment groups continued to improve over time while the youth rehabilitation center treatment groups regressed. The control groups improved to a lesser extent during the treatment period but also regressed over time. Peer acceptance increased while peer rejection decreased over time regardless of treatment or setting. Implications of the results and limitations of the present study are related to recommendations.

(127 pages)

## CHAPTER I

### INTRODUCTION

Anxiety is a widely known and used term, especially in disciplines concerned with human behavior. Further, anxiety exerts a widely recognized debilitating effect. In our youth educational systems anxiety has been recognized as a cause of poor performance particularly in regards to testing. Yet, in our youth instructional programs anxiety requires a much more in-depth measure of school involvement than just the testing situation.

The school environment as a whole is filled with potential sources of psychological stress. The demands and pressures which can produce anxiety exist in many aspects of the system. The child who experiences debilitating levels of anxiety may or may not be recognized, nor may anxiety be recognized as the cause of the debility. As an example, a quiet, withdrawn child and an aggressive acting-out child may both be experiencing heightened levels of anxiety. However, the acting-out child would probably evoke a response from the system, although possibly not psychological assistance geared to the anxiety problem, while the passive child would probably be overlooked. Nonetheless, the anxious child is more likely to be described as inhibited, dependent, shy and/or conforming (Pilkonis, 1977; Wentzel, 1977).

The present study is an investigation of a treatment program, using a structured group technique, which attempts to reduce anxiety in highly anxious junior high level children and improve their behavior.

Research of this type is needed in light of the fact that, despite an abundance of literature dealing with causes, correlates and consequences, there is little research which focuses upon interventions, except in clinical settings. Test anxiety has received much attention (Ballering, 1975; Kirkland, 1971), but this has been primarily at the college level; and, as was stated previously, test anxiety is but one aspect of anxiety of school aged children. The junior high level, which was the focus of the present study, has received little attention in regards to interventions for anxiety reduction.

Since anxiety can have negative effects on school achievement as well as social relations, and since the school and youth rehabilitation centers legitimately deal with personality factors when done in the context of improving learning and behavior, a treatment technique designed specifically for this population would be of benefit. The group approach employed in this study was developed so that it might be used by personnel involved in counseling, teaching or other youth supervision for treatment of anxiety. It is theorized that group intervention increases the number of individuals that can be assisted while reducing staff time on individual problems. Also, it provides a better setting for peer support, e.g., "multiple counseling" with peers as facilitators (Wright, 1959). So far the research on the use of group techniques to reduce anxiety in early teens is lacking. Possibly this results from the lack of identification of anxious children or from failure to recognize anxiety as a factor in educational or emotional problems.

In summary, the present study investigates the effectiveness

of a structured group technique, administered by paraprofessionals, in reducing anxiety in junior high children. Both the public school and the youth rehabilitation center are utilized. Perceptions of change in behavior for the group members are monitored from peers, teachers and group leaders as well as self-report scales. A number of research questions, stated below, help to crystallize the major purposes of the study.

#### Research Questions

The following questions, to which answers were sought in the present study, pertain to reducing anxiety among early adolescents using a group technique and paraprofessionals.

1. Do short term intervention strategies for anxiety reduction produce changes in behavior observable by the significant individuals in the subject's life?
  - a) peers
  - b) teachers
2. Do short term intervention strategies for anxiety reduction produce changes in the anxiety level which endure at a significant level beyond the treatment period?
3. Do short term intervention strategies for anxiety reduction produce changes in self-concept which endure at a significant level beyond the treatment period?
4. Is simply giving special attention to highly anxious adolescents sufficient to reduce anxiety and improve self-concept?
5. Does the milieu of either public schools or youth rehabilitation

centers promote/inhibit post-treatment anxiety reduction?

### Hypotheses

1. It is hypothesized that experimental subjects will not obtain significantly higher posttest scores compared to pretest scores than control subjects on total score as measured by the Piers-Harris Children's Self Concept Scale: (a) Posttest I, (b) Posttest II.

2. It is hypothesized that experimental subjects will not obtain significantly lower posttest scores compared to pretest scores than control subjects on anxiety as measured by the anxiety subtest on the Piers-Harris Children's Self Concept Scale: (a) Posttest I, (b) Posttest II.

3. It is hypothesized that experimental subjects will not receive significantly higher posttest peer acceptance scores compared to pretest scores than control subjects as measured by the Peer Perception Questionnaire: (a) Posttest I, (b) Posttest II.

4. It is hypothesized that experimental subjects will not receive significantly lower posttest peer rejection scores compared to pretest scores than control subjects as measured by the Peer Perception Questionnaire: (a) Posttest I, (b) Posttest II.

5. It is hypothesized that experimental subjects will not receive significantly higher posttest teacher rating scores compared to pretest scores than control subjects as measured by the Student Behavior: Teacher Rating Scale: (a) Posttest I, (b) Posttest II.

6. It is hypothesized that there will be no significant treatment by institution type (junior high versus youth center) effect.

### Definition of Terms

The following terms and their respective definitions are used throughout the present study.

#### Anxiety

A generalized feeling of worry and apprehension that something disagreeable will happen which is not founded on any rational appraisal of the situation, though the individual may, ostensibly, find grounds for the feeling.

#### Paraprofessional

Any individual who is not extensively trained as a professional therapist (psychologist, psychiatrist, social worker) but performs as a group leader in a sub-therapy (guidance, education) group.

#### Junior High

That age group, 11-14 years of age, which would normally be found in a junior high school or middle school.

#### Highly Anxious

Those who score 5 or more on the anxiety subtest of Piers-Harris Children's Self Concept Scale.

### Limitations of the Study

No attempt was made to study all situations or age groups where anxiety presents a problem. Different approaches for anxiety reduction also do not fall under the purview of this study. Very specifically, this study is limited to the efficacy or effectiveness of a structured



group technique, which employs paraprofessionals, on the reduction of anxiety (as measured by the Piers-Harris Children's Self Concept Scale) in junior high aged youth in: (a) junior high school situations, (b) youth rehabilitation center situations.

No attempt was made to use physiological measures of anxiety nor to develop a national sample. The subjects for the study were further limited to those who obtained parental consent.

## CHAPTER II

### REVIEW OF LITERATURE

The following review of the literature presents relevant research related to anxiety reduction among students in group situations. The review is divided into three main sections: (a) the literature relevant to anxiety, (b) an examination of group dynamics, and (c) a review of group interventions.

#### Anxiety

Studies of anxiety are copious indeed. Estimates (Spielberger, 1966) indicate that 3,500 publications dealing with anxiety were reported between 1950 and 1966. A select group of relevant studies will be reviewed which are pertinent to juvenile anxiety.

#### Anxiety Theory

The construct of anxiety cannot be described in a single comprehensive manner despite the abundance of research in this area. A diversity of theories exists as to the nature of anxiety. Several of the major ones will be mentioned.

Freudian psychoanalytic theory provided an early view (Sarbin, 1968). Freud evolved a theory of anxiety which stressed its functional utility to the ego (Spielberger, 1966). He conceived of anxiety as being either objective or neurotic; objective anxiety or fear, is evoked by external stimulus, whereas neurotic anxiety is a warning signal evoked by a repressed internal source.

Likewise, Spielberger (1966) proposes that the term "anxiety" should not be used indiscriminately in reference to two apparently different forms of anxiety. He suggests that "trait anxiety" is appropriate when referring to an individual who exhibits a relatively permanent level of anxiety across situations, indicating a personality characteristic. "State anxiety," however, apparently is a transitory condition of apprehension and tension in conjunction with an activated autonomic nervous system. The condition can fluctuate over time depending on the particular amount of stress a situation presents for an individual. Thus the term "trait anxiety" correlates approximately with Freud's neurotic type, while "state anxiety" approximates Freud's objective category.

Further exploring the role of the autonomic nervous system, Wolpe (1966) takes the position that "neurotic anxiety is nothing but a conditioned emotional habit . . . [which involves] a sympathetic dominated pattern of autonomic response."

While recognizing similarly that a deficiency occurs in homeostatic mechanisms which normally prevent over-reactions to stress, Malmo (1966) conceptualizes anxiety in terms of "activation theory." He catalogues resultant losses in behavioral efficiency.

Unlike the dynamic emphasis, learning theory provides a stimulus-response explanation of anxiety. It is conceptualized as a classically conditioned response associated with an aversive stimulus which results in an avoidance reaction to reduce the anxiety. Anxiety can then be controlled by the individual making an avoidance response before the anxiety response occurs or before it occurs at high levels.

Grinker (1966), in describing anxiety as "both an indicator of response to stress and a precursor of further stress," adds a dimension to the learning theory bias. Although he recognizes anxiety as a signal which is associated with numerous somatic processes, Grinker suggests that anxiety increases as the individual becomes more aware of his own ineptitude.

A final basic platform on anxiety encompasses the cognitive bias. Lazarus and Opton (1966) describe a process of "psychological stress analysis" which involves a primary and secondary appraisal of a potentially stressful situation. The first determines whether the situation is stressful and if harm can be anticipated (threat). The second appraisal initiates a cognitive process to deal with the threat. When the threat remains ambiguous, as a result of incomplete appraisal, anxiety results.

Similarly, Cattell (1966) states that "anxiety arises from a threatened deprivation of an anticipated satisfaction when the threat does not carry complete certainty."

The diversity of theoretical interpretations of anxiety is apparent; however, those listed below tend to recur despite the diversity.

1. Anxiety is manifested physiologically, phenomenologically and behaviorally.
2. Anxiety has a two-part conceptual status including what is referred to as "trait," "neurotic," or "chronic" anxiety and what is called "state," "objective," or "situational" anxiety.
3. Anxiety is elicited by psychological stress, and stress is reflected in threatened deprivation of an anticipated satisfaction.

4. Anxiety usually occurs as a response to stress in conjunction with other affects, defensiveness, other coping reactions, etc.

5. The consequences of anxiety are usually negative, interfering and debilitating in nature, although all consequences depend upon the demands and requirements of situations.

### General Anxiety

The conceptualization of anxiety in a global sense is of interest and attempts have also been made to investigate the components of anxiety. In relation to children in school, "test anxiety" is a much researched component of anxiety responses (Ballering, 1974; Kirkland, 1971). While there is a need for research in this area, other aspects of the school environment are also important areas for the focus of research on anxiety. A child's interpersonal relationships in school with his teachers and friends, and his relationship with his parents as it involves school, provide fertile areas for anxiety to be elicited. Situations which require performance at an "acceptable" or expected level such as homework, physical activities, reports, art, etc. are another area. Anxiety which has these factors as primary sources can be called general anxiety.

General anxiety in junior high school children is the focus of the present study. The need for research in this area is obvious considering the relative paucity of studies which deal with general anxiety in school children as well as the importance of school related interpersonal activities with which a child becomes involved.

There are many anxiety factors (including total anxiety) and two of these, rejection by others and meeting expectations either

internalized or of others, are of primary concern in the study. The first factor involves rejection, principally by teachers and peers, and the second pertains to expectations a child feels from his teachers, his parents and/or the system. A child who is afraid to talk in class because he might "make a fool" of himself and the child who becomes anxious because he is very worried about not making the kinds of grades his parents expect are both children who could be exhibiting the type of anxiety with which the study is primarily concerned.

### Anxiety Research

The need for psychological assistance for the highly anxious child in school becomes readily apparent when one reviews the literature.

However, caution is necessary in interpreting results; a certain amount of anxiety is an essential part of good performance (Ballering, 1974; Kirkland, 1971). Low anxiety like high anxiety can have detrimental effects (Cattel & Scheier, 1963). Therefore, interpretation of reports on the relationship of anxiety to various factors needs to be viewed as a comparison between high anxiety and moderate or acceptable levels of anxiety, and not a comparison between the extremes of high and low anxiety. Anxiety will now be examined as it affects academic achievement, intelligence and learning.

Anxiety and achievement. Evidence has been produced, using students of various grade levels, that highly anxious students receive lower grades and fail more often than nonanxious students of equal intellectual ability (Alpert & Haber, 1960; Emery & Krumboltz, 1967;

Paul & Erikson, 1964; Sarason, 1961, 1963; Spielberger, 1966).

Cowen, Zax, Klein, Izzo and Trost (1965) report a negative correlation between anxiety, as measured by the Children's Manifest Anxiety Scale (CMAS), and academic achievement. The academic measures included SRA reading and arithmetic scores. They report a positive correlation between anxiety and teachers' ratings of maladjustment. The study employed 9-year-old students. Similar relationships between anxiety and academic achievement are reported for students between the ages of 10 and 15 (Hafner & Kaplan, 1959; McCandless & Castenada, 1956; Muuss, 1960; Pilkonis, 1977; Reese, 1961). Hill and Sarason (1966) report stronger relationships between anxiety and reading in early elementary school than between anxiety and arithmetic, but differences were reduced in higher grade levels.

Binder (1976) takes classroom structure and level of intelligence into account and finds that these variables result in interactions with the relationship between anxiety and school achievement measures. Calvin (1976), using a population of fourth, fifth and sixth graders over a 2-year period, shows that school achievement tends to increase more for low anxious students than high anxious ones. There is a significant inverse relationship for anxiety and achievement.

Also using students in grades four, five and six, Lunneborg (1964) shows high anxiety to be negatively correlated with reading and achievement test scores on the Metropolitan Achievement Test. Lunneborg (1964) and Hill and Sarason (1966) report that the relationship between anxiety and achievement becomes stronger with age. Intervention seems desirable on the basis of such findings.

Anxiety and intellectual performance. Studies have been reported previously which investigate anxiety and achievement, holding intelligence constant. Considering that an intelligence test is to some extent an achievement test, this methodology may not adequately answer the question: is poor academic performance the result of low intelligence, also resulting from anxiety.

A negative correlation is found between intelligence and anxiety (Cowen et al., 1965; McCandless & Castaneda, 1956) using the CMAS and various other instruments. Concurrently, Carruba (1976) finds that highly anxious subjects consistently perform at a lower level on the Wechsler Intelligence Scale for Children-Revised.

This relationship is especially important because of causal questions. Are intelligent people more capable of dealing with their environment and therefore less anxious than less intelligent people? Does anxiety result in less efficient learning and, consequently poorer performance on intelligence and achievement tests. Or both? Answers to these questions are not presently clear and well supported.

Sarason et al. (1960) and I. Sarason (1963) believe the significant causal factor is anxiety. Anxiety contributes substantially to lowered intelligence test and achievement test scores among high anxious students--more so than lowered intellectual ability. Support for this hypothesis is provided by studies which show that high anxious students and low anxious students do not differ significantly when tests are given under low stress conditions (Sarason et al., 1960; Varhelyi, 1970). Considering the possible implications, alleviation of high levels of school related anxiety should be beneficial to



educational progress, regardless of intellectual ability, but especially in cases where the high anxious student possesses superior capabilities which are hampered by anxiety.

Anxiety and learning. Numerous studies have investigated the effects of anxiety and experimental learning tasks; and, while the results have been inconsistent for easy tasks, the general trend for difficult tasks is clear. Anxiety has debilitating effects on complex learning (Okun & Sasfy, 1977). This debilitating effect is shown for concept learning by Denny (1966) and Forbes (1969), and interactive effects have been discovered between anxiety and intelligence on concept learning (Denny, 1966). Anxiety appears to have an effect on incidental learning also (Gorsuch & Spielberger, 1966).

#### Characteristics of the Anxious Child

Research focusing upon the interaction of anxiety with school related situations has identified personality and behavior characteristics. An examination of self-concept, peer perceptions and classroom behavior follows.

Self-concept. There is evidence that high anxiety is negatively correlated with self-concept. Cowen et al. (1965), in their study using the CMAS with 9-year-olds, report that anxiety relates positively to self-dissatisfaction (discrepancy between self and desired self) and the tendency to nominate oneself for negative roles in a sociometric situation (class play). These findings are further supported by the Millen (1966) study.

Peer perception and anxiety. Cowen et al. (1965) find that classmates tend to nominate high anxious children for negative roles

in the "class play." McCandless, Castenada and Palermo (1956) report that classmates consider high anxious students as undesirable friends, using a friendship sociometric measurement and the CMAS. These findings are consistent for seventh, eighth and ninth graders, but not for sixth graders. Zeichner (1976) reports that peer acceptance and peer rejection are related to school anxiety. The student's perceived acceptance in group membership significantly relates to his/her attitude toward school, self-concept as a learner and school anxiety.

Classroom behavior. Several researchers report that day dreaming is common among anxious children (Reiter, 1963; Singer, 1966; Singer & Rowe, 1962; Singer & Schonbar, 1961).

Sarason et al. (1960) report that high anxious boys as opposed to low anxious boys are less directed, more dependent and conforming and not as academically productive. Girls tend to show the reverse pattern from boys, but there is not a large difference between high and low anxious girls on the anxiety measure, while the difference is clear for boys.

Supporting this conformance tendency for anxious children, Wentzel (1977) shows that teachers perceive high anxious students as significantly less of a disturbance and less disrespectful than low or middle anxious students. The factor of over-control (very docile, very shy) thus is an important aspect of high anxiety, i.e., over-control or high inhibition has been accepted as an aspect of anxiety (Stephens & Evans, 1973).

Acting-out, aggressive behavior tends to be less clearly related

to anxiety. While a child may act out to resolve an anxiety provoking situation (albeit negatively), acting out behavior may just as well indicate the poor impulse control of an unsocialized child (Stephens & Evans, 1973).

### Measurement of Anxiety

While anxiety is one of psychology's most researched concepts, the relationship between physiological measures of anxiety (e.g., heart rate and galvanic skin responses) and paper and pencil measures is often a contradictory one. This is partially because physiological measures of anxiety do not correlate very highly with each other (Spielberger, 1966). Several studies, however, report high correlations between clinically-related anxiety, self-rated anxiety and psychometric self-report anxiety (Barabasz, 1975; Cattell & Scheier, 1971; Grinker, 1966).

The development and use of anxiety scales (self-report) has been promoted partially due to administration and scoring (Cowen et al., 1965). Additionally, the correlation between various self-report measures is often acceptable to moderate. It is proposed that limitations which exist for adult scales may not exist or may exist to a lesser extent for child scales (Cowen et al., 1965). One might expect more frank responses to the content of a questionnaire by children (less defensiveness).

Developed by Taylor (1953), the Manifest Anxiety Scales (MAS) is the generic instrument in anxiety research and is a measure of trait anxiety consisting of 50 yes or no type questions. The total

score is taken as an indication of anxiety as a personality trait. The children's version of this instrument (CMAS) developed by Castenada et al. (1956) measures this trait in children. Many instruments incorporate an aspect of these tests, especially those measuring self-concept. Actually self-concept and anxiety have a strong negative correlation:  $-.69$  (Lipsitt, 1958; Millen, 1966). Self-concept is shown to be produced by similar environmental interactions to those producing anxiety (Okun & Sasfy, 1977; Post, 1978). Piers and Harris developed a children's self-concept scale along these lines. While concluding that self-concept is a broader measure than anxiety, they indicate that self-concept correlates highly with anxiety (Piers, 1969). The Piers-Harris Children's Self Concept Scale (CSCS) even factors out anxiety as a subscale.

In reference to reservations about anxiety scales, Sarason (1966) states that high scores reflect attitudes, cognitive processes and experiences which are consequences (in a developmental sense) of unambiguous anxiety and the environment's response to it; verbal response to the scales may be telling us more about the self than the affect.

It appears that general (school) anxiety correlates with self-concept (Piers, 1969; Sarason, 1966). Thus, a short, easily administered instrument like the CSCS would be a good screening device for identifying students in need of intervention. Although most self-report instruments will miss some, there is little question as to its accuracy in identifying general anxiety in those who score in the appropriate direction. Since the goal of this study is to identify

and treat anxious youth, the CSCS appears to be an appropriate instrument for identification.

### Treatment of Anxiety (Interventions)

The treatment of anxious individuals takes many forms. There are numerous methods for the treatment of neurosis, for example (of which anxiety is a primary characteristic), probably as many methods as there are types of therapy. Some try to make neat distinctions between various methods, such as Eysenck (1968): (a) "Psychotherapy which is defined as to include all types of interpretative, dynamic or even Rogerian systems," and (b) "psychological systems involving reeducation, conditioning or behavior therapy."

Psychotherapy. Obviously, differences do occur between psychoanalytic approaches which view anxiety as a result of unconscious conflicts and behavioral approaches which have a conditioning explanation of the origins of anxiety. The use of "psychotherapy" or psychoanalysis to treat anxiety by delving into the unconscious has a long history compared to many presently used techniques, especially those with a learning theory basis. The effectiveness of psychotherapy, in general, has been questioned (Eysenck, 1952, 1960, 1965), which partially accounts for the proliferation of less "insightful" and more behavioral approaches. Lazarus (1971) remarks, however, that there is still not "acceptable data" to indicate the superiority of behavior therapy, and behavior therapy may, in fact, be suitable only for a limited number of specific conditions and psychotherapy in others.

Psychological systems. The use of such "behavioral approaches" as "behavioral rehearsal," "systematic desensitization" and "assertiveness training" is often employed in situations where adaptive behavior is being inhibited by high levels of anxiety. Systematic desensitization, for example, is often employed in research pertaining to "test anxiety." Research demonstrates that university students exposed to desensitization exhibit a reduction in self-reported anxiety (Donner, 1970; Emery & Krumboltz, 1967; Paul & Shannon, 1966). The treatment of school age children for test anxiety has not received much attention, although the treatment of other types of anxiety by desensitization has been reported by Lazarus and Abramovitz (1962), Bruel (1971) and Kondras (1967).

Classroom interventions. Sprinthall (1977) in his review of the ideas and research regarding strategies for intervening in the reduction of school related anxiety, discusses numerous approaches. He discusses preventative approaches such as: (a) training teachers in psychological concepts and mental health; (b) the use of crisis prevention techniques which would ameliorate the effects of potential crises in children's lives, such as through parent training and psychological inoculation. Interventions would focus on an identified subpopulation and therefore constitute a remedial approach involving: (a) the use of psychological consultants and teacher-psychological specialists who are trained in areas such as counseling, social work and psychological diagnosis; (b) the use of Diagnostic Intervention classrooms; (c) the use of therapeutic-educational techniques such as therapeutic tutoring; (d) the use of behavior modification techniques.

Determining the type of treatment to use in the reduction of general anxiety is dependent upon several factors. Intervention must be a remedial approach that would be applicable to junior high children in relatively large numbers and be a method which ultimately could be employed by presently existing school personnel. Treatment should attempt to reduce the threat that occurs in social situations for highly anxious students. When considering these needs, speculation focuses upon group treatment as a suitable environment.

Groups would allow the approximation of social environments in the school and provide an ideal opportunity for various social interactions in which both behavior and attitudes could be dealt with; thus, group intervention reduces threatening aspects of the social situations. A group treatment is more practical than individual therapy, and it can be devised so that existing school personnel are able to use it in as much as most personnel are trained and experienced with groups. Since the treatment needs to be one which focuses upon both attitudes and behaviors, combining cognitive and behavioral approaches in some manner is advisable.

To further support and explicate the treatment methodology, it is necessary to probe more thoroughly those research areas which deal with groups and group interventions. The following two sections of the review provide information concerning "group dynamics" and group interventions.

### Group Dynamics

In probing the efficacy of employing a group technique the issue of whether another method might not be as appropriate arises. An obvious answer is that groups increase the number of children who can be dealt with. Seemingly, properties inherent in the group process and group interactions are essential in bringing about the behavioral and attitudinal changes with which the present research is concerned. To support this point, certain issues in the literature of group dynamics and group processes will be investigated.

#### Origins of Group Dynamics

Group dynamics, as a field of study, originated in the United States in the 1930's (Cartwright & Zander, 1968). Since World War II the literature in group dynamics has been accelerating quickly (Gerard & Miller, 1967). Since the early 1960's a tremendous volume of literature reports on group dynamics and the properties of small groups in particular (Gerard & Miller, 1967; Helmreich, Bakeman & Scherwitz, 1973; Steiner, 1964).

The creation of this area of research originated through many disciplines, several of which were quite different from each other. The areas of social group work, group psychotherapy, education and management and organization all had important early impacts upon the field of group dynamics (Cartwright & Zander, 1968). Cartwright and Zander (1968) list eight orientations that have significantly influenced the field.

Differences in theoretical orientations of several of the major



areas result in the lack of continuity that is observed in the field of group dynamics; major areas such as "psychoanalytic theory," "behavior theory" and "field study" contribute to the confusion (Hunt, 1964). Although the social sciences in general provide much research and theory in the field of group dynamics, the discipline of social psychology is the primary contributor (Gerard & Miller, 1967).

Cartwright and Zander (1968) provide four basic issues and assumptions which are held by group dynamists, regardless of their theoretical orientation:

1. Groups are inevitable and ubiquitous.
2. Groups mobilize powerful forces that produce effects of importance to individuals.
3. Groups may produce both good and bad consequences.
4. A correct understanding of group dynamics permits the possibility that desirable consequences from groups can be deliberately enhanced.

#### Strengths of Group Dynamics

Several specific areas in which group processes are crucial in the present study must be discussed. The issues of "social facilitation," "modeling," "reinforcement" and "environment for dissonance reduction" provide the foundation for the purpose of the study and provide the rationale for the use of groups to achieve it.

Social facilitation. One of the oldest concerns in social psychology involves the concept of social facilitation, the effect the mere presence of other individuals has upon the performance of

one person (Gerard & Miller, 1967; Helmreich et al., 1973). Research in this area is conflicting and produces results which indicate that problem solving in groups is sometimes facilitating and sometimes inhibiting (Gerard & Miller, 1967; Helmreich et al., 1973). Zajonc (1965, 1966) provides a rather simple explanation of the conflicting results. He proposes that the presence of others increases the individual's drive level and therefore increases the probability that the most probable or dominant response will be made. If this response is a correct one, the presence of others will be facilitative; if it is incorrect, a group's presence could be inhibiting. This idea receives support from both animal and human studies (Cartwright & Zander, 1968; Matlin & Zajonc, 1968; Tolman, 1968; Zajonc, Heingartner & Herman, 1969; Zajonc, Wolosin, Wolosin & Loh, 1970). Cartwright and Zander (1968) suggest that, since during the early stages of learning the incorrect response is most likely to occur, the presence of others is likely to be facilitative when a person is performing a task which he has substantially mastered. The research in this area has definite implications for group activities in the present study. For example, the more perfected the tasks are for the group member performing tasks in front of the group, the more facilitative the presence of the group will be.

Modeling. Another major issue of importance is modeling.

Modeling can have at least three types of effects upon an observer (Bandura, 1969a). First, new response patterns can be acquired by the observer. Secondly, response patterns can be strengthened or weakened when observers see behaviors and their consequences modeled.

Thirdly, the behavior of a model may simply act as a cue for similar, previously learned behavior which is socially acceptable and therefore does not involve concern or consequences.

The present study is concerned with producing changes in both attitudes and behavior. The probability of an attitudinal or behavioral change increases when a subject observes a model behave in a manner different from his previous behavior (Bandura, 1965a, 1965b, 1965c, 1969b; Brehm & Cohen, 1962; Brock & Blackwood, 1962; Cohen, Terry & Jones, 1959; Elms & Janis, 1965; Festinger & Carlsmith, 1959; Hovland & Pritzker, 1957; Janis & King, 1954).

Additionally, the probability of an attitudinal or behavioral change is enhanced when a subject hears a model say something which is different from his own opinions (Brehm, 1959; Brobeck, 1956; Hovland, 1959; Salzinger, Feldman, Cowan & Salzinger, 1967).

Reinforcement. Another important concern which promotes the efficiency of a group technique is that a group provides several sources of possible reinforcement that can be beneficial to a subject in terms of behavioral and attitudinal change (Mayer, Rohen & Whitley, 1969). Reinforcements are effective, and there is little doubt that "virtually any aspect of individual or group response can be brought under control" (Gerard & Miller, 1967). Considerable research exists on the effects of reinforcement upon group responses and individual responses within a group; the issue of "social power" of a group includes the group's ability to reward and to punish (Gerard & Miller, 1967; Helmreich, Bakeman & Scherwitz, 1973; Steiner, 1964). More research is needed which investigates the ways in which

group characteristics, situational factors and other variables interact with reinforcement to produce specific outcomes. Several specific points concerning reinforcement effects can be made however.

If a group member exhibits a newly learned behavior or statement in the group and this receives positive reinforcement, the probability that it will be incorporated into the change process the individual is undergoing increases (Bandura, 1965c, 1969; Bandura & Walters, 1963). In a group this might occur by another member or the leader simply showing approval. Reinforcement is particularly effective when an individual is experiencing dissonance (Corrozi & Rosnow, 1968; Kanareff & Lanzetta, 1960; Lesser & Abelson, 1959; Walters & Ray, 1960). That is, whenever an individual sees another individual do something or hears him say something which is contrary to his own belief, a state of cognitive inconsistency will occur which must be resolved (Festinger, 1957), and reinforcement during this state is very effective.

Environment for dissonance reduction. The group method provides an environment in which dissonance can be corrected. Many models are available for each member to interact with, listen to and observe. Contradictory information can be provided in such a situation. The dissonance that is created results in a motivated state in which the person will try to reduce the dissonance (Festinger, 1957). This motivation can provide the impetus for behavioral and attitudinal changes to occur.

The probability of these changes is increased when a person observes or hears something contrary to his own beliefs, as indicated

previously. Also, the probability increases when the person emits something which is contrary to his own beliefs, either verbally (Festinger & Carlsmith, 1959; Krumboltz & Schroeder, 1965) or by performing in some way (Allen, Hanke, Harris, Baer & Reynolds, 1967; Bandura & Walters, 1963; Mills, 1958). Role playing (Corsini, 1966), a technique often used with children, could provide an excellent means for the group members to "do" and "say" things they would usually find difficult to say or do. This will be discussed in more detail subsequently.

In summary, the group environment should be one in which there is minimal pressure and minimal rewards (Mayer et al., 1969; Mayer & Cody, 1967) to elicit the desired behavior and motivation. Large rewards or extreme pressure can elicit these; however, the rewards or the pressures could become the justification for the behavior (Festinger & Aronson, 1953). Thus, instead of changing his attitudes in the presence of large rewards or pressure, a person experiencing dissonance might distort, deny or rationalize the dissonance causing information (Mayer et al., 1969).

Therefore, given the group could be one in which members could identify with each other and could serve as models, and dissonance producing information could be presented, an environment for behavioral and attitudinal change would be developed. Group members could observe and hear things contrary to their beliefs. They would be able to say and do things contrary to their previous attitudes. The group members could observe models being reinforced for specific behaviors and could receive reinforcement themselves for new or previously

infrequent behaviors. Both the attitudes and the behaviors of the members would be the focus of change. In relation to the goal of the present study, the anxiety associated with the previously threatening social situations would be reduced because the group members would add new, or would correct, distorted cognitive elements and would receive social reinforcement for behaviors previously inhibited by high levels of anxiety.

### Group Interventions

The previous section on group dynamics presented reasoning for the use of groups as opposed to individual interventions in this study. This section provides information about the use of group intervention, with the primary focus on school settings. Various types of group counseling or therapy are reviewed, and studies are included which have anxiety reduction as their goal.

### Practical Considerations for Group Interventions

The use of group procedures in schools is not new; group counseling and guidance have been in existence for a number of years (Shaw & Wurster, 1965). However, the development of group interventions has a history which is relatively short, 30 to 40 years (Gazda & Larsen, 1968). The use of group counseling has increased as the need for psychological services has increased in schools, since many more students are served than is the case on an individual basis (Shaw & Wurster, 1965).

Tolor and Griffin (1969) present numerous advantages and

disadvantages of conducting group "therapy" within the school setting. These issues (below) should be considered when group interventions are planned for school children.

Advantages. The setting provides the opportunity to deal with children's problems within the same environment which produces those problems. The behavior of the children within the group should approximate daily school behavior. The students can more easily recall and express emotional experiences that have occurred during the school hours. Since there is a greater likelihood that contemporary school related problems will be elicited, the effectiveness of the group will be enhanced. The group leader or therapist has ready access to school personnel for information seeking and consultation about students.

Difficulties. Several difficulties arise when groups are conducted within the school setting. The primary one involves the philosophy held in many educational environments that the identification of physical and emotional problems is within the domain of the school, but treatment is not. Differences in attitudes between teachers and group leaders may present problems since there is somewhat of a different orientation. Psychologically trained personnel tend to view students with more completeness; emotional and academic development are both primary concerns. Teachers tend to place a greater emphasis on what tasks a child has mastered. Improvement may be viewed differently also. Teachers often expect dramatic shifts in the direction of more "acceptable" classroom behavior. If this does

not occur quickly, the therapeutic effort may be viewed as ineffective and may even be subtly or blatantly sabotaged.

The child's feelings and perceptions concerning the group can create disadvantages if they are not dealt with properly. The group leader may be seen as an extension of the child's teacher or some school administrator, and thereby have inappropriate motives attributed to his efforts. Also, group members may perceive the group as a place for discipline or emotional problems and be concerned about what their peers may think and say. These issues must be considered and carefully dealt with, especially those which relate to teacher understanding and expectations as well as student expectations.

#### Research Studies

Although some (English & Higgins, 1971) feel there is a relative paucity of research in the area, several studies suggest that a group approach is of value in the school setting (Gazda & Larsen, 1968; Muro & Freeman, 1968; Ohlsen, 1977; Shaw & Wurster, 1965).

In addition, many of the studies in this area appear to have limitations such as inadequate controls and statistical procedures, inadequate outcome criteria, inadequate theoretical backgrounds and inadequate description of procedures (English & Higgins, 1971; Shaw & Wurster, 1965).

Gazda and Larsen (1968) investigate approximately 100 groups in educational settings in their review of the literature. Types of treatment, methods of analysis and length vary considerably, but the average length is 17 one-hour sessions. A variety of outcome



measures reflect change: grades, self-acceptance, acceptance of others, interpersonal relations and behavioral adjustment. The authors cite the most frequent omissions of these studies as: "lack of clear statement of the counselor's theoretical orientation; a description of the treatment process; qualifications of the group counselor" (Gazda & Larsen, 1968).

However, Ohlsen (1977) presents a contradictory view of the efficacy of groups in the school setting. Ohlsen (1977), as well as others (Caplan, 1957; Goodman, 1976; Krivatsy-Oldaru, Reed & Davenport, 1978; Lee & Stahl, 1978) indicate that groups using peers or paraprofessionals do effectively change academic and personality variables. Ohlsen (1977) further suggests that anxiety is a typical factor dealt with in groups, because anxiety is a motivating factor which produces a drive level in the group member to change. Thus, while anxiety is not necessarily the focus of the therapeutic process, it has been identified as an agent leading to change within groups.

Several recent studies with an emphasis on anxiety research are reviewed below in more detail. Despite the small numbers, a variety of treatment techniques exists. Yet there is an obvious deficit of research on anxiety reduction with junior high school children; no group research could be found which reported that as its focus.

Studies at the university level. Although there is relatively little empirical evidence for the support of "client centered" (Rogers, 1951) group counseling in school settings, this traditional approach is often used (English & Higgins, 1971). Spielberger and

Weitz (1964), in an attempt to improve academic performance of anxious college freshmen, use a person-oriented guidance and counseling procedure in a group counseling approach. Anxious college freshmen who attended the first semester groups made higher grades than controls and those not regularly attending, although the effects were obscured by fraternity affiliation and grade requirements.

Katahn, Strenger and Cherry (1966) utilize a combined "group counseling" (group discussion) and "behavior therapy" approach with test anxious college students. Systematic desensitization and relaxation were combined with advice and discussion to produce significant improvements in grade point averages and reduction in Test Anxiety scale scores. The results, however, may have been affected by the fact that the students were in psychology classes and volunteered. All the students (14) considered the advice and discussion as the most important.

Hedquist and Weinhold (1970) compare the effectiveness of two behavioral group approaches in increasing the frequency of verbal assertive responses of highly anxious and socially unassertive college students. One group used a "behavioral rehearsal" or role playing approach which required the participants to follow four basic rules in the group discussions: honesty; total responsibility for their own actions; helpfulness to other members in the group (feedback); commitment to carry out any plan devised for dealing with a problem outside the group. Both groups produced significantly more verbal assertive responses than did the control group (a traditional,

teacher-led discussion group which focused on the topic of teaching and the interpersonal process). A follow-up, however, indicated that the treatment effects lasted only as long as the treatment; each group returned to approximately its pretreatment level.

There continues to be distinctions made between "behavioral" and "cognitive" interventions, and studies attest to the effectiveness of one type or the other. Trexler and Karst (1972) investigate the effect of the cognitive approach, "rational-emotive therapy" (Ellis, 1958) in the treatment of public speaking anxiety. Three groups of college students reporting high anxiety for public speaking received either "rational-emotive therapy (RET)," a placebo treatment (relaxation training only), or no treatment. The RET group discussed and challenged "basic irrational ideas" which could underlie the anxiety. A variety of self-report and observational measures were used and the results tend to support the conclusion that RET is more effective than the other two treatments. However, on a self-report anxiety scale, differences favoring the relaxation training were observed. The authors suggest this could have been due to the fact that relaxation and placebo effects were more apparent in the immediate situation in the subjective measures of anxiety.

DiLoreto (1969) compares the relative effectiveness of RET, "systematic desensitization," and "client-centered group therapy" in the reduction of interpersonal anxiety of introverts and extroverts. The 100 subjects were from an introductory psychology class and each group (except a no contact control group) received 11 hours of its respective treatment, including a no treatment placebo (attention)

group. The treatment conditions produced a significantly greater reduction in anxiety than the control conditions. The order of effectiveness of the treatments varied depending upon whether the group was composed of introverts or extroverts, except for systematic desensitization, which was equally effective with both. However this effectiveness was on a small scale and third in the order of effectiveness. "Client-centered" was first for extroverts and "rational-emotive" was first for the introverts.

Studies focusing on children. No study was found which has anxiety reduction through the use of group counseling in junior high schools as its focus. However, the following study is reported because of its investigation of self-acceptance and behavioral adjustment.

English and Higgins (1971) utilize 20 fourth and fifth graders to investigate the effectiveness of "client-centered group counseling" on self-acceptance and behavioral adjustment. Several instruments which measure school adjustment and self-concept were used as dependent measures. There were two groups, a "client-centered" group and a control (activity) group. The groups met for 10 weeks, once a week for 45 minutes. The control group played nonphysical games, read and did school work. The experimental group discussed school problems and feelings of inadequacy and belonging, in a nonthreatening atmosphere. Results of the study indicate no significant differences between the two groups on posttest measures of self-acceptance and behavioral adjustment. The author concluded that the client-centered approach placed unrealistic demands on preadolescents to

assume responsibility to verbalize in the group. They stress studying new approaches and combination of other approaches.

Although not specifically within the school setting, the following study is included because of its emphasis on role playing and modeling with adolescents. Cole, Oetting and Miskimus (1969) involve 14 adolescent girls in a 10-week "socialization" program designed to create a more positive self-concept. The girls, who had been referred for delinquent and acting out behavior, were exposed to appropriate feminine role models and engaged in role playing of appropriate social behavior. Measurements of "situational" anxiety were made in addition to measurements of self-concept. There were two groups of subjects (five and nine subjects) and self-concept changes in the experimental group were systematically compared to apparently random improvements in the control group. No significant differences in measured anxiety were recorded.

Role playing could be an effective technique for school children. It was previously suggested as a technique for dissonance reduction, which is important in the present study. Several studies previously reviewed successfully use role playing in their treatments (Cole et al., 1969; Hedquist & Weinhold, 1970). Role playing is investigated as a technique in several other studies, but the goals are diverse and no conclusive statements can be made (Friedman, 1972; Hollander, 1970; Leshner, 1966; Shaffer & Von Nessen, 1968; Wilhelmy, 1968).

Role playing could be especially effective when working with children who are anxious in social situations (Ohlsen, 1977), because role playing allows a certain detachment from the reality of the

situation. It is more "active" than simply sitting and discussing problems or concerns; therefore, it should have more appeal to children and, consequently, generate more interest and participation within a group setting.

#### Groups and Paraprofessionals

Carkhuff and Truax (1965) demonstrate that peers and non-professionals can effectively bring about changes in a group situation. Gray and Tindall (1974) demonstrate the effectiveness of a brief training program for lay counselors, with a structured group technique, in remediation of self-concept and behavior change. Several studies (Carkhuff & Truax, 1965; Goodman, 1976; Grey & Tindall, 1974; Krivatsy-O'Hara, Reed & Davenport, 1978; McCurdy, Cuicevich & Walker, 1977) indicate that human relations (self-concept, peer relations, academic performance) can be enhanced using existing school personnel with brief training as group leaders. The use of some kind of structure for the group greatly facilitates change and this structure also increases the facility with which lay counselors can be trained to lead groups (Lee & Stahl, 1978; McCurdy, Cuicevich & Walker, 1977). Lay counselors or peers have also effectively lead groups which were not structured (Carkhuff & Truax, 1965).

#### Cognitive-Behavioral Approach

The brief review of group counseling provides an indication of the diversity of techniques available for use in group situations. The few studies reported employ at least five basic techniques or approaches: "client-centered," "role playing" and "behavioral

rehearsal," "social learning," "systematic desensitization" and "rational-emotive therapy."

The diversity of findings prevents conclusions regarding the efficacy of these methods individually, within the school setting, especially for youth. It is possible, however, to make assumptions and inferences based upon the fact that positive results have been reported and upon research in other settings or theoretical arguments.

The two major classes of therapeutic interventions discussed on this review are behavioral and cognitive in orientation. While there is a tendency to separate these two approaches, some support exists for the value of combining certain behavioral and cognitive methodologies (Katahn et al., 1966; Meichenbaum & Goodman, 1971; Paul & Shannon, 1966). Indeed, in the recent past, the importance of cognitive methodologies has been acknowledged by several writers in the area of behavior therapy (Folkens, Lawson, Option & Lazarus, 1968; Lazarus, 1968; Murray & Jacobson, 1969; Sloane, 1969). In fact, despite the differences in orientation (learning theory versus cognitive theory) the two systems have much in common, as Beck (1970) clearly indicates.

Helping youth reduce their anxiety in social situations in school requires attention to both attitudes (or cognitions) and behaviors; changes in both should occur. Therefore, a singular focus upon one or the other is not the most effective way to bring about anxiety reduction and improved social behavior.

The treatment method in the present study attempts both to bring about behavioral change and to correct incorrect or distorted

attitudes. This is done within a group situation where appropriate modeling can occur and where the children's appropriate attitudes and behavior can be socially reinforced. The children are able to play roles and rehearse behavioral change. In essence through their interactions (group dynamics) they learned to become (developed into) highly anxious individuals. So, through the controlled application of group dynamics/interventions they will learn to be less anxious.



## CHAPTER III

### METHOD

The following discussion of procedures employed in the present study consists of descriptions of research instruments and methodology. This chapter is divided into four sections: (a) research instruments, (b) the subjects, (c) procedure, and (d) statistical analysis.

#### Research Instruments

The Piers-Harris Children's Self Concept Scale (CSCS) was employed as a measure of anxiety and self-satisfaction. The CSCS was designed to be given in a group and required a third grade reading level; however, it can be administered orally. The CSCS has been extensively researched and used in research (Piers, 1969). Reliability data indicated an internal consistency coefficient of .90 and a test-retest coefficient of .77 for 2 and 4 months. Concurrent validity with Lipsitt Self-Concept Scale obtained a correlation of .68 (Mayer, 1965) and a negative correlation (-.64) with the Big Problems on SRA Junior Inventory (Cox, 1966).

Also employed was the Peer Perception Questionnaire, a simple sociometric device which produced two scores: peer acceptance and peer rejection. It required the students' nomination of other children in the class for a series of 10 situations: five were positive and five were negative. Scores were derived for each student on each

dimension: acceptance and rejection. This measure is considered construct valid and has a stability coefficient of .56 for one month.

Another locally developed instrument, the Student Behavior: Teacher Rating Scale was administered. It was designed to measure the teacher's perception of the student's desire and effort to do well academically and socially. Test-retest values of .88 were obtained.

The Leader Rating Scale was developed to measure change in perceived anxiety and participation from session to session. It had two dimensions: anxiety was rated 1 to 5 (no indications to numerous indications) and participation was also rated 1 to 5 (refusal to participate to eager volunteers). Each session, each subject was to be rated separately. The sum of the scores for the first four sessions were subtracted from the sum of the scores for the last four sessions to obtain an indication of change over treatment (negative score on anxiety indicated a decrease--positive score on participation indicated an increase).

### The Subjects

The subjects for this study consisted of 32 experimental and 32 control subjects. These subjects were selected from junior high aged children from four separate institutions: two junior high schools (Smith and Fairway Middle Schools--Killeen, Texas) and two youth centers (Youth Enterprises, Inc., Waco, Texas, and New Horizons Center, Goldwaihthe, Texas).

### Procedure

The subjects were selected by administration of the CSCS as a screening device (pretest). Those students who received anxiety scores indicating high anxiety were pooled. Parental permission for these students was elicited. Then the students were randomly selected (drawn from a hat) for the project until eight males and eight females at each of four institutions were obtained. This sample of 64 subjects was assigned to either experimental or control groups randomly by sex and institution (e.g., there were four males and four females in each group at each institution).

After the subjects were screened and assigned to a group each subject's teacher administered the Peer Perception Questionnaire in class while filling out the Student Behavior:Teacher Rating Scale. Only those scores pertaining to the subjects were retained as a pretest.

Four leaders were selected: because they were either personally known and assisted in setting up the study or were volunteers. For the junior high school the group leaders were a counselor, who was interested in the group technique and was responsible for selecting a teacher (as group leader) who was also familiar with role playing and small group interactions. The youth center leaders were a caseworker for the Department of Human Resources and a cottage counselor who volunteered. Both of these leaders were also familiar with role playing and small group interactions.

In each setting the leaders were trained in two sessions over

two days. The first involved reviewing and discussing the requirements and the eight treatment sessions. The second session involved some role playing of the more difficult sections, and further discussion and/or feedback. These sessions were geared around the apparent strengths of the leaders and thus varied based on perceived need.

Each experimental group experienced eight treatment sessions over a 3-week period. All eight of the sessions were structured in lesson plan style as to what tasks should be performed and generally how to approach these tasks. At the end of each session the leader rated each subject with the Leader Rating Scale.

The control group met with the leader of the experimental group. The leader presented a lesson on anxiety for the first half hour and the students were allowed to study the second half of each session. The first three lessons covered physiological effects and measures of anxiety, the next three lessons dealt with neurotic and situational anxiety, and the last two sessions presented ways of coping with anxiety. The topics were covered in general terms. Questions were not encouraged but were answered briefly. No discussion was allowed. Both experimental and control groups were told an instructor practicing for a college class would be presenting a special class on anxiety to which they would be assigned for three weeks.

After the treatment was completed, the CSCS was administered to the subjects as a posttest. The Peer Perception Questionnaire and Student Behavior:Teacher Rating Scale were also administered in the classes of the subjects. Approximately four weeks later the three instruments were administered again (posttest II).

### Statistical Analysis

The data were analyzed using a 3-way analysis of variance. Five of these 3-way analyses of variance were performed. The first examined the effects of the group treatment and other variables on self-concept. The second examined the effects of the same variables on anxiety. The third and fourth analyses of variance looked at the effects of treatment and other concomitant variables on peer acceptance and peer rejection respectively. The final analysis of variance examined the same variables on the classroom teachers' rating of student behavior.

The Utah State University Computer Center was utilized in the analysis of the data. The data were analyzed through the use of FCTCVR, a computer program of the Applied Statistics Department.

## CHAPTER IV

## RESULTS

The primary purpose of the present study was to examine the effects of a structured group approach on anxiety in junior high youth. The variables of setting (junior high school and youth rehabilitation center) and time (pre-, post<sub>1</sub>-, posttest<sub>2</sub>) were also manipulated. Five measures were employed to assess the effect: self-concept, anxiety, peer acceptance, peer rejection and teacher rating. This chapter will report the data analyses of the present research and the statistical significance.

The results in Table 1 are based on the analysis of variance of group treatment by setting by time using the self-concept scale scores. The analysis indicates that there are significant differences between treatments, settings and time. Furthermore, there are significant interactions between treatment and setting, treatment and time, setting and time, and treatment and setting and time.

A clearer understanding of these analyses may be developed by examining graphs of the interaction effects. Figure 1 depicts the interaction between treatment and setting. A comparison of the heights indicates that in junior high (JH) settings a greater difference in self-concept was achieved between the treatment and control groups than in youth rehabilitation center (YRC) settings. Figure 2 presents the interaction between treatment and time. An inspection of the slopes indicates that although the treatment and control

Table 1

Analysis of Variance Data Testing for Differences in Self-Concept  
for Group Treatment, Setting and Time

Source	<u>DF</u>	<u>MS</u>	<u>F</u>
Treatment (T)	1	249.79	30.06**
Setting (S)	1	627.13	75.46**
TxS	1	145.25	17.98**
Error	60	8.31	
Time (M)	2	202.27	90.31**
Error	30	2.24	
TxM	2	93.25	44.21**
SxM	2	73.15	34.68**
T SxM	2	31.28	14.83**
Error	120	2.11	
Total	191	13.47	

\*\*Significant beyond the .01 level

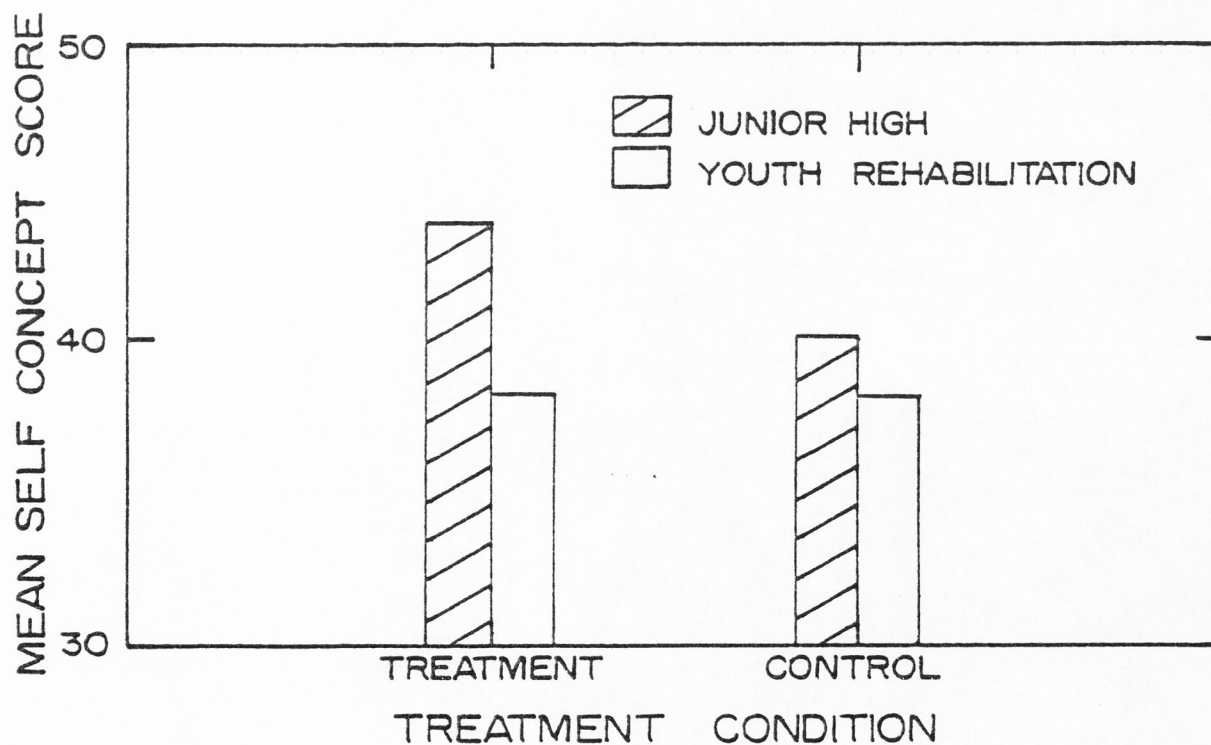


Figure 1. Mean self concept scores as a function of treatment condition and setting condition.

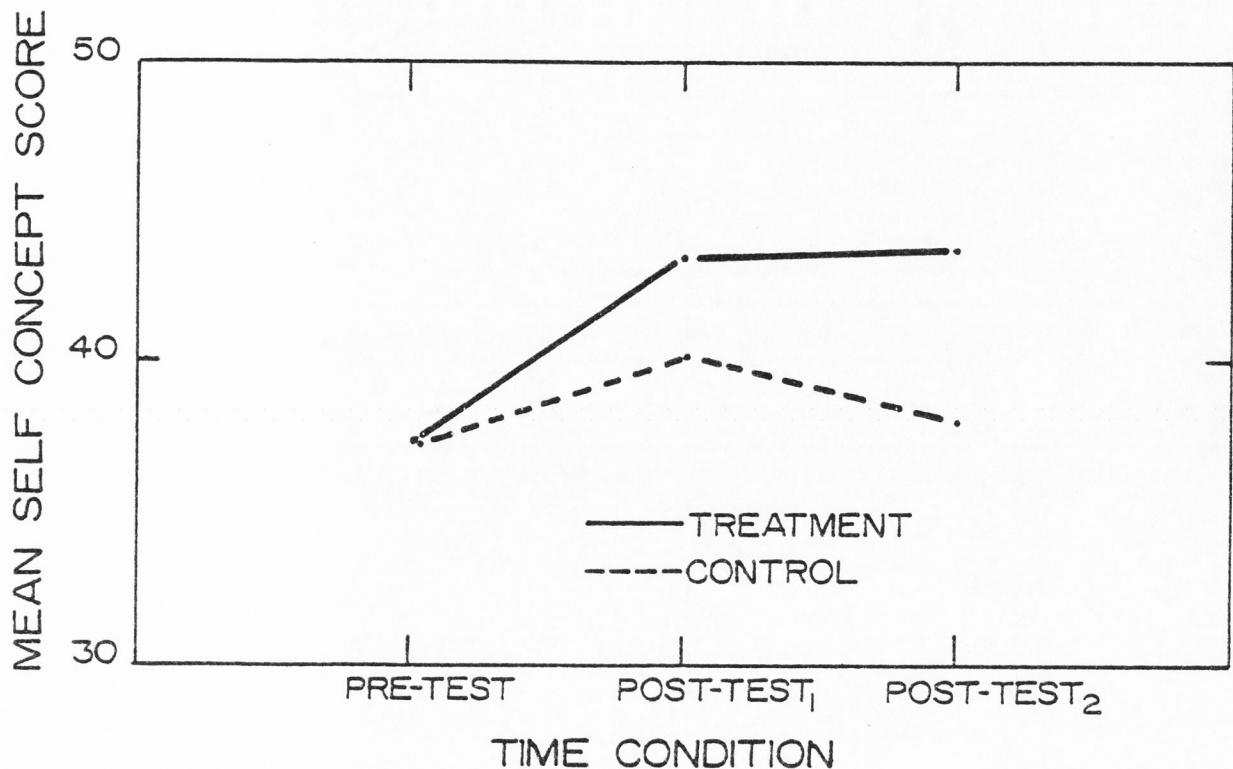


Figure 2. Mean self concept scores as a function of treatment condition and time condition.

groups began at roughly the same level of self-concept (pretest), the treatment groups increased their self-concept to a greater degree at the end of treatment (posttest<sub>1</sub>) and continued to a lesser degree over time (post<sub>1</sub>-post<sub>2</sub>). Nonetheless, the control groups did increase their self-concept scores during treatment, but they regressed over time.

Figure 3 presents the interaction between setting and time. Both settings (JH and YRC) improved between pretest and posttest<sub>1</sub>, but the YRC groups showed a greater degree of improvement in self-concept. Nevertheless, the JH groups continued to improve over time (post<sub>1</sub>-post<sub>2</sub>) while the YRC groups regressed.

Figure 4 depicts the interaction between treatment and setting



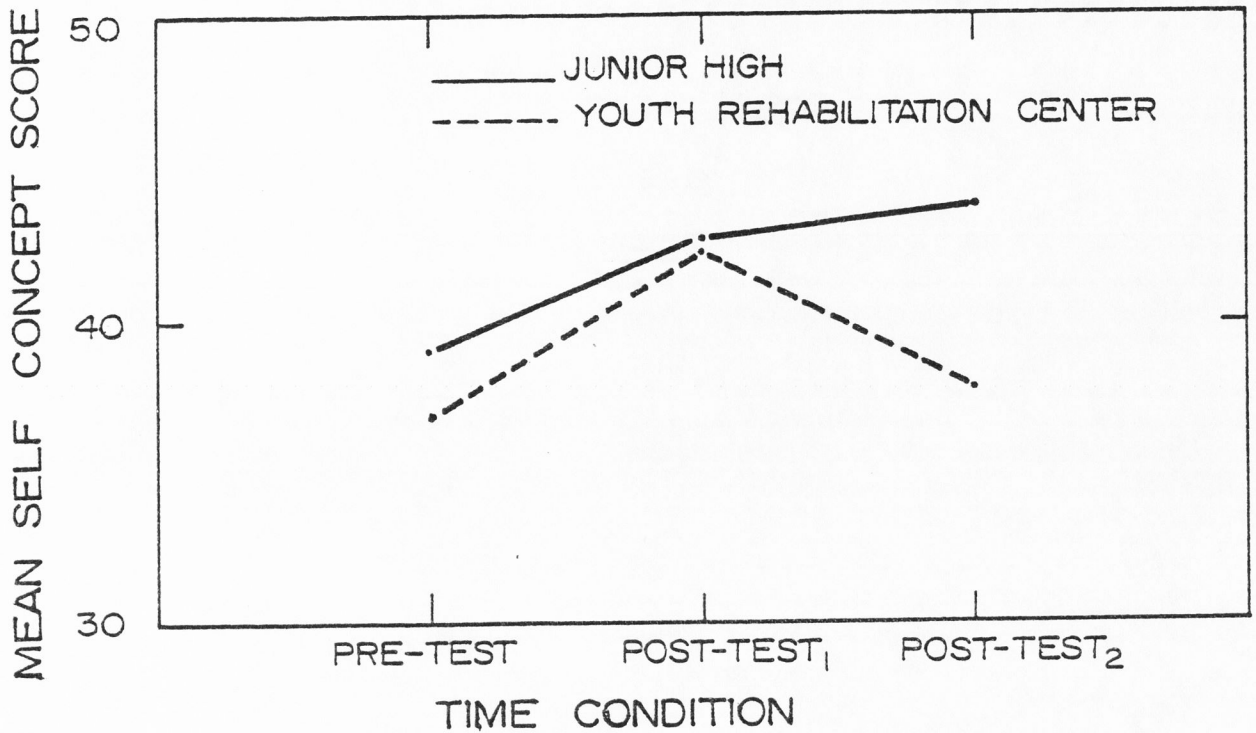


Figure 3. Mean self-concept score as a function of setting condition and time condition.

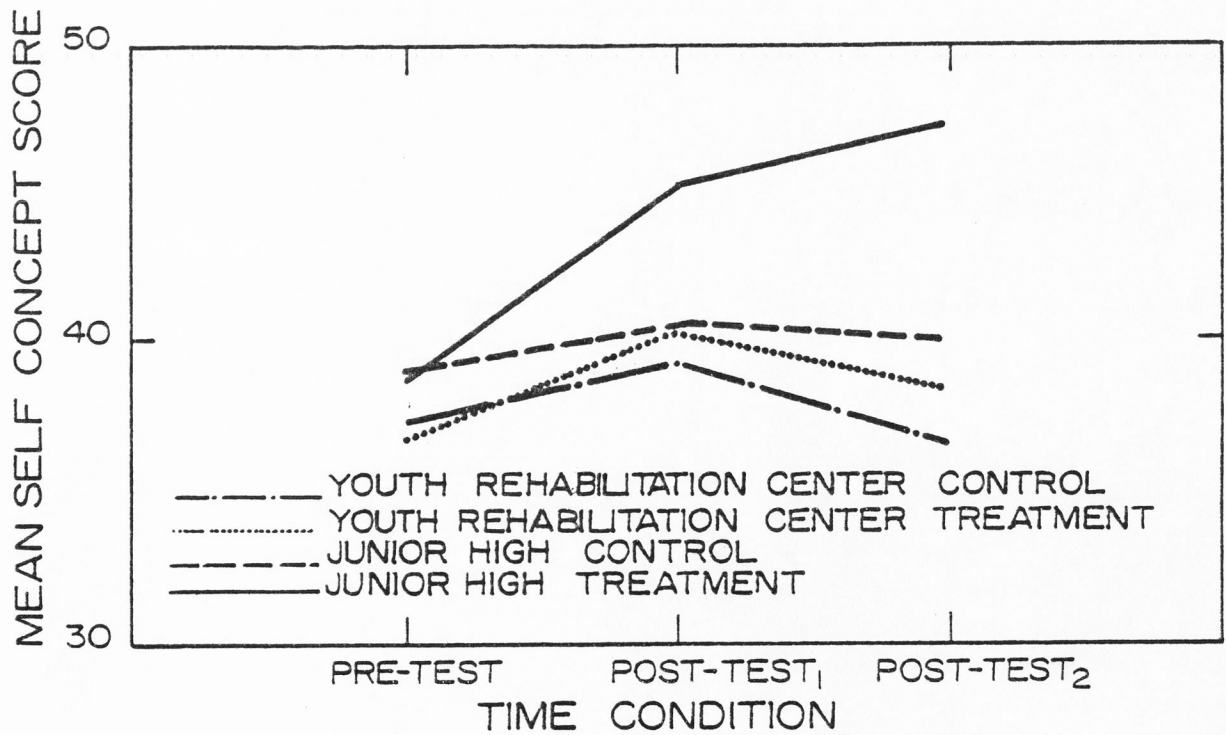


Figure 4. Mean self-concept score as a function of treatment condition, setting conditions and time conditions.

and time. The JH treatment groups achieved a much greater increase in self-concept and this increase tended to continue at a slower rate over time (post<sub>1</sub>-post<sub>2</sub>). The YRC treatment groups achieved the next greatest increase in self-concept for the treatment period (pre-post<sub>1</sub>) but regressed similarly to the control groups (JH and YRC) over time. The control groups for both settings achieved only a slight rise in self-concept during the treatment period compared to the treatment groups.

Results in Table 2 are based on the analysis of variance of group treatment by setting by time using the anxiety subtest scores.

Table 2

Analysis of Variance Data Testing for Differences in Anxiety  
for Group Treatment, Setting and Time

Source	<u>DF</u>	<u>MS</u>	<u>F</u>
Treatment (T)	1	46.02	23.47**
Setting (S)	1	40.33	20.57**
TxS	1	1.68	0.86
Error	60	1.96	
Time (M)	2	68.75	171.90**
Error	30	0.40	
TxM	2	11.81	30.30**
SxM	2	4.01	10.28**
TxSxM	2	1.23	3.15*
Error	120	0.39	
Total	191	2.22	

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

The analysis indicates that there are significant differences between treatments, settings and time. Furthermore, there are significant interactions between treatment and time, setting and time, and treatment and setting and time. Treatment by setting interaction is not significant.

In order to gain further insight into how anxiety was affected by treatment, setting and time graphs of the significant interaction effects will be inspected. Figure 5 depicts the interaction between treatment and time. Although both treatment and control groups started with nearly equal anxiety levels (pretest) the treatment groups decreased in anxiety more sharply than the control groups. This decrease continued at a slower rate over time (post<sub>1</sub>-post<sub>2</sub>) for the

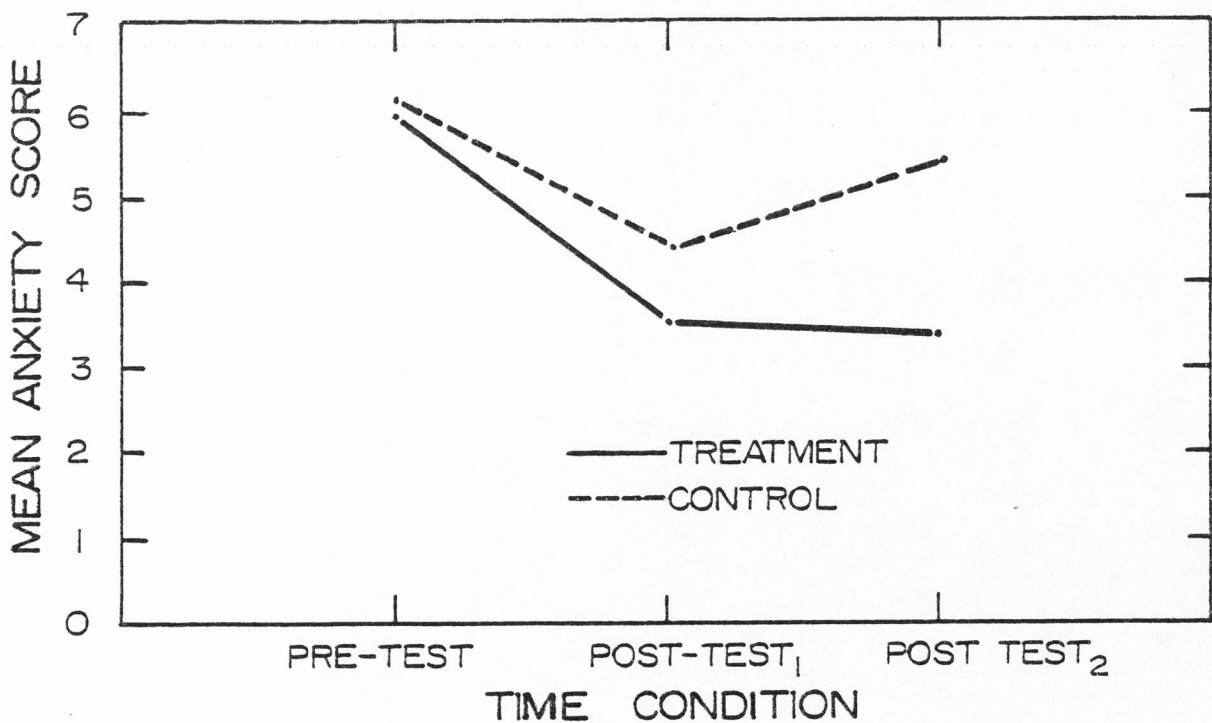


Figure 5. Mean anxiety scores as a function of treatment condition and time condition.

treatment groups while the control groups regressed, actually increasing in anxiety. These results were similar to those found for self-concept. Figure 6 presents the interaction between setting and time. Both settings achieved a reduction in anxiety during the treatment period (pretest-post<sub>1</sub>) but the YRC groups achieved a greater degree of reduction. Although the YRC groups tended to decrease in anxiety level at a greater rate during the treatment period, they regressed over time (post<sub>1</sub>-post<sub>2</sub>) while the JH groups continued to decrease in anxiety level, but at a slower rate. Figure 7 depicts the interaction between treatment and setting and time. The JH treatment groups appear to have experienced a greater decrease in anxiety during the treatment period (pretest-post<sub>1</sub>) than the two control settings (JH or YRC), but the YRC treatment groups decreased even more drastically. This trend changed radically over time (post<sub>1</sub>-post<sub>2</sub>). Although the JH treatment groups continued to decrease their anxiety at a lesser degree, the other three conditions regressed.

The results in Table 3 are based on the analysis of variance of group treatment by setting by time using the peer acceptance rating scores. The analysis indicates that there are significant differences in the time factor only. Thus regardless of treatment or setting peer acceptance changes over time.

The results in Table 4 are based on the analysis of variance of group treatment by setting by time using the peer rejection rating scores. The analysis indicates that there are significant differences for time and the interaction of setting and time only. Figure 8 depicts the interaction between setting and time. The JH groups

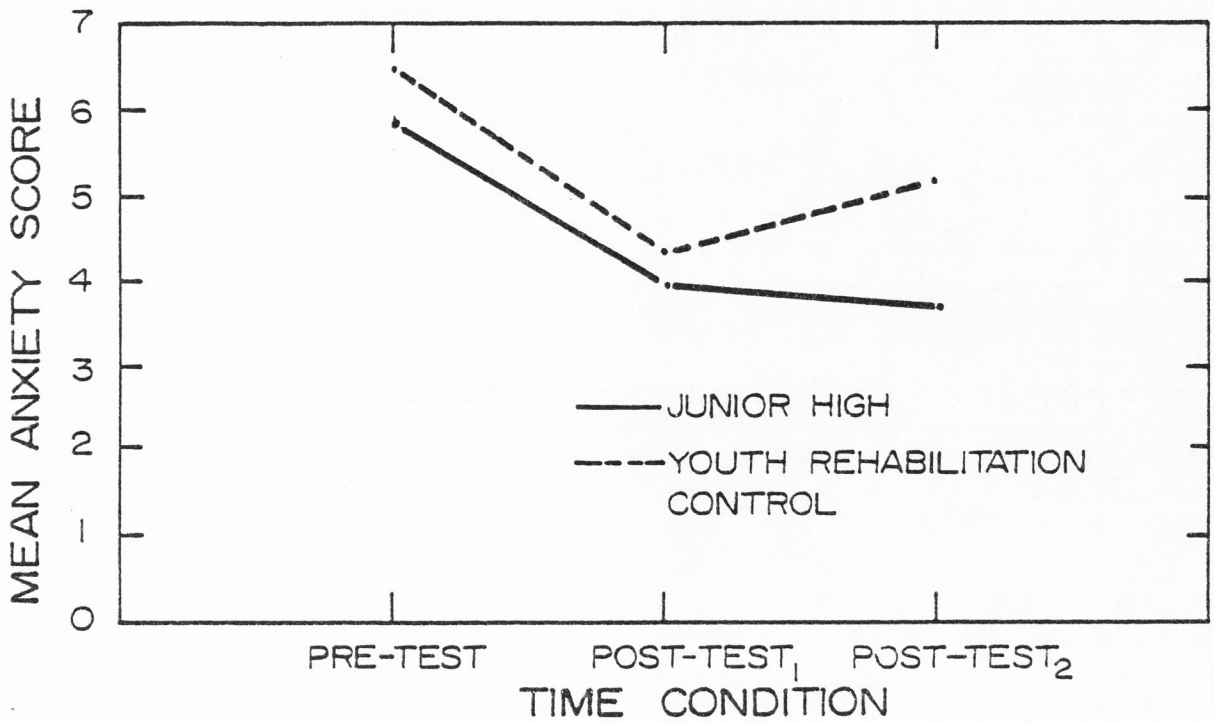


Figure 6. Mean anxiety score as a function of setting condition and time condition.

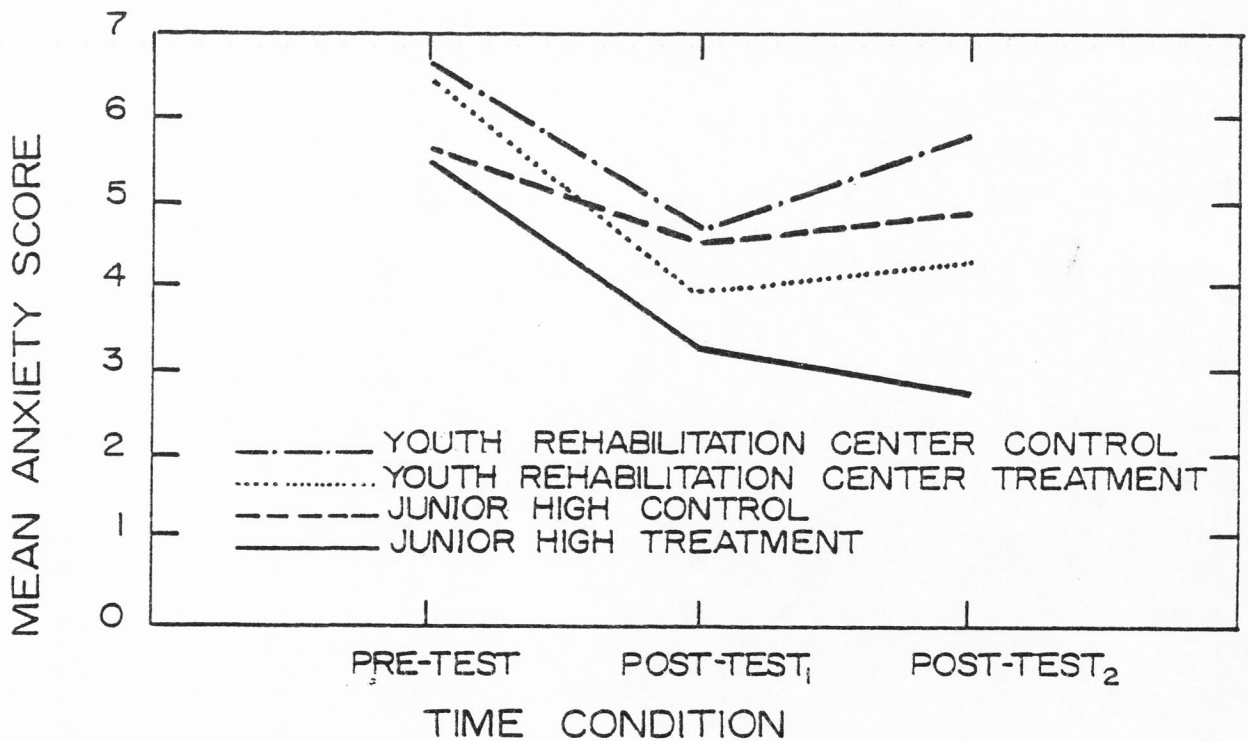


Figure 7. Mean anxiety score as a function of treatment condition, setting condition and time condition.

Table 3

Analysis of Variance Data Testing for Differences in Peer  
Acceptance for Group Treatment, Setting and Time

Source	<u>DF</u>	<u>MS</u>	<u>F</u>
Treatment (T)	1	0.52	.02
Setting (S)	1	67.69	2.91
TxS	1	15.19	.65
Error	60	23.25	
Time (M)	2	5.33	6.20**
Error	30	0.86	
TxM	2	0.15	0.20
SxM	2	2.31	3.08
TxSxM	2	1.94	2.55
Error	120	0.76	
Total	191	8.32	

\*\*Significant beyond the .01 level.

Table 4

Analysis of Variance Data Testing for Differences in Peer  
Rejection for Group Treatment, Setting and Time

Source	<u>DF</u>	<u>MS</u>	<u>F</u>
Treatment (T)	1	52.08	2.09
Setting (S)	1	80.08	3.22
TxS	1	63.02	2.53
Error	60	24.90	
Time (M)	2	15.20	11.01**
Error	30	1.38	
TxM	2	2.38	1.55
SxM	2	12.07	7.84**
TxSxM	2	0.79	0.51
Error	120	1.54	
Total	191	10.13	

\*\*Significant beyond the .01 level.

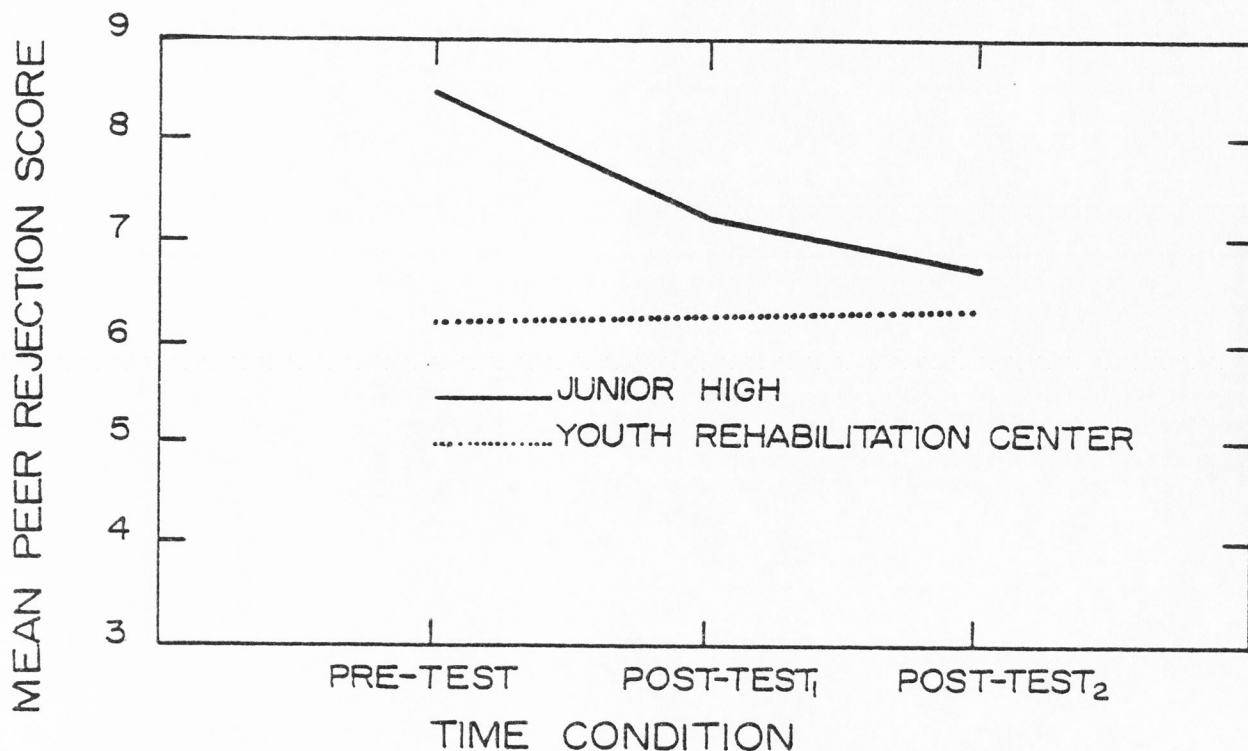


Figure 8. Mean peer rejection score as a function of setting condition and time condition.

decrease in peer rejection over both time periods whereas the YRC groups appear to remain approximately the same over time.

The results in Table 5 are based on the analysis of variance of group treatment by setting by time using the teacher rating scores. The analysis indicates that there are significant differences between treatments, settings and time. Furthermore, there are significant interactions between treatment and setting, treatment and time, setting and time, and treatment and setting and time. Although the teacher ratings were affected by treatment, setting and time, a clearer understanding of these effects may be developed by inspecting the graphs of the interaction effects. Figure 9 depicts the interaction between treatment and setting. An inspection of the heights

Table 5

Analysis of Variance Data Testing for Differences in Teacher Rating for Group Treatment, Setting and Time

Source	<u>DF</u>	<u>MS</u>	<u>F</u>
Treatment (T)	1	796.26	52.21**
Setting (S)	1	80.01	5.25*
TxS	1	194.01	12.72**
Error	60	15.25	
Time (M)	2	440.27	151.30**
Error	30	2.91	
TxM	2	139.40	49.43**
SxM	2	52.27	18.53**
TxSxM	2	29.65	10.51**
Error	120	2.82	
Total	191	21.77	

\*Significant beyond the .05 level.

\*\*Significant beyond the .01 level.

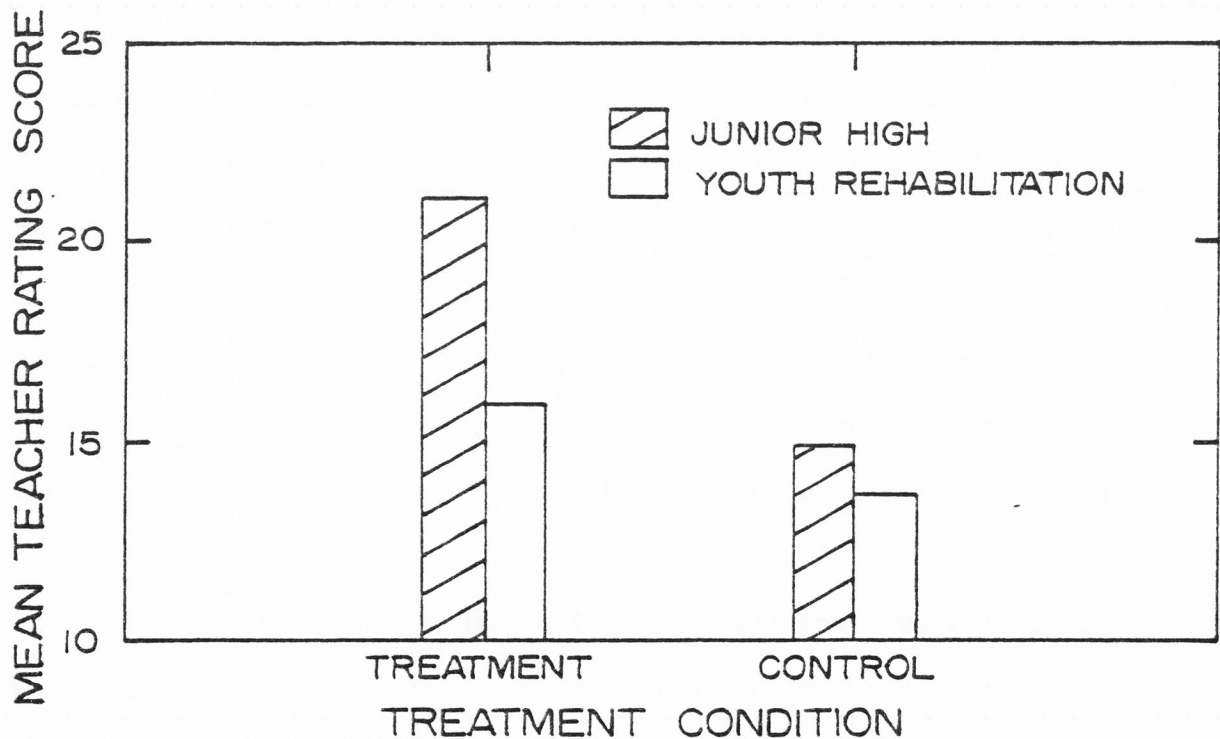


Figure 9. Mean teacher rating scores as a function of treatment condition and setting condition.



demonstrates the striking difference between ratings. The JH groups appear to have achieved greater difference in teacher rating between treatment and control than the YRC groups (the treatment groups--JH and YRC--having received higher teacher ratings than their controls). In Figure 10 the interaction between treatment and time is presented. Although the treatment and control groups increased in teacher rating between pretest and posttest<sub>1</sub>, the degree of increase was drastically greater for the treatment groups. This increase tended to level out over time (post<sub>1</sub>-post<sub>2</sub>) for the treatment groups while the control groups regressed over time. In Figure 11 the interaction between setting and time is presented. Both settings improved their teacher ratings between pretest and posttest<sub>1</sub> with the JH groups having achieved a greater degree of increase in teacher rating. Although the JH groups increase in teacher rating leveled off over time (post<sub>1</sub>-post<sub>2</sub>) the YRC groups actually regressed over time. Figure 12 depicts the interaction between treatment and setting and time. The JH treatment groups, again, increased in teacher rating and this increase was maintained over time (post<sub>1</sub>-post<sub>2</sub>). The YRC treatment groups achieved the next greatest increase in teacher rating over the treatment period (pre-post<sub>1</sub>) but regressed over time like the two control conditions (JH and YRC). The two control conditions appear to have increased to nearly the same degree and regressed to nearly the same degree.

The results of the leader ratings were all positive for participation indicating an increase in participation in the second four sessions over the first four sessions for the treatment groups. The

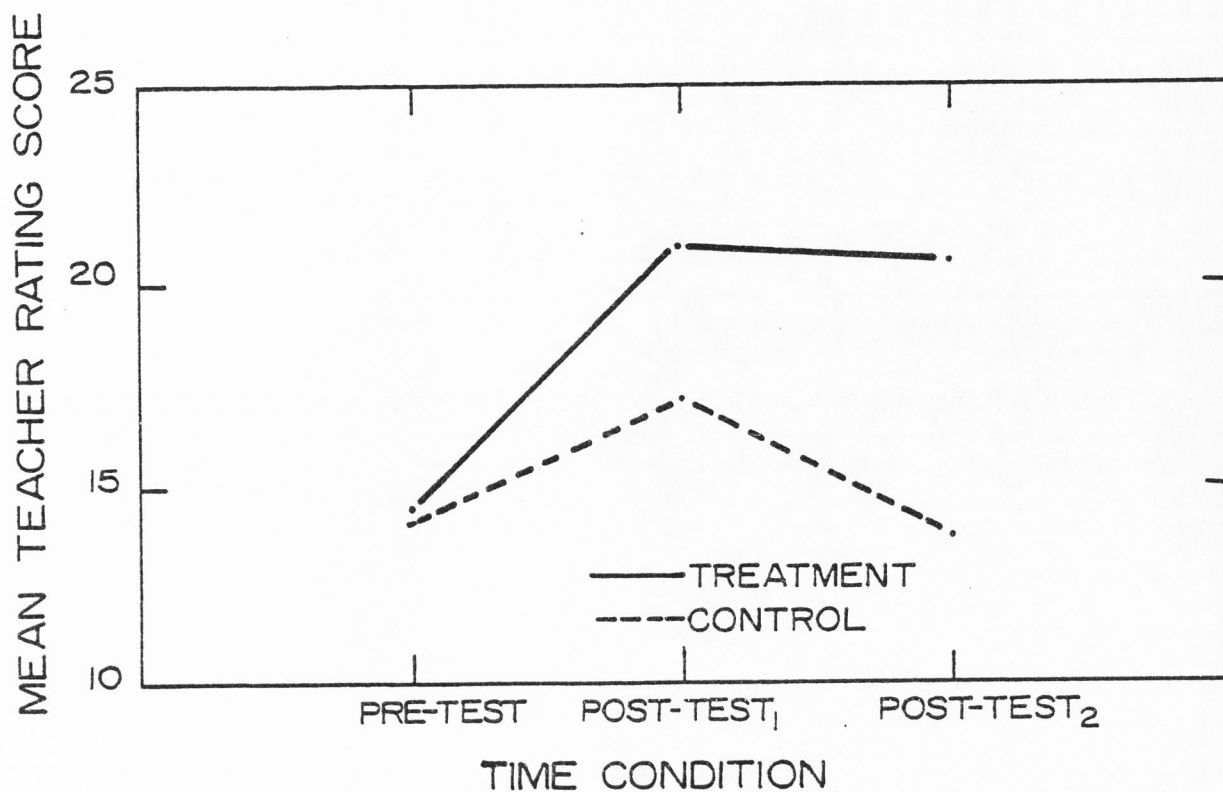


Figure 10. Mean teacher rating scores as a function of treatment condition and time condition.

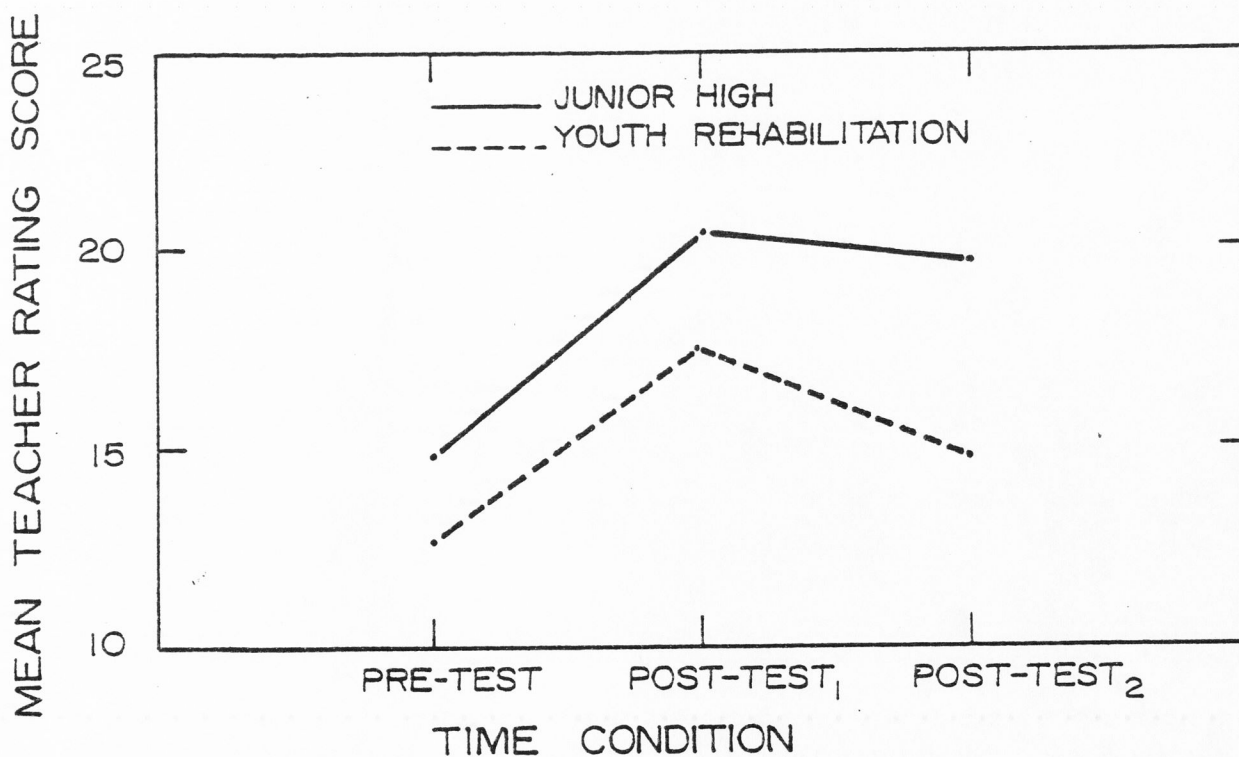


Figure 11. Mean teacher rating score as a function of setting condition and time condition.

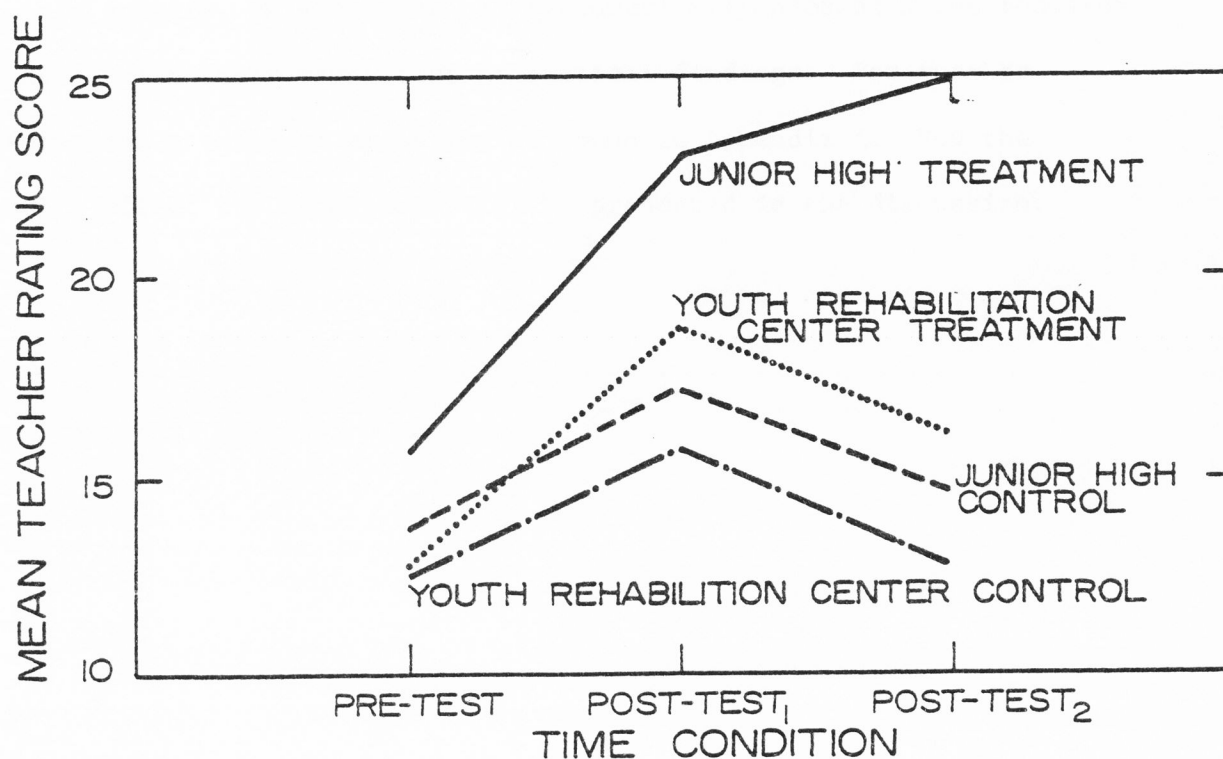


Figure 12. Mean teacher rating score as a function of treatment condition, setting condition and time condition.

results of the leader ratings were all negative for anxiety indicating a decrease in anxiety signs in the second four sessions over the first four. The means changes in leader rating are shown in Table 6.

Table 6

Mean Participation and Anxiety Change  
Over Treatment by Group

	Junior High		Youth Center	
	1	2	1	2
Participation	+7.85	+7.13	+7.25	+6.75
Anxiety	-5.38	-5.63	-3.88	-4.75

In summary, this chapter has systematically presented the research analyses with their respective statistical findings. For further information a table of means may be found in Appendix A. How the results affect the hypotheses will be presented in the discussion.

## CHAPTER V

## DISCUSSION AND CONCLUSIONS

The present study investigated the effect of a structured group approach on anxiety in junior high aged youth. Two settings were employed, junior high schools and youth rehabilitation centers, and paraprofessionals were used as group leaders. Treatment, setting and time (pre-, post<sub>1</sub>- and posttest<sub>2</sub>) were manipulated to test their effect on self-concept, anxiety, peer acceptance, peer rejection and teacher rating. The study found many statistical differences which will be discussed below. This summary is divided into three major sections. First, there will be a review of the implications of the results and how they bear on the hypotheses. Secondly, a discussion of the conclusions to be drawn from these results will be presented. Thirdly, a discussion of the recommendations drawn from this study follows.

Discussion of Results and Hypotheses

Statistically significant differences existed for treatment, setting, time and their interactions for the variable of self-concept (see Table 1). Therefore, hypothesis 1 was rejected: the experimental subjects did obtain significantly higher posttest scores compared to pretest self-concept scores than the control subjects. However, all treatment conditions (treatment and control) improved during the treatment period (see Figure 4). The treatment groups achieved

a greater degree of change between the pretest and posttest<sub>1</sub> treatment period than did the controls (see Figure 2). Over time (post<sub>1</sub>-post<sub>2</sub>) only the JH treatment groups continued to improve while the JH control groups regressed. Thus the structured group treatment was effective in improving self-concept and was effective in promoting continued improvement in a junior high school setting.

Except for the treatment by setting effect, statistically significant differences existed for treatment, setting, time and their interactions for the variable of anxiety (see Table 2). Therefore, hypothesis 2 was rejected: the experimental subjects did obtain significantly lower posttest anxiety scores compared to the pretest scores than the control subjects. Although the treatment groups did decrease in anxiety to a greater degree than the control groups (see Figure 5), during the treatment period (pre-post<sub>1</sub>) the control groups also decreased in anxiety. Once again the JH treatment groups continued to decrease in anxiety while the other three conditions regressed over time (post<sub>1</sub>-post<sub>2</sub>). Thus the structured group treatment was more effective in reducing anxiety but was only successful in maintaining this reduction in a junior high school setting.

For the variable of peer acceptance significant differences were found to exist only for the factor of time (see Table 3). Treatment, setting and the interaction effects were not significant. Thus hypothesis 3 cannot be rejected: experimental subjects did not receive significantly higher posttest peer acceptance ratings compared to pretest ratings than control subjects. Pre-post<sub>1</sub>-posttest<sub>2</sub> means of 5.4, 5.9 and 5.9 respectively were derived from the data. (A

table of means is provided in Appendix A.) Inspection of these means indicates that there was a change from pretest to posttest<sub>1</sub> but not between posttest 1 and 2. Apparently this change in peer acceptance was due to some factor other than treatment or setting because the results indicated that the change found between pretest and posttest<sub>1</sub> was the same for all factors. Thus peer acceptance was not affected by either the structured group treatment or the settings. Nonetheless, peer acceptance did change over time, but not consistently.

The variable of peer rejection also failed on a number of factors to show significance (see Table 4). However, significant differences were found to exist for time and the setting by time interaction. An inspection of the pre-post<sub>1</sub>-posttest<sub>2</sub> means of 7.4, 6.8 and 6.3 respectively indicates peer rejection decreased over time. Apparently peer rejection decreased over time in junior high schools due to some other factor than those investigated by this study since no significant treatment or setting effects were found. Thus hypothesis 4 cannot be rejected: experimental subjects did not receive significantly lower posttest peer rejection ratings compared to pretest ratings than control subjects.

Statistically significant differences existed for treatment, setting, time and their interactions for the variable of teacher ratings of student classroom behavior (see Table 5). Therefore, hypothesis 5 can be rejected: experimental subjects did receive significantly higher posttest teacher ratings compared to pretest ratings than control subjects. The findings for teacher rating of student classroom behavior tend to parallel those for the variable of

self-concept and anxiety. Once again all groups increased in teacher rating during the treatment period (pre-post<sub>1</sub>) but only the JH treatment groups maintained this increase over time (post<sub>1</sub>-post<sub>2</sub>). Both the JH and the YRC treatment groups increased to a greater degree than the control groups. Thus the structured group treatment was successful in promoting improvement in teacher rating to a greater degree than the control condition and promoted continued improvement in the junior high school setting.

For the variables of self-concept and teacher rating, hypothesis 6 can be rejected since there were significant treatment by setting interaction effects, with the junior high treatment group having achieved a greater degree of change. However, for the variables of peer acceptance, peer rejection and anxiety, hypothesis 6 cannot be rejected since no significant treatment by setting interactions were found for these variables.

Finally the leader ratings tend to support the significant findings of this study. The leader ratings indicate that mean anxiety decreased over treatment while mean participation increased. Thus the treatment subjects' anxiety decreased over treatment while their willingness to participate in the group increased.

### Conclusions

This study investigated the effects of a structured group treatment on anxiety in junior high aged youth. The effects of setting and time were also investigated to see how they bear on the main effect of treatment. The previous section has shown that all three



conditions affect anxiety.

Besides anxiety, four other variables were used as measures. Self-concept was employed as a measure because of its strong inverse relationship to anxiety. It was theorized that if the anxiety measure were not sensitive enough to establish a difference, the self-concept measure may be more sensitive. The discussion of the results indicated that the inverse relationship between self-concept and anxiety did exist and that both variables responded to the group treatment.

The other three measures were designed as external measures of change in anxiety. The teacher rating measure of changes in student classroom behavior was designed to assess the ability of teachers to perceive changes in their students due to the treatment. Once again the results indicated that the treatment as well as setting and time did affect teacher rating. Therefore, these changes were not just internal but were externally validated.

However, the other two external measures which relied upon peer perception to assess change did not prove successful. From the discussion of the results it appears that peer acceptance and peer rejection were subject to some other factors, or just that change occurred over time. Peer relations may be more fixed and not readily affected by personality changes such as self-concept or anxiety.

Finally, a subjective measure of change over treatment was assessed via the Leader Rating Scale. The results indicate that the leader tended to perceive a decrease in anxiety responses over treatment while perceiving an increase in participation. Although this was a very weak measure of change due to the biases inherent in such

subjective measures, the results supported the major findings of this study.

### Major Findings

The findings of this study indicate that the structured group treatment, a short term intervention strategy, did produce anxiety reduction which endured for at least a month in a junior high school setting. This anxiety reduction was associated with a concomitant rise in self-concept and change in classroom behavior sufficient enough to be noticed by the teacher.

This intervention strategy when employed in a youth rehabilitation center did produce anxiety reduction but this reduction did not endure at a significant level beyond the treatment period. Further, anxiety reduction in this setting was associated with a concomitant rise in self-concept and change in classroom behavior sufficient enough to be noticed by the teacher. These changes in anxiety level in the experimental treatment groups were also perceived by the group leaders.

The control groups in both settings tended to experience a reduction in anxiety and an increase in self-concept to a lesser extent than the treatment groups. This change may indicate the operation of a Hawthorne effect. The control groups also experienced a regression effect similar to the youth rehabilitation center treatment groups. It may be that just giving attention to youth is sufficient to temporarily reduce anxiety; however, the control groups received instruction on anxiety which may also have short term effects.

This study was not designed to determine the validity of these hypotheses about control group change.

### Implications

Since the youth rehabilitation center treatment group tended to experience a strikingly greater degree of change over the treatment period and a somewhat lower degree of regression than the controls, it appears that the group treatment was effective in a youth rehabilitation center. However, something in the milieu appears to have hindered the effect beyond treatment. The group treatment was designed to provide reinforcement for appropriate behavior with the expectation that these changes would be reinforced in the subjects' milieu, thus continuing the likelihood that these behaviors would be emitted. Youth rehabilitation centers tend to be environments which deal with negative characteristics and thus may be less responsive to positive behavior.

Peer acceptance and rejection did not appear to respond to changes in anxiety, self-concept or classroom behaviors. During the preadolescent/early adolescent stage of development youth are starting to identify with peers and disassociate with parents and adults. People over 20 are perceived as old. Therefore, other identify factors may affect peer attraction than those of personality or classroom behavior. Time did appear to increase acceptance and decrease rejection.

Since the classroom teacher reported a positive change in classroom behavior while the student reported a reduction in anxiety, it may be inferred that anxiety does affect classroom performance. It also

follows that reduction of anxiety will increase the students' chances of success. It may be further reasoned that anxiety is a serious problem in this area because establishing a sample of highly anxious junior high aged youth was easily managed. Anxiety reduction does appear to respond to group treatment thus providing a resource for schools while maximizing the number of students who can be helped. School personnel trained to use this study's group technique can effectively bring about anxiety reduction even though they are not trained or have limited training in therapeutic interventions.

The structured group treatment had an immediate anxiety reduction effect and the classroom teacher was sensitive to how this effect changed classroom behavior. This sensitivity may have positively affected the change in anxiety.

In summary, the structured group approach was successful in reducing anxiety while enhancing self-concept and improving classroom behavior from the teacher's perspective. This successful intervention produced an effect which was successful at least over a short interval in a junior high school setting. Attention and/or instruction on anxiety produced a lesser effect which regressed over a short period. Thus, paraprofessionals can lead a structured group technique with junior high youth which reduces anxiety--a problem which exists at this level.

### Recommendations

In future application of this technique in a youth rehabilitation center the significant others in the milieu may need to be more actively involved. Single session follow-up groups at one month intervals may also be of assistance here. These follow-up groups may be facilitative in the junior high setting also and further research may benefit from a 3 or 6 month posttest interval to assess retention.

Since this study was limited to central Texas, further research with a broader or different sample population is indicated.

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APPENDICES

## Appendix A

## Table of Means

Table 7

## Table of Means

	<u>SC</u>	<u>A</u>	<u>PA</u>	<u>PR</u>	<u>TR</u>
<u>T</u>	41.1	4.4	5.7	6.3	18.5
<u>C</u>	38.8	5.3	5.6	7.3	14.5
<u>J</u>	41.7	4.3	5.1	7.4	18.2
<u>Y</u>	38.1	5.2	6.3	6.1	14.7
<u>J</u>	<u>T</u> 43.7 <u>C</u> 39.7	<u>T</u> 3.8 <u>C</u> 5.0	<u>T</u> 5.5 <u>C</u> 4.8	<u>T</u> 6.4 <u>C</u> 8.5	<u>T</u> 21.2 <u>C</u> 15.2
<u>Y</u>	38.4 37.8	4.9 5.7	6.1 6.6	6.3 6.1	15.7 13.7
<u>R</u>	37.9	6.0	5.4	7.4	13.6
<u>P<sub>1</sub></u>	41.2	4.1	5.9	6.8	18.7
<u>P<sub>2</sub></u>	40.6	4.5	5.9	6.3	17.1
<u>R</u>	<u>T</u> 37.7 <u>C</u> 38.1	<u>T</u> 6.0 <u>C</u> 6.1	<u>T</u> 5.3 <u>C</u> 5.4	<u>T</u> 7.0 <u>C</u> 7.7	<u>T</u> 14.1 <u>C</u> 13.1
<u>P<sub>1</sub></u>	42.6 39.8	3.6 4.6	6.0 5.8	6.3 7.3	20.9 13.7
<u>P<sub>2</sub></u>	42.8 38.4	3.5 5.4	6.0 5.9	5.7 7.1	20.6 13.7
<u>R</u>	<u>J</u> 38.9 <u>Y</u> 36.9	<u>J</u> 5.6 <u>Y</u> 6.5	<u>J</u> 4.7 <u>Y</u> 6.0	<u>J</u> 8.5 <u>Y</u> 6.2	<u>J</u> 14.5 <u>Y</u> 12.6
<u>P<sub>1</sub></u>	42.7 42.3	3.9 4.3	5.2 6.6	7.3 6.3	20.3 17.2
<u>P<sub>2</sub></u>	43.6 37.6	3.8 5.1	5.5 6.3	6.7 6.3	19.9 14.4
<u>R</u>	<u>T</u> 38.8 <u>C</u> 38.9	<u>T</u> 5.5 <u>C</u> 5.6	<u>T</u> 4.8 <u>C</u> 5.5	<u>T</u> 7.7 <u>C</u> 9.3	<u>T</u> 15.5 <u>C</u> 13.6
<u>Y</u>	36.6 37.1	6.4 6.6	6.0 6.2	6.3 6.1	12.7 12.6
<u>P<sub>1</sub></u>	<u>J</u> 45.0 <u>Y</u> 40.5	<u>J</u> 3.3 <u>Y</u> 4.5	<u>J</u> 5.7 <u>Y</u> 4.7	<u>J</u> 6.2 <u>Y</u> 8.3	<u>J</u> 23.3 <u>Y</u> 17.3
<u>P<sub>2</sub></u>	40.2 39.4	3.9 4.6	6.3 7.0	6.4 6.2	18.5 15.8
<u>P<sub>2</sub></u>	<u>J</u> 47.3 <u>Y</u> 40.0	<u>J</u> 2.7 <u>Y</u> 4.9	<u>J</u> 5.9 <u>Y</u> 5.1	<u>J</u> 5.3 <u>Y</u> 8.1	<u>J</u> 25.1 <u>Y</u> 14.7
<u>Y</u>	38.3 36.9	4.3 5.8	6.1 6.5	6.0 6.1	16.1 12.8

SC-self-concept

A-anxiety

PA-peer acceptance

PR-peer rejection

TR-teacher rating

T-treatment

C-control

J-junior high

Y-youth rehabilitation center

R-pretest

P<sub>1</sub>-posttest<sub>1</sub>P<sub>2</sub>-posttest<sub>2</sub>

Appendix BPeer Perception QuestionnaireAdministration

Simply select a time (approximately 8 to 10 minutes) when your classroom is intact (not when part of them are somewhere else) and give them this form. It will not be necessary to report those students who are absent.

Inform the students that this is for research about the way students work with other students and that it is confidential and will be seen only by the person who is conducting the study. Try to keep them from talking to each other about their answers. Important-- tell them to only write down names of students in this classroom. To help children remember first and last names of the other students, you should write the first and last names of the class on the board or have the students each write their own names on the board.

Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

1. If you could select someone in this class to sit by, whom would you pick? \_\_\_\_\_. If you could select someone else, whom would it be? \_\_\_\_\_.
2. Suppose that the teacher picked someone to sit by you, if there is anyone you hope the teacher would not select to sit by you, write the name here. \_\_\_\_\_. If there is anyone else you hope the teacher would not pick, write the name here. \_\_\_\_\_.
3. If you could select someone in this class to meet after school, whom would you pick? \_\_\_\_\_. If you could select someone else to meet, whom would it be?  
\_\_\_\_\_.
4. Suppose that the teacher picked someone for you to meet with after school, if there is anyone you hope the teacher would not pick, write the name here. \_\_\_\_\_.
5. If you could select someone in this class to work with you on a social project, whom would you pick? \_\_\_\_\_. If you could select anybody else to work with, whom would you pick? \_\_\_\_\_.
6. Suppose the teacher picked someone to work with you on the project, if there is anyone you hope she would not pick, write the name here. \_\_\_\_\_. If there is anyone else, write the name here. \_\_\_\_\_.
7. If you could select someone in this class to be the leader, whom would you pick? \_\_\_\_\_. If you could select someone else to be the leader, whom would you select?  
\_\_\_\_\_.
8. Suppose that the teacher picked someone to be the class leader, if there is anyone you hope the teacher would not select, write the name here. \_\_\_\_\_. If there is anyone else you hope would not be picked, write the name here. \_\_\_\_\_.
9. If you could select someone in this class to take with you to the movies on your birthday, whom would you pick? \_\_\_\_\_. If you could select someone else, whom would you pick? \_\_\_\_\_.
10. Suppose that your mother picked somebody for you to take to the movies, if there is anyone you hope she would not pick, write the name here. \_\_\_\_\_. If there is anybody else you hope would not be picked, write the name here. \_\_\_\_\_.

Appendix CLeader Rating Scale

Instructions: Complete this form immediately after each group session for each participant.

Session # \_\_\_\_\_

Student \_\_\_\_\_

Participation

Refusal to participate	1	2	3	4	5	Eager volunteers
------------------------	---	---	---	---	---	------------------

Signs of Anxiety

No indications	1	2	3	4	5	Numerous indications
----------------	---	---	---	---	---	----------------------

Appendix DStudent Behavior: Teacher Rating Form

## Administration

On the pages which follow, you will be asked to rate a small number of your students in respect to eight different qualities. For each quality you will rate each student from one (1) to five (5): 1 = least like the quality to 5 = most like the quality.

This instrument was developed for use with an entire class, and if you were placing all of your students into the five categories (least to most) you would find that the middle category would have the most names in it (see example page) and the two extremes would probably have the fewest names in them.

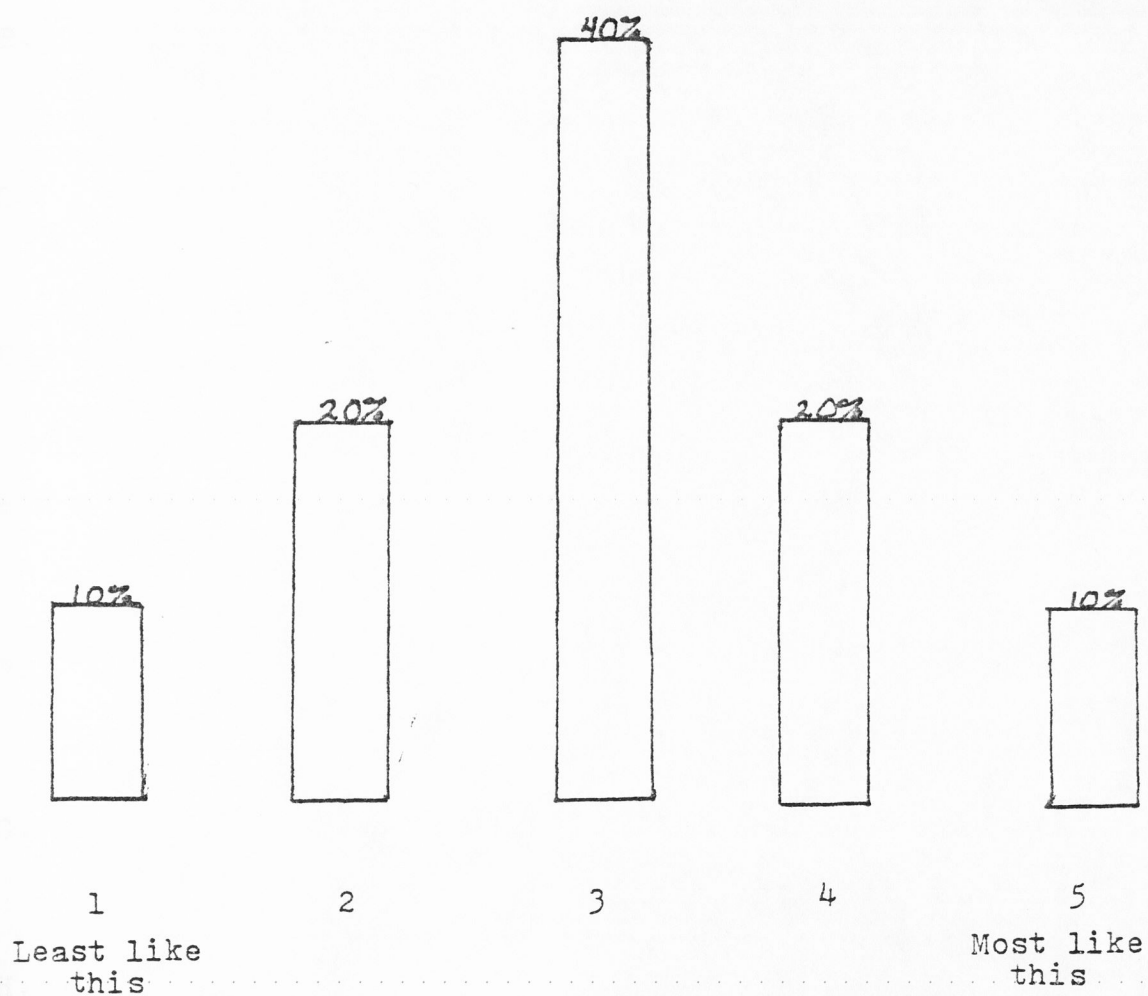
Follow these steps:

Step 1: Turn to the first quality you are to rate your students on. Think about your entire class and pick three students who would fall in the categories "least like this," "most like this," and the middle category.

Step 2: You should now have a frame of reference to rate the students named on the sheets which follow. Now, rate each student in one of the five categories on the first quality (A). Place them in the categories (1 to 5) in terms of how you have perceived them in the last few weeks. You should do this by comparing them with the students you have selected as most typifying categories 1, 3 and 5.

Step 3: Repeat steps 1 and 2 for the remainder of the qualities (B through H). Remember you are rating these students in relation to their peers (and not the ideal student) and how they fit these qualities.

## EXAMPLE PAGE



Quality on which the student is rated:

Is very attractive

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Qualities on which the children are compared:

A. Shows evidence of strong pleasure in good work.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------

B. Strikingly attentive to tasks.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------

C. Enjoys working with others and participating actively in groups.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------

D. Frequently helpful and sympathetic to others with problems.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------

E. Eager, energetic and frequently volunteers.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------

F. Concerned with lessons and careful about work.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------

G. Tries hard to make friends and be accepted.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------

H. Seeks social recognition and likes offices and leadership roles.

Least like this	1	2	3	4	5	Most like this
--------------------	---	---	---	---	---	-------------------



Appendix E

Piers-Harris Children's Self Concept Scale

[See Pocket]

Appendix FLesson Plans for Eight Experimental Sessions

For each session there is a preplanned agenda. This is a guide, as exact dialogue cannot be provided. All major concepts of the suggested dialogue are to be retained; however, variations of wording to accommodate individual personality is permitted. The function of these session plans is to provide a structured guide to assist in meeting the purpose for each session. Obviously, the individual group proceedings will be determined by the patterns of activities and communications in each group; however, it can be expected that these will be similar in nature and be focused on the common purpose.

## First Session

**Purpose:** To facilitate reporting the purpose of the group, getting to know each other, becoming acquainted with role playing.

**Materials:** notes

1. After introducing himself/herself, the leader will discuss the reasons for the group sessions. Try to model openness in the introduction as much as possible by including things about yourself which might help establish rapport, i.e., age, family, hobbies, etc. The following dialogue is suggested for the information about the group. Include personal information at a time you consider appropriate.

**Leader:** I am \_\_\_\_\_ . You may have seen me around the school before. I work with the teachers and students. One thing I learned while working in the schools is that the students have a lot of things in school that cause them problems but they don't get to talk about them much. For example, many students worry about getting good grades. Things like this may cause problems for students. I am working on a method that will help students deal with problems like this, and you have been selected to help me. By this I mean that what we do here will help me learn to run this class more effectively in the future.

The method I use is small group meetings where we talk and role play. Do you know what role playing is? We will come back to that later in this session. The things we talk about are things that have to do with school, like speaking before the class, working in groups with other students and doing as well as your parents want you to do in school. Like I said, this is a new way of helping students and you have been selected to help me by being in the group. Now this group is not like some of the others you may have heard about at \_\_\_\_\_ which had students in them who were sent to the office a lot and who got into trouble. None of

you is here because you have done anything wrong or because you get into trouble. You are here to talk about problems that most students have and talk about what to do about them. You will be required to do some things inside and outside the group, but mainly I will ask for volunteers. There are several other groups like this and I hope there will soon be many more, because students usually like to come to group meetings and they learn things that will help them in school; we usually have fun, too.

We will be meeting for eight times over the next three week period, according to the schedule I will give you. We will meet about an hour each time. Do you have any questions?

Answer questions as honestly as possible without creating stress or the impression there is something wrong with them.

2. Learn names--start in one spot and have a child give his first name. The child next to him (either direction) gives the first child's name and then his own. The next child gives the first two and then his own. This continues until someone gets all of the names. If a child misses, make a nonthreatening remark like, "It is easy to forget names." Tell him/her the name and keep on with the turn; do not make the student redo his/her turn.

3. Discuss rules--2 to 5 minutes.

- a. Get to the group meetings on time.
- b. Talk one at a time (but you do not have to raise your hand).
- c. Listen to others when they are talking.

The discussion should involve why these are important; have

students repeat the rules.

4. Leader: "Remember when I mentioned role playing earlier? The special thing about role playing is that we can take on the role of anything or anyone we want to. For example, have any of you ever wanted to be the teacher instead of the student? Take a moment and think what kind of teacher you would be... It's been a while since I got to be a student so I will take that role. So! I need a volunteer to play the role of teacher. This person will have the help of all the rest of you because you can make suggestions to the "teacher." (Get Volunteers.) Here's the situation: the teacher made a very important homework assignment. The student did it, but lost it on the way to school. "

After role playing, discuss what it felt like being the student (afraid the teacher would not believe you, would feel you were dumb, think you're a bad student and that your classmates would make fun of you). Then, beginning with the volunteer, have the students state what it felt like being the teacher.

5. Process the meeting. Use these guidelines, in the form of questions to the group: Did we work well as a group?

- a. Did we listen to each other?
- b. What were some of the neat ways people shared information, volunteered and participated?
- c. What did we talk about and do this session?

These questions can be answered by using names, but avoid negative comments; use names of children who were performing well. If the group says they did not listen well, for example, ask for the name of someone who was listening, rather than asking for those who were not. Also ask questions to stimulate processing by the group, such as "Can anyone think of some other question we could have asked?"

The leader processes the first group meeting, but a student should be assigned to process the remaining sessions (different students each time).

6. Dismiss the group.

## Second Session

**Purpose:** To deal with perceptions of talking or reciting in front of class or in front of a group and being afraid of making a "fool" of oneself.

**Materials:** Task cards, 8 question cards and notes

1. Leader starts each meeting with warm-up questions and conversation for 2 to 5 minutes. Leader should make a positively reinforcing statement such as: "I enjoyed our last meeting and I'm really looking forward to our time together today."

2. Leader: Some of you or all of you have probably had to do something in front of a class--like read or speak. I remember when (give an example that really happened to you). Stress noticing that lots of other students were also afraid and made mistakes. "Gradually, I noticed that I didn't make many more mistakes than the rest--so if anyone was dumb, we all were. I think what helped me most was relaxing. Sometimes I was so uptight, I couldn't get a sentence out right. Then it finally dawned on me that there was no one to be afraid of: the students were all in the same predicament."

Try to elicit examples of incidents and feelings and thoughts. If students offer appropriate attitudes, reinforce them.

3. This exercise can be used if part 2 took about 10-15

minutes and there is enough time for tasks 4, 5 and 6. Have students form two groups; you assign the group members. Separate them and give each group both tasks on cards after you make the following general comments. "The scene is a classroom and a student is in front of the class giving a speech. The teacher is not there. The speaker makes a mistake and several people laugh at him."

Task A. Think of as many things as you can that you could say or do to make him feel "stupid."

Task B. List as many things as you can that the student might be thinking right then. What are some things he might do? What are some things he might think about the students who laughed?

The leader should allow three to five minutes for each task and should socially reinforce group participation and attention to task, if those occur. The groups talk about task A first, then B while the leader "floats" and encourages. The leader should reinforce appropriate attitudes, and s/he should compare the two sets of answers.

4. Build support groups--two students per group. Each student picks another student s/he would like to work with (assign them if the students cannot do this). Ask them to talk with their support person for 2 minutes about strengths they feel they have. Then allow 3 minutes for them to share



things they would like to change about school. Afterwards, tell them to discuss a plan for making changes and encourage them to meet outside the group to discuss each other's progress. Prepare 8 cards with the following questions on each:

What do you want to change?

Who must agree to the change?

How will you approach them?

When will you approach them?

You will probably have to provide examples and circulate from group to group to help them formulate plans.

5. Assignment for next session: Each student prepares a 2 minute talk or reading (can read from a book or other source) that will be given to the group. Leader: "Try to find something we all would be interested in, but it should be something you want to talk about. It can be funny or sad or whatever." Tell the students this can provide practice for activities like this in their classes.

6. Process the session (same format is used after each session).

7. Dismiss the group.

While there may not be time for all the activities listed for this session, each group must do 2, 4, 5 and 6.

### Third Session

**Purpose:** To practice speaking in front of a group and discuss feelings and attitudes about same.

**Materials:** Reading materials for 2 minute reading and notes.

1. Initial conversation--2 to 5 minutes.

2. Speeches--each student gives a speech until all have given theirs. The leader should reinforce each effort and especially the first volunteer. Volunteers should be called for and appointments made if there are none. Have them volunteer for each position to speak, ahead of time, and have them volunteer for positions in reversed order; for last speaker, next to last, etc. This will give the really anxious students a definite position and will allow them to select one of the last positions if they need to. You should talk about the reasons for this exercise and discuss ways of being a good listener. After the speeches, ask if those listening helped the speaker in any way.

Reluctant students, or those who simply refuse, should be asked to talk or read. Tell them they are expected to participate. Have extra reading material available should there be a severe case of shyness.

3. Discussion--the group members discuss how they felt and what they were thinking. The leader can reinforce appropriate attitudes and behaviors and should look for models to

use as examples among those students who do particularly well, or at least do better than the rest. Try to reinforce all students, however. You could talk about effective and less effective body language at this time. Have each student tell one thing they did which they were afraid to do but did anyway.

4. Remind support groups to get together outside class to prepare plans for school changes.

5. Process the group.

6. Dismiss the group.

#### Fourth Session

**Purpose:** To deal with students' fears that they cannot meet parental expectations; to demonstrate methods of communicating about school problems and eliciting parental support.

**Materials:** Blackboard or poster board and notes.

1. Initial conversation--2 to 5 minutes.

2. Leader: "One thing I have found out while working with students is that many of them think it is pretty hard to do as well in school as they feel their parents would like. This is what we are going to talk about today. We are going to do some role playing like we did in the first session. I will be the parent this first time around. I need a volunteer to be the student bringing home a report card."

Get volunteer and describe the scene: Parent wants to talk with the student about his grades and does so in an understanding, helpful manner. He expresses his desire for the student to do well and offers suggestions to help him improve in some areas. Student wants to please the parent and explains to him that he is trying hard. He asks the parent to help him improve and talks about why some subjects are hard.

Role play, being sure that the "parent" stresses that his/her role is one of support. Now discuss feelings of parent and student. Ask:

a. Was the parent understanding? How did s/he

show it?

- b. How did the student feel before the discussion?  
After?
- c. What ways did the parent offer to help.

3. Now ask for a volunteer to role play as parent. The parent will role play as if s/he were upset with a bad report card. The leader will assume the role of student, demonstrating good communication skills to elicit parental support. Demonstrate such skills as: not arguing, remaining calm, stating need for help, suggesting a conference with the teachers involved.

Role play. Now discuss feelings of this parent and student. Ask:

- a. How did the student present his/her case?
- b. How did the parent respond?
- c. What were the positive things that happened?

4. Discuss things they have done when dealing with parents and what the "payoff" was for them. Have them list alternatives and try to focus on positive approaches such as listening to parents; telling their parents how they feel; not withdrawing; avoiding angry confrontations. Write comments on blackboard. Role play any of those which they would like, especially the positive ones.

5. Remind students about support group planning. Ask if anyone has questions.

6. Process the meeting.

7. Dismiss the group.

## Fifth Session

**Purpose:** A nonstructured session for discussion of support group activities, other concerns, and continuation of any previous discussions of interest.

**Materials:** Question cards from second session and notes.

1. Initial conversation--2 to 5 minutes.
2. Leader: "This meeting is going to be a meeting to discuss what you have been doing in your support groups and what you have been working on outside the groups. You may also bring up other concerns or continue previous group discussions which were interesting and helpful."

Give them a few minutes to think and then ask about support group activities and things they have been working on. Refer to questions from session number two. (Bring 8 sets of question card in case students don't have them available.) Encourage them to speak to persons necessary for change to occur. Tell them this will be an outside assignment.

Proceed to other topics when appropriate. You may have to suggest topics if they do not do this adequately. Possibilities: What it will be like in senior high; how to make friends; who the most popular kids are in school and why.

3. Discussion.
4. Process the group.
5. Dismiss the group.

## Sixth Session

Purpose: To deal with the issue of rejection.

Materials: nine role cards and notes; pin-on tags

1. Initial conversation--2 to 5 minutes.

2. Leader: "Today, we are going to role play a situation where all of us can play at the same time. This is the situation: We are all in a bomb shelter; there has been an atomic attack and we are trying to decide who is going to take a rocket to the moon to start a new colony. The cards I am passing out have the role you are supposed to play, including a card to pin on you, which tells us who you are. I want you to read to yourself the information about the part you are to play. In a few minutes, I will read your card to the whole group. You will notice there are nine of us. For this game, we are pretending that seven people will be able to go to the moon. This means we have to select two people to leave behind. After I have read the cards to you, we will then start trying to decide who will go. We each can argue for ourselves and why we should go, and why someone else should stay. We have to make the decision in 15 minutes."

Give the students 2 to 3 minutes to read their cards and think about their parts, and then begin.

The leader will provide cards for each group. Each group will have nine roles, such as doctor, actress, electrician,

teacher, etc. Each role will have both positive and negative qualities to make decision making difficult. For example, the scientist is a woman who cannot have children; the actress is pregnant.

After completion of the role playing, reinforce the performances. Talk about the decision making process. Discuss how it felt to be rejected and what the rejected ones were thinking. Elicit feelings from all about their thoughts and feelings about the possibility of being rejected in the game. Then say, "Well, to be rejected in this game was a life or death matter; it may have been the end of the world. Most of the time when we are rejected or kicked out, it is not that bad. Can you think of some times when you were rejected, or someone wouldn't let you play or be in the group, or told you to go home?"

Discuss the responses, which should include many feelings and attitudes. Be sure to ask the students what they thought about and how they felt when that happened. A primary goal is to show the groups that "rejection" is not the "end of the world." It may be necessary to use yourself in several examples to further stimulate discussion. Also, discuss positive approaches to avoid being rejected, such as saying nice things to other children, practicing on skills you are weak in, and picking groups that are close to your ability level when playing athletic games.

3. Process the group.

4. Dismiss the group.



## Seventh Session

**Purpose:** To discuss characteristics in people that are and are not likable; to point out strengths in ourselves.

**Materials:** notes

1. Initial conversation--2 to 5 minutes.

2. Leader: "Today, we are going to talk about things we like and don't like about people and ourselves. To begin with, I would like you to think how you would finish this statement, I like people who \_\_\_\_\_. After you think a minute, we will each answer it."

Proceed around the circle, asking for the responses. It may be necessary for you to start it. After everyone has finished, ask for volunteers to repeat answers they heard. Then, discuss the responses, emphasizing those which are good examples for them, especially those involving appropriate social behavior (I like people who help other people in class).

3. Leader: "A type of person who's not very likable is someone who frequently says negative or ugly things about other people. Let's talk about this. How does it make you feel and what do you think about when people say negative or ugly things to you? What does it make you want to do?"

You will probably have to repeat these questions throughout the discussion. Start with volunteers and then ask the members directly. Encourage all to participate.

Encourage them to use specific examples. This should provide opportunities to correct inappropriate attitudes and reinforce appropriate suggested behaviors.

For example, a dialogue (with a girl) like this could occur: "It made me feel bad when this guy called me stupid because I dropped my books in the hall." Leader: "What did you think when he said that?" "I thought I was pretty stupid for doing that." Leader: "You mean people who drop their books accidentally are stupid people?" "No, I guess I just thought so at the time; it was pretty embarrassing." Leader: "What did you want to do when he said that?" "I wanted to run away really fast before other people saw me." Leader: "I guess that would have made you feel better, but what other ways could you have handled it?" "I guess that would have been kind of silly, the best thing would probably have been to forget it." Leader: "Sounds like a great idea, I think I would have just ignored the wisecrack and the boy."

4. If the first two exercises take most of the session this can be done in 5 or 10 minutes, but it should not be excluded. It can also take longer if more time is left.

Leader: "We have talked some today about characteristics we like in people. We were really talking about their strengths. I would like for you to pair up with your support partner and tell him a strength that you have, a way that you act which you think would cause people to like you. After

you talk about this for a few minutes, each pair will share what they talked about with the rest of the group."

This activity should allow some discussion about certain strengths in specific group members. Socially reinforce particularly exemplary strengths.

5. Process the session.
6. Dismiss the group.

Eighth Session

Purpose: To role play various social situations and dissolve the group.

Materials: cookies and punch, notes

1. Initial conversation-2 to 5 minutes.

2. Leader: "We are going to role play some situations that could occur here at school involving you and other students. I need four volunteers for the first one." Select them if they do not volunteer.

Leader: "This situation requires four students. You three are starting to work on a class project. You, #4, come up to ask if you can work on it with them. What would you do and say, #4, to get them to let you be in their group?"

Role play. If local flavor can be added by the leader without much change or structure, do so; however, let the students be as freely creative as they can tolerate.

Discussion: After several minutes, discuss what they saw going on and any feelings they have. Be sure that their feelings are respected and supported. Give constructive and supportive feedback to each member and elicit the same from their peers.

3. Leader: "This situation requires three more volunteers (different ones if possible). You two, #1 and #2

are trying to talk   #3   into skipping music class and going to the gym to watch a volleyball tournament. You,   #3  , know that all three of you will get into trouble if you are caught so you are trying to talk   #1   and   #2   out of it. You are getting into an argument. How would you handle the situation and make them realize they should not go?"

Role play and discuss as in number two above.

4. Have each student take one minute to say what the group has done for him/her. Let each choose to speak in the order he feels most comfortable. Give and encourage a warm applause after each speaker has spoken. Point out some favorable facet of their presentation (e.g., eye contact, poise, voice quality, personalized message, self-disclosure, etc.) and how you were impressed by it.

5. Share your feelings about the group in a positive way-- how you have enjoyed it and had fun. Let the students chime their agreement spontaneously or covertly elicited.

6. Have an informal (just mill around) conversation to let them ventilate for the rest of the period. A treat of cookies and punch or some such should be available.

Appendix GLesson Plans for Eight Control Sessions

The following plans are presented in lecture format. For the purposes of the study, no attempt has been made to vary the presentations or to provide review and retention exercises. As discussion is not allowed and questions not encouraged, the outline is to be followed precisely.

The following source books are furnished:

Introduction to Psychology by Morgan and King,

Psychology: An Introduction by Mussen and Rosenzweig,

The Practice of Behavior Therapy by Wolpe,

The Quiet Furies by McNeil .

## OUTLINE

## Session 1:

Purpose: To introduce the topic, define "anxiety" cover physiological signs.

Materials: Outline notes

## I. Anxiety defined

A. Uneasiness, apprehension stemming from anticipated danger; the source is unidentifiable.

B. Real emotional pain

C. Similar to fear

1. Both are responses to danger or perceived danger and have physiological reactions.
2. But anxiety's origin is mainly from within the personality whereas fear's origin is usually from an identifiable threat.

## II. Physiological signs of anxiety

A. Cardiovascular response: rapid heart rate, high blood pressure, palpitations, dizziness, faintness

B. Gastrointestinal response: nausea, vomiting, cramps, diarrhea, overeating, anorexia, ulcers

C. Respiratory response: hyperventilation, difficulty breathing, asthma

D. Genitourinary response: frequency of urination, impotence, frigidity

E. Vasomotor response: profuse sweating or flushing of face

F. Musculoskeletal response: backache, headache, pupillary dilation, tics, stuttering

G. Insomnia, Amnesia

## Session 2:

Purpose: Further explicate anxiety reactions and physiological measures; 2 case histories

Materials: Outline notes; Morgan book; Wolpe book; McNeil book; Mussen book.

### I. Anxiety Reactions

- A. Read Anxiety Reaction, p.498-499, Morgan.
- B. Read Psychophysiological Disorders, p.499-500, Morgan.

### II. Physiological Measures

- A. GSR- galvanic skin response- measures sweat
- B. EMC- electromyograph- measures muscle tension
- C. EEG- electroencephalograph- measures brain activity
- D. Read Objective Measures, p.175-176, Mussen.

### III. Case Histories

- A. Read Case 11, p. 236-255, Wolpe. paraphrase.
- B. Read Case 2, p. 11-21, McNeil.



Session 3:

Purpose: Read more case histories

Materials: Outline notes; McNeil book.

I. Restate Anxiety Reaction

II. Case Histories

A. Read Case 3, p. 23-33, McNeil.

B. Read Case 4, p. 35-43, McNeil.

C. Read Case 5, p. 45-55, McNeil.

D. Read Case 6, p. 57-67, McNeil.

E. Read Case 7, p. 69-79, McNeil.

## Session 4:

Purpose: present views on anxiety theory and introduce the effect of development on anxiety

Materials: Outline notes; Morgan book; Mussen book.

## I. Views on Anxiety Theory

## A. Freud-early view

1. objective anxiety provoked by external stimulus
2. neurotic anxiety is a warning signal evoked by an internally repressed source

## B. Learning theory

1. stimulus-response view
2. classically conditioned response associated with an aversive stimulus which results in an avoidance reaction to reduce the anxiety

## C. Cognitive Emphasis

1. psychological stress analysis
2. determine 1)if the situation is stressful, 2)what to do about it
3. anxiety results from incomplete appraisal

D. Read Anxiety Theory, p. 469-470, Morgan.

## II. Child Development and Anxiety (Read Mussen, p. 314--328)

## A. First year

1. dependency
2. effects of mother-child relationship

## B. Second Year

1. parental reactions to independence
2. over-protection

Session 5:

Purpose: Explicate role of development on anxiety

Materials: Outline notes; Mussen book

I. Preschoolers (Read p. 323-328; 331-339, Mussen)

A. Democratic vs. control homes

B. Identification with parents

II. Self Concept

III. Role of Peers

IV. Personality Stability

V. Adolescent development and adjustment

## Session 6:

Purpose: set stage for last two sessions by reviewing different approaches

Materials: Outline notes; Morgan book

- I. History of Mental Health in the United States
  - A. Behavior Disorders in the U.S. p. 514-516
  - B. Trends in Treatment p. 516-518
- II. Various therapies
  - A. Medical Therapies p. 519-521
  - B. Psychoanalysis p. 522-523
  - C. Behavior Modification p. 531-532
  - D. Biofeedback p. 543-544

Session 7:

Purpose: to present some ways of coping with anxiety

Materials: Outline notes; Morgan, Mussen and Wolpe books

- I. Systematic desensitization (chapter 7, p. 91-127 in Wolpe; paraphrase)
- II. Behavior Rehearsal p. 68-69 in Wolpe
  - A. Modeling p. 541-542 in Morgan
  - B. Implosion p. 539 in Morgan
- III. Carbon dioxide-oxygen therapy p. 173-177 in Wolpe

Session 8:

Purpose: present more ways of coping with anxiety  
and dismiss class

Materials: Outline notes; Morgan, Mussen and Wolpe  
books

- I. Relaxation p. 97-98 in Wolpe and p.543-544 in Morgan
- II. Flooding Therapy p. 185-193 in Wolpe
- III. Individual Counseling p. 526-527 in Morgan  
p. 260-261 in Mussen
- IV. Group Counseling p. 264-266 in Mussen

Appendix HParental Permission

Dear Parent:

We are conducting a study to develop a program for reducing anxiety in school children. Anxiety has been found to have a negative effect on school performance and child development. In the hope of combating this effect we are studying an approach which might be used by school staff to decrease anxiety and enhance school performance. Many anxious, shy children go unnoticed and unaided. We would like to identify these children and provide an opportunity for them to learn to overcome their anxiety.

To aid these children we need your assistance. We need to test your child(ren) and their classmates to see if they could benefit from the program. Testing and participation in this program, of course, requires your permission. The testing is necessary to identify anxious children and will be strictly confidential as to your specification. The program is designed to educate and help your child learn to deal with anxiety and anxiety provoking situations, such as speaking in front of a class. Your child would only be assigned to the group if testing indicates he/she could benefit from it.

You, of course are welcome to discuss the program with project staff. You will have access to the results of this program. Although the data from the study will be reported in group form (no identities mentioned), your child's identity will not be exposed or known outside of the group she/he may participate in and this group will function under a code of confidentiality. You may withdraw your child from the program (study) at any time without explanation or prejudice incurred.

We urge your cooperation and encouragement for this endeavor to find a way to further the educational benefits for children. Please sign the attached form and return it promptly. Thank you.

L. R. Ballering  
Project Supervisor

---

Program Leader, Counselor

Fairway Middle School

## PARENTAL CONSENT FORM

Participation in a study of a Anxiety Reduction  
Program for Minor Children

I \_\_\_\_\_, as parent or  
legal guardian of \_\_\_\_\_ hereby agree to  
allow the above named child to participate in the study of anxiety  
identification and remediation conducted at his/her school by L. R.  
Ballering.

I agree to his/her being tested to ascertain if he/she could benefit  
from the program. If my child is identified, through this testing,  
to be potentially capable of further participation in the program,  
I hereby consent to his/her continuation in the program.

I have read the attached letter explaining the program and its volun-  
tary nature. I understand I may withdraw my consent at any time  
which will result in my child's immediate removal from the program.

I understand that the data for this study will be reported in group  
form thus insuring confidentiality for my child. I further understand  
that any questions I have will be answered by project staff.

This form will be kept confidential in the care of the project super-  
visor L. R. Ballering.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 1979

\_\_\_\_\_  
Parent or guardian



## VITA

Lawrence R. Ballering

Candidate for the Degree of

Doctor of Philosophy

Dissertation: The Effects of a Structured Group Approach on Anxiety  
in Junior High Youth: A Technique for Paraprofessionals

Major Field: Psychology

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**THE PIERS - HARRIS  
CHILDREN'S SELF CONCEPT SCALE**

*(The Way I Feel About Myself)*

*by*

ELLEN V. PIERS, Ph.D.

and

DALE B. HARRIS, Ph.D.

*Published by*

Counselor Recordings and Tests

BOX 6184 ACKLEN STATION

NASHVILLE, TENNESSEE 37212

THE WAY I FEEL ABOUT MYSELF

NAME .....

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

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

DATE .....

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

1. My classmates make fun of me..... yes no
2. I am a happy person..... yes no
3. It is hard for me to make friends..... yes no
4. I am often sad..... yes no
5. I am smart..... yes no
6. I am shy..... yes no
7. I get nervous when the teacher calls on me..... yes no
8. My looks bother me..... yes no
9. When I grow up, I will be an important person..... yes no
10. I get worried when we have tests in school..... yes no
11. I am unpopular..... yes no
12. I am well behaved in school..... yes no
13. It is usually my fault when something goes wrong..... yes no
14. I cause trouble to my family..... yes no
15. I am strong..... yes no
16. I have good ideas..... yes no
17. I am an important member of my family..... yes no
18. I usually want my own way..... yes no
19. I am good at making things with my hands..... yes no
20. I give up easily..... yes no

21. I am good in my school work ..... yes no
22. I do many bad things ..... yes no
23. I can draw well ..... yes no
24. I am good in music ..... yes no
25. I behave badly at home ..... yes no
26. I am slow in finishing my school work. .... yes no
27. I am an important member of my class ..... yes no
28. I am nervous. .... yes no
29. I have pretty eyes ..... yes no
30. I can give a good report in front of the class ..... yes no
31. In school I am a dreamer. .... yes no
32. I pick on my brother(s) and sister(s) ..... yes no
33. My friends like my ideas ..... yes no
34. I often get into trouble. .... yes no
35. I am obedient at home. .... yes no
36. I am lucky ..... yes no
37. I worry a lot. .... yes no
38. My parents expect too much of me ..... yes no
39. I like being the way I am ..... yes no
40. I feel left out of things ..... yes no

41. I have nice hair. .... yes no
42. I often volunteer in school ..... yes no
43. I wish I were different ..... yes no
44. I sleep well at night. .... yes no
45. I hate school. .... yes no
46. I am among the last to be chosen for games. .... yes no
47. I am sick a lot ..... yes no
48. I am often mean to other people. .... yes no
49. My classmates in school think I have good ideas ..... yes no
50. I am unhappy ..... yes no
51. I have many friends ..... yes no
52. I am cheerful ..... yes no
53. I am dumb about most things ..... yes no
54. I am good looking ..... yes no
55. I have lots of pep. .... yes no
56. I get into a lot of fights ..... yes no
57. I am popular with boys. .... yes no
58. People pick on me ..... yes no
59. My family is disappointed in me ..... yes no
60. I have a pleasant face ..... yes no

61. When I try to make something, everything seems to go wrong. yes no
62. I am picked on at home ..... yes no
63. I am a leader in games and sports ..... yes no
64. I am clumsy..... yes no
65. In games and sports, I watch instead of play ..... yes no
66. I forget what I learn..... yes no
67. I am easy to get along with..... yes no
68. I lose my temper easily ..... yes no
69. I am popular with girls ..... yes no
70. I am a good reader ..... yes no
71. I would rather work alone than with a group ..... yes no
72. I like my brother (sister) ..... yes no
73. I have a good figure ..... yes no
74. I am often afraid..... yes no
75. I am always dropping or breaking things ..... yes no
76. I can be trusted ..... yes no
77. I am different from other people..... yes no
78. I think bad thoughts ..... yes no
79. I cry easily..... yes no
80. I am a good person..... yes no
-



