

BUILDING RESILIENCE SKILLS IN HISPANIC MIDDLE SCHOOL GIRLS:
AN OUTCOMES BASED RESEARCH STUDY

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BUILDING RESILIENCE SKILLS IN HISPANIC MIDDLE SCHOOL GIRLS:
AN OUTCOMES BASED RESEARCH STUDY

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A Dissertation

Submitted to

the Graduate Faculty of

Auburn University

in Partial Fulfillment of the

Requirements for the

Degree of

Doctor of Philosophy

Auburn, Alabama
August 8, 2005

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VITA

Peggy Lawrence Thomas, daughter of the late Frank M. and Annie (Chancey) Lawrence, was born on April 29, 1950, in Albany, Georgia. She received her Bachelor of Arts degree in Psychology in 1973, her Master of Education in School Counseling in 1974 and her Educational Specialist degree in 1995 from the State University of West Georgia, formerly West Georgia College. She began her career as a middle school teacher with the Dougherty County Board of Education in Albany, Georgia. She is currently employed as a middle school counselor with the DeKalb County School System, Decatur, Georgia. She married Larry Thomas on April 1, 1984.

DISSERTATION ABSTRACT

BUILDING RESILIENCY SKILLS IN HISPANIC MIDDLE SCHOOL GIRLS:
AN OUTCOMES BASED RESEARCH STUDY

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Doctor of Philosophy, August 8, 2005
(B.A., State University of West Georgia, 1973)
(M.Ed., State University of West Georgia, 1974)
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124 Typed Pages

Directed by Dr. Debra C. Cobia

A review of literature showed clearly the problems faced by the Hispanic population in general and the problems of Hispanic females in specific terms as related to resilience, academic success and self concept. The purpose of this study was to determine the effects of a cognitive behavioral group counseling intervention program on the self concept of at risk middle school Hispanic females as measured by the Piers-Harris Children's Self-Concept Scales 2.

The sample size of 14 was randomly assigned to one of two groups, control or experimental, with seven students in each group. During the course of the study, two

students withdrew from school, leaving a total group of twelve students who completed the study. The control group had 6 members and the experimental group had 6 members.

Participants in the experimental group systematically learned skills to build self-esteem by practicing the life skills of assertiveness, decision making, communication, goal setting and problem solving by participating in this study. Repeated measurements analyses of variance were performed on the seven scales of the Piers-Harris 2. No statistically significant differences between the experimental and control groups were found.

ACKNOWLEDGMENTS

With great thanks, I wish to acknowledge the assistance and support given to me by my committee members, Dr. Jamie Carney and Dr. Suhyuh Suh. I am especially grateful for the contributions of my chair, Dr. Debra Cobia. Dr. Cobia provided me with guidance, encouragement and support while I attended Auburn University. I am appreciative to have worked with such a committed person.

I would also like to acknowledge Dr. Elizabeth Brazelton for her inspiration and professionalism.

I would like to thank my husband, Larry Thomas. He is my compass on the road of life.

Style manual used Publication Manual of the American Psychological Association, 2001 (5th ed).

Computer software used Microsoft Office Word 2003; Statistical Product for Social Sciences (SPSS) 11.0 for Windows XP.

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I. INTRODUCTION

The purpose of this study will be discussed, accompanied by a brief overview and background information related to Hispanic immigration and Hispanic adolescents. The research questions, the hypotheses, the pertinent definitions and the limitations of this study will be presented in this chapter.

Background

One out of every five children in the United States is the child of an immigrant (Suarez-Orozco & Suarez-Orozco, 1995). While the rate of immigration has continued to increase, there has been no corresponding increase in research on the psychological impact of immigration. Clinical writing on the impact of immigration on families and adults is limited, and few studies have focused on children (Suarez-Orozco & Suarez-Orozco, 1995). Considering the large number of children who are immigrants and the range of their unique psychosocial needs, it is critical that school counselors and support personnel develop culturally appropriate counseling programs (James, 1997).

The immigration rate for Hispanics is exceeding that of other immigrant groups (U.S. Bureau of the Census, 1993). Therrien and Ramirez (2002) stated the following facts about the Hispanic population in the United States: As the United States has grown increasingly diverse, the Hispanic population has grown at seven times the rate of the rest

of the nation between 1980 and 1990 and is expected to double between 2010 and 2050 reaching 80.7 billion. Hispanics are more likely to be unemployed and are more likely to live in poverty than other minority groups. Of all Hispanics in the United States, 33.2% of those Hispanics live in the South and are more likely to live in a metropolitan area. They are more likely to be less than 18 years of age. One-third of Hispanic households have five or more members.

Romo (1998) examined influences that affected Hispanic girls in their education and career decisions, and suggested steps that schools and society can take to help girls feel accepted, such as programs that promote self-efficacy, self-confidence, and high expectations. Ginorio and Huston (2001) described the unique challenges that Hispanic girls face. Hispanic girls have lagged behind other ethnic minority groups on most measures of success, either academic or economic, and have faced a high rate of poverty within their communities. The educational experiences of Hispanic girls were exacerbated by lack of English proficiency, racism and sexual harassment and getting an effective education has often been at odds with the Hispanic cultural focus of putting the family first. Consequently, Hispanic girls often engaged in behaviors which adversely affect their futures, such as dropping out of school or becoming pregnant. They also are affected disproportionately by emotional disorders.

In a study by Moneta, Schneider and Csikszentmihalyi (2001), Hispanics scored consistently lower in living up to one's own expectations, to the expectations of others, and feeling successful. They found that global self-esteem of Hispanic adolescents was markedly lower than the global self-esteem of white adolescents. Academy for Educational Development (1992) cited that compared with other groups, Hispanic girls

had the sharpest declines in self-esteem during adolescence. According to the study, 83% of Hispanic high school students disapproved of the homemaker role, but about a third of those disapproving believed they would eventually assume these roles. Hispanic girls were less likely to find support at home or in school for high educational achievement than other young women in U.S. society (Hernandez, 1995).

The Academy for Educational Development (1992) found that Hispanic girls also leave school because of sexual harassment. As a result of sexual harassment, students often stay home, cut class, or do not contribute. They experience difficulty concentrating on school work or suffer lowered self-esteem and self-confidence. Competition and conflicts among "cliques" of girls results in harassment, affecting Hispanic girls' attitudes toward school and their ability to learn (Merten, 1997).

Tinajero, Gonzalez, and Dick (1991) concluded that the alienation of many Latinas from school stems from lack of role models and counseling, stereotypes in curriculum, and low teacher expectations. They found that Hispanic females have high dropout rates and the lowest college attendance rate of any ethnic population.

Resilience

Resilience has been described as the ability to thrive, mature and increase competence in the face of adverse circumstances (Gordon, 1995). Rutter (1987) found two traits that promote resilience: self-esteem, a sense of self-worth, and self-efficacy, a belief that one can cope with life's challenges. He described protective mechanisms associated with four main processes of resilience: reduction of risk impact, reduction of negative behavior patterns, the establishment and maintenance of self esteem and self-efficacy, and the opening up of opportunities. Rak and Patterson (1996) concluded that

research has shown self-concept played a role in resiliency and that the capacity to enhance positive self-esteem acted as a protective factor for at-risk youth. Burnett (1994) described self-esteem as synonymous with general self-concept and defined self-esteem as the global feelings and beliefs about oneself as a person. Self-Concepts have been described as the multidimensional descriptive/affective and evaluative/comparative/cognitive beliefs that people have about specific characteristics, which are physical attributes, social relationships and academic beliefs (Burnett, 1994). There were seven variables measured with the Piers-Harris Children's Self-Concept Scale, Second Edition (Piers, Harris, & Herzberg, 2002): self-concept (total scale score), behavioral adjustment, intellectual and school status, physical appearance and attributes, freedom from anxiety, popularity, and happiness and satisfaction. These seven variables were linked as indicators of self esteem and resilience. An increase in the measure of these variables reflecting self-concept would seem to indicate an increase in resilience.

Protective factors were those things that help adolescents contend more effectively with risk factors and stressful life events. They enhanced the current and future resiliency of an individual, and are important to healthy development. Blum, McNeely and Nonnemaker (2002) found that resilience is not a trait or characteristic, but that it is the interaction between the person and the environment that provides the ability to overcome adversity without negative consequences. They stated that completion of developmental tasks is closely linked with resilience and found the sources of resilience include an external facilitative environment, mental strengths, and internal coping skills. They saw positive self-esteem as characteristic of resilience which leads to empathy, pro-social behaviors, and problem solving behavior.

The Search Institute (Benson, Galbraith, & Espeland, 1998) identified a framework of 40 Developmental Assets for adolescents. These assets were broadly categorized as a commitment to learning, positive values, social competencies and positive identity. Surveys by the Search Institute revealed a relationship between the number of assets present in an adolescent's life and the degree to which the adolescent developed in positive ways. They found that the greater the number of assets experienced by young people, the more positive and successful their development was and that in turn, the assets were protective factors which enhanced resilience. Assets in a young person's life could have a positive impact on such things as academic achievement, violence prevention, and resistance to substance abuse and risk. The Developmental Asset framework was categorized into two groups of 20 assets, external and internal. External assets were the positive experiences young people received from the world around them. Internal assets identified those characteristics and behaviors that reflected positive internal growth and development of young people. Self concept has been identified as one of 40 essential "assets"-or building blocks of healthy development-that young people need in their lives to succeed.

School Bonding and Resilience

Bonding was the emotional attachment and commitment a child made to social relationships in the family, peer group, school, community, or culture (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002). Dolan, Kellam and Brown (1989), investigators of attachment theory, concluded that attachment or bonding to adults other than a child's parents has positive effects on a child's resilience to adversity. Catalano, Haggerty, Oesterle, Fleming and Hawkins (2004) found that bonding to school represents

an important area where bonding to positive adults can occur. They have shown that school bonding increased positive developmental experiences, decreased negative developmental experiences and buffered the effects of risk. Thus, school bonding appeared to promote healthy development and to prevent problem behaviors. These authors also found that school bonding was a strong predictor of academic competence and that it was critical to focus energy on school bonding as well as academic competence in order to reduce problems, such as delinquency and violence, gang involvement, drug use, and dropout which were barriers to academic success. In examining the relationship between self concept, resilience and school bonding, it became clear that increasing school bonding may improve the self concept of Hispanic girls which in turn enhances their resilience.

Group Counseling and Resilience

Gumaer (1986) stated that no better or more natural environment exists for adolescents to learn in than in their peer group within the school. Prout and Prout (1998) found group counseling to be an effective intervention when dealing with adolescents. Group counseling was described as a therapeutic intervention frequently used by school counselors and was a dynamic, interpersonal process that focused on conscious thoughts, feelings and behavior (Corey, 1991). “Group counseling tends to be growth oriented in that its focus is on discovering internal resources of strength” (Corey, 1991, p. 7). Developmental group counseling in the schools is both preventive and remedial (Orton, 1997).

Blum and Jones (1993) and Phillips and Phillips (1992) established that group counseling had the potential to help at-risk adolescents to develop more positive self-

esteem. According to Combs and Avila (1985), counseling groups could help adolescents to increase their levels of self-esteem by providing appropriate support to members when they begin to deal appropriately with their personal problems. Omizo and Omizo (1988) found that a group involving role playing, drawing, peer discussions, and other activities had a positive effect on adolescents' self concept and locus of control.

Counselors and Outcome Research

Beginning in the 1960s and continuing to the present, the issue of accountability has emerged as essential to the role and function of the school counselor (Schmidt, 1996). Outcome research provided information on which techniques and activities provided positive results for students and are supported by statistical data. With the current emphasis on accountability, outcome research assisted school counselors in choosing interventions that have been shown to be effective. Outcome research could help answer such questions as: Is counseling effective? What aspects of counseling are helpful? How can the effects of effective counseling be enhanced? Outcome measures typically studied in the school include improved achievement scores, improved attendance, improved academic performance, improved behavior, improved self esteem, decreased disciplinary referrals, measures of self concept, achievement motivation and sex-role stereotyping.

Purpose of the Study

A review of literature showed clearly the problems faced by the Hispanic population in general and the problems of Hispanic females in specific terms as related to resilience, academic success and self concept. The purpose of this study was to determine the effects of a cognitive behavioral group counseling intervention program on

the self concept of at risk middle school Hispanic females as measured by the Piers-Harris Children's Self-Concept Scales 2.

Significance of the Study

This study had implications for all educators who work with Hispanic children and who are responsible for helping Hispanic students achieve both academic and social success. School counselors may benefit from this study because of its investigation into a counseling intervention that may increase resiliency skills for at risk Hispanic students and improve their chances for school success. Classroom teachers may gain an understanding of the factors which impede the academic success of Hispanic students. The assertion of this study was that when self esteem is increased, resiliency will increase. Hispanic students will achieve academically and will be less inclined to participate in risky behaviors, such as alcohol, tobacco, drugs, gangs, violence and sexual activity.

Research Question

Will a cognitive behavioral group intervention make a difference in the self concept of middle school Hispanic females?

Null Hypotheses

H1. There will not be a difference in the student's assessment of self concept for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H2. There will not be a difference in the student's assessment of behavioral adjustment for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H3. There will not be a difference in the student's assessment of intellectual and school status for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H4. There will not be a difference in the student's assessment of physical appearance and attributes for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H5. There will not be a difference in the student's assessment of freedom from anxiety for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H6. There will not be a difference in the student's assessment of popularity for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H7. There will not be a difference in the student's assessment of happiness and satisfaction for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Limitations of the Study

The limitations of this study included the use of Hispanic subjects from only one middle school in suburban Atlanta, Georgia; therefore, the generalizability of the findings to other regions in the country or other age groups was limited. The fact that this study consisted of all Hispanic female students restricted the generalizability to other populations.

The length of the treatment in this study was also a limitation. The intervention was conducted once a week for six weeks. A longer treatment period may have produced different results. Another limitation of the study was that there was no follow up period.

The sample size of this study was small which increased the possibility of a Type II error. As well as distorting the findings, the small sample size further limited the generalizability of the study.

Definition of Terms

Acculturation - The process whereby members of different cultures come into continuous, direct contact and one or both of them change as a result (Locke, 1998).

Assimilation - This process is an extreme type of acculturation, whereby one group is absorbed into the other and loses its separate identity (Locke, 1998).

At Risk - The term at risk is used broadly to indicate those students who may be in danger of school failure (Slavin & Madden, 1989).

Counseling Outcome Based Research - Counseling outcome research is the experimental investigation of the impact of counseling on the client. Studies investigating interventions or elements of the counseling process are considered outcome research if the primary focus was on some aspect of client change (Sexton, 1996).

Hispanic/Latino - Persons who indicate that their origins are from Spain, the Spanish-speaking countries of Central or South America, the Dominican Republic or people identifying themselves generally as Spanish, Spanish-American, Hispanic, Hispano, and Latino. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in

the United States. People who identify their origin as Spanish, Hispanic, or Latino may be of any race.

Multiculturalism - Pedersen (1991) defines multiculturalism as a range of multiple groups which includes of a large number of variables, e.g., age, sex, place of residence, education, socioeconomic factors, affiliations, nationality, ethnicity, language, religion, making multiculturalism generic to all counseling relationships. Locke (1990) advocates a narrower definition of multiculturalism which is directed toward the racial/ethnic minority groups within a culture.

Multicultural Counseling - Multicultural counseling is a relationship which requires the recognition of: (1) the importance of racial/ethnic group membership on the socialization of the client; (2) the importance and uniqueness of the individual; (3) the presence of and place of values in the counseling process; and (4) the uniqueness of learning styles, vocational goals, and life purposes of the client (Locke, 1986).

Resilience - Resilience in an individual refers to successful adaptation despite risk and adversity, a pattern over time, characterized by good eventual adaptation despite developmental risk, acute stresses, or chronic adversities (Masten, 1994). To thrive, mature, and increase competence, a person must draw upon all of his or her resources: biological, psychological, and environmental (Gordon, 1995). In this study, resilience refers to positive self-concept, social competence.

Self-concept – It is a set of attributes reflecting both a description and evaluation of the person. It refers to a person's self perceptions in relation to important aspects of life (Piers, Harris, & Herzberg, 2002).

Social Convoy – This term is used to describe the protective function and the dynamic nature of the social network that surrounds an individual through the lifespan (Kahn & Antonucci, 1980).

II. REVIEW OF LITERATURE

The review of literature consisted of an overview of the stress which may have resulted from the process of immigration. The review specifically addressed the psychological, cultural and economic issues of immigration. The section examined demographic information relating to Hispanic immigration. The section continued with a review of challenges facing Hispanic girls. The last section concluded with a discussion of outcomes based research and its importance to the counseling profession.

Immigration

James (1997) stated that immigration is one of the most stressful events an individual can undergo. Immigrant children left behind familiar language, culture, community and social system. James continued that the experience of immigration incurred a variety of emotional and cognitive adjustments that place the immigrant children at increased risk for psychosocial problems, school failure, drug use and other risk-taking behaviors. It was often assumed that children adjusted easily to change; however, many do not (Igoa, 1995). James (1997) found that regardless of country of origin, immigrants experience commonalties of adjustment in acculturation, economic, social, environmental dislocation and survival. Issues arose around the areas of acculturation, assimilation, ethnic identity, familial, and generational boundaries, and school.

Adolescents were particularly affected because they are undergoing the psychological, physiological and hormonal changes that accompany the move from childhood to adulthood (Esquivel & Keitel, 1990). Adolescents who successfully integrated their past lives with their present lives were considered adjusted (Koala, Esquivel, & Baptiste, 1994). Because of fears of discrimination and ridicule, immigrant children experienced a cultural split which caused them to act one way at home and another way at school (Igoa, 1995). Baruth and Manning (2000) noted nine themes that are common to immigrant students. They were likely to face problems resulting from (a) discrimination, injustice and racism; (b) language barriers; (c) cultural stereotyping; (d) difficulties in forming positive cultural identities when home and school expectations differ; (e) the reconciliation of cultural loyalties as adolescents move toward a wider social world; (f) peer pressure which conflicts with family values; (g) academic problems due to language difficulties; and (h) feeling of distrust toward school personnel. Counselors must be prepared to provide culturally relevant counseling by becoming aware of the ways culture influences the counseling relationship and how best to meet the needs of the population they are serving (Petersen, 1988).

Many immigrant children enrolled in poverty-stricken, segregated and conflict-ridden schools. Prejudice and exclusion were frequent forms of social trauma. Immigrants were stereotyped as inferior which in turn became a self-fulfilling prophesy for many immigrant children with responses of shame, self-doubt and low aspirations (Suarez-Orozco & Suarez-Orozco, 1995).

James (1997) focused on the challenges immigrant youth face and the adjustments that they must make while experiencing the processes of acculturation and assimilation. When individuals from different cultures came into contact with each other, psychological and social changes took place. In the United States, it was often assumed that immigrants will change their culture to resemble that of the Anglo majority. Acculturation referred to changes in an individual's behavior as a result of contact with another culture (James, 1997). Through acculturation, the immigrants acquired some of the behaviors and values of the other culture without giving up the values and beliefs of their native culture. Acculturation allowed the child to embrace the mainstream culture without giving up past values. Conversely, assimilation referred to the acquisition of new behaviors and values that replace the original behaviors and values. Adolescents are particularly pressured to assimilate. Through acculturation, the child became a member of the mainstream culture without discarding the traditions and values of their ethnic group. If they were able to embrace both cultures, they were able to develop an integrated sense of self.

Hispanic Culture

According to Therrien and Ramirez (2000), the U. S. Census Bureau current population report listed the following information: Hispanics are a heterogeneous group, the majority of whom have immigrated to the United States from Mexico, Puerto Rico, Cuba, Central or South American. Census data showed that approximately one in eight people in the United States is of Hispanic origin with 66% coming from Mexico. Hispanics could be of any race.

Some of the challenges facing Hispanics have also been found to be common to all students from poor and /or immigrant backgrounds. Families lacked communication skills, knowledge and experience to take advantage of educational, cultural and social opportunities (Ginorio & Huston, 2001). They were unprepared to foster school readiness skills. The short term economic needs of the family may have been more important than long-term education goals. The needs of the family were more important than the needs of the individual in Hispanic culture. Many Hispanic students dropped out of school in order to earn extra income to supplement family finances

Hispanic Girls

For Hispanic girls, it was best to maintain strong ties to their Latino heritage while participating in the Anglo culture. The most successful outcomes may have resulted from celebrating one's own culture while participating in the institutions of the dominant culture. Hispanic girls were sometimes caught between the two cultures. They experienced their families' efforts at cultural retention while being simultaneously exposed to the Anglo culture through school, media and peers. Hispanic girls may have felt alienated from both groups. At that point, the student may have adopted an urban street culture that had more in common with other urban youth than the Hispanic culture or the Anglo culture. This resulted in children becoming disengaged from education (Ginorio & Huston, 2001). Hispanic girls were the least likely among immigrant populations to avail themselves of medical and mental health services. Poverty, lack of Spanish speaking providers and a cultural bias against seeking help from outsiders prevented them from using existing services. Hispanic girls were torn by specific gender and family roles in the Hispanic culture while at the same time facing discriminatory

actions from the majority culture (National Coalition of Hispanic Health and Human Service Organizations, 1999).

Reviewed in *The State of Hispanic Girls* (National Coalition of Hispanic Health and Human Service Organizations, 1999), the four most serious threats to adolescent girls were pregnancy, depression, substance abuse and delinquency. These risks were prevalent among Hispanic girls. Hispanic girls lead the nationwide rates in teen pregnancy, suicide attempts, alcohol and drug abuse, self-reported gun possession. Demographically, the Hispanic population has doubled in size between 1980 and 1997 with one in three Hispanic being under the age of eighteen. Due to high birth rates and immigration trends, the size of the Hispanic population has continued to grow. Hispanic girls are the largest minority group of girls in the United States, making up 15.2 percent of the total adolescent female population (Ginorio & Huston, 2001).

Education

According to the U.S. Department of Education (2003), the Latino/Latina was younger than other ethnic groups with one-third of Hispanic Americans under age 15. The Hispanic American population between the ages of 5 and 13 years was projected to increase by 47 percent by 2010. Despite the growing presence of Hispanic students, the lack of increase in graduation rates, college enrollment and economic well being suggested that schools have not been the needs of these students. The graduation rate for Hispanic girls was noted to be lower than for any other racial or ethnic group (Therrien & Ramirez, 2000). The rate of dropout was similar among males and females with more girls dropping out between ninth and twelfth grades. Two in five Hispanics have not graduated from high school. More than one-fourth, 27.3%, of Hispanics completed less

than a ninth grade education. Hispanic girls who drop out were less likely than Hispanic boys to return to school at a later date and complete their education. Of Hispanic high school students, 70% were enrolled in classes that did not prepare them for college. Hispanics were over represented in special education programs and underrepresented in gifted and talented programs, Advanced Placement (AP) classes. Hispanic girls were less likely to take the SAT and those who do scored lower than their White or Asian counterparts. In grades K-12, Hispanic girls have lower grades than their classmates. Hispanic girls were suspended at a higher rate than White or Asian girls but less frequently than African American girls (U.S. Department of Education, 2003).

Resilience

An active approach to the identification and service provision to students who may be at risk for academic and behavioral school failure demanded a consideration of both risk factors that lead to negative outcomes and student characteristics and environments that may offset some of the risk conditions to which students may be exposed. These characteristics that facilitate development in the face of risk were termed resiliency or protective factors. Specific variables such as positive self-concept, social competence, attachment and association with positive adult role models and a supportive family environment have been identified as indices of resilience (Rutter, 1994; Werner & Smith, 1982). Additional school related factors, researched in the context of substance abuse prevention, include bonding to school, peer norms opposed to substance abuse, and opportunities to be successful (Hawkins, Lishner, & Catalano, 1987). Bryan (2003) has examined risk and resiliency specifically among students with mild learning disabilities.

Self-efficacy, peer relations, social skills, and aggressiveness were noted as domains important for identification and intervention within this population.

Resilience has been shown to be multifaceted and encompassing environmental and personal factors (Gordon, 1995). It is the ability to thrive, mature and increase competence in the face of adverse circumstances. Personal factors that contributed to resiliency were self-concept and intelligence. Factors associated with resilience were similar across ethnic groups. Wang, Haertel, and Walberg (1994) defined educational resilience as "the heightened likelihood of success in school and other life accomplishments despite environmental adversities brought about by early traits, conditions, and experiences" (p. 46).

Rouse, Longo & Trickett (2003) stated that, in adolescence, resilient children showed superiority over their non-resilient counterparts in measures of sociability, androgyny, autonomy, internal locus of control, and cognitive superiority. They demonstrated academic behaviors by spending more time on homework and cooperating with their teachers. They had a better self-concept. They were less likely to commit delinquent acts or require the aid of mental health services and the females were less likely to become pregnant. However, if the females became pregnant they still exhibited resilience if they continued their education, obtained social support, and maintained high aspirations. A myriad of characteristics were related to resilience. There were five characteristics that seemed to show up consistently across the life span. These five characteristics were cognitive superiority, autonomy, androgyny, social skills, and internal locus of control. Fostering these five characteristics in children was positively related to their resilience. Developing these characteristics (cognitive superiority,

autonomy, androgyny, social skills, and internal locus of control) in Latinas may improve their resilience. Strengthening resilience may promote enhanced academic achievement and self-concept.

Masten (2001) discussed the two major approaches to the study of resilience. The first was the variable-focused approach that looks at links among measures of risk and the qualities of the individual or environment that may protect the individual from the negative consequences of risk. The second approach to resilience was the person-focused approach, which compares personal characteristics to determine what differentiates resilient children from other groups of children. Results from variable-focused studies of resilience have documented the importance of individual and family differences in the enhancement of resilience. When a child was placed at risk or in adverse conditions, poor cognitive skills and poor parenting appeared to increase the risk of bad effects, especially antisocial behavior. Good cognitive skills and good parenting protected the child under adverse conditions. Good parenting appeared to play a key role linking major life stresses to child behavior.

Masten (2001) saw person-focused approaches as an attempt to describe the arrangement patterns of adaptation that occur. The person-focused approach to resilience was described as the comparison of two groups drawn from the same high-risk sample who have good and bad outcomes. Masten concluded that resilience was defined as a common circumstance arising from ordinary human adaptive processes. Threat or risk arose for the child when there were circumstances that compromised the systems underlying these adaptive processes, including brain development and cognition, parent-

child relationships, regulation of emotion and behavior, and the motivation for learning and engaging in the environment.

Social Convoy

Levitt, Guacci-Franco and Levitt (1993) discussed the development of the social convoy as a means to enhance resilience and protective factors. The social convoy was a network of relationships that moved with a person through the lifespan, changing in structure but providing continuity in the exchange of support (Antonucci, 1986). The social convoy was a support system. For adolescents, the convoy was large and needed to be in close physical proximity. The convoy could be represented as a series of concentric circles surrounding an individual. Individuals who were included in the convoy were selected by the individual's emotional attachment to the person and by the role of the person in relation to the individual. Persons who were strongly linked to the individual both affectively and by role status, such as close family members, were likely to occupy the inner circle and to provide relatively high levels of support. Those who were less close affectively or who were linked through role, such as extended kin, friends, and other non-related persons, were likely to occupy the outer circles and to provide less support. The closer to the center of the circle that a person was placed, the more stable and influential was the relationship. The convoy expanded from a core of attachment figures in infancy to include others in the social environment who were important by the quality of affective and role-related ties. Extended family members, like immediate family members, were linked to the child by role and bound by social norms to provide some degree of affection and support to the child. Thus, they were likely to provide a secure environment for the expansion of social relationships beyond the

immediate family. In terms of development, the availability of extended kin in middle childhood served as a bridge to the child who was growing toward autonomy but was not yet prepared cognitively or emotionally to establish supportive reciprocal relationships with non-related peers.

Levitt (1991) stated that life span theory described the significance of a social support network. Social support convoy was suggested as a substitute phrase because it emphasized the importance of viewing the social network as a dynamic structure that changed with the development of the individual and alterations in the environment. The convoy model was influenced by theories of attachment and social roles. In the convoy model, dyadic relationships were the basic units for convoy structure and function. The model predicted both continuity and change in convoy relationships. Inner circle relationships changed as a function of change within the individuals involved or alterations in the external environment. These included both idiosyncratic changes, and normative changes associated with maturation, aging, and the imposition of age-related norms.

Levitt, Guacci-Franco and Levitt (1993) asked adolescents to identify persons support functions with these questions about support (a) "Are there people you talk to about things that are really important to you?" (b) "Are there people who make you feel better when something bothers you or you are not sure about something?" (c) "Are there people who would take care of you if you were sick?" (d) "Are there people who help you with homework or other work that you do for school?" (e) "Are there people who like to be with you and do fun things with you?" and (f) "Are there people who make you feel special or good about yourself?" They adapted these questions from items with adults to

tap the domains specified in the convoy model (affective support, self-affirmation, and instrumental assistance). Once support information was obtained, children were asked about the role (relative, friend, etc.) of each network member. Support was related to well-being in all ethnic groups, but the significance of support from specific providers varied by ethnicity. Close family support was more predictive of positive outcomes for the Anglo-European and Hispanic American groups. Social convoys undergo normal transformations from childhood to adolescence across ethnic boundaries, including an increase in extended family involvement in middle childhood and the emergence of peers as significant sources of support in adolescence. The observed age patterns were highly significant regardless of ethnicity, but there were ethnic differences in the significance of extended family at all age levels. Extended family ties are more important for minority children. The extended family is both a result of cultural attitudes which stress collectivism and an adaptive response to limited social resources. The extended family may be more important in the convoys of Hispanic-American children and adolescents because their cultural groups place less emphasis on individual autonomy and are more likely to draw on extended family relations as a buffer in their interactions with the larger socioeconomic milieu (Levitt, Guacci-Franco & Levitt, 1993; Skeefe, Padilla & Carlos, 1979).

Stoiber and Good (1998) found the need for ecological, multi-focused approach to understanding problem behaviors in adolescents. They identified six measures of resilience: academic competence (grades), academic motivation, self-esteem, parental living situation, quality of parent relationship, and religiosity. These measures were selected because of the relationship that was shown between them and one of the problem

behaviors in prior studies. Resilient youth were more likely to do well in school, to come from intact, supportive families, and to resist delinquency behaviors and steady relationships.

McMillan and Reed (1994) identified four important factors related to resiliency: individual attributes, such as students' motivation; school and classroom factors, such as satisfaction, task orientation, and teacher support; family factors, such as parent involvement; and positive use of time, such as homework. Christiansen and Christiansen (1997) identified protective factors that can be used in school to enhance resilience and school success for at risk children. They encouraged educators to involve students in special interest groups or hobbies to promote feelings of investment and achievement which brings positive attention and recognition; to become mentors; to encourage active involvement of parents; and turning point events, such as unique opportunities to experiences previously not available to the child.

In an effort to identify the factors of a strength-based approach to resilience, the Search Institute (Benson, P., Galbraith, J., & Espeland, P., 1998) developed a list of forty assets. This framework identified 40 critical assets which enhanced growth and development. The assets supported the roles that families, schools, congregations, neighborhoods, youth organizations, and others in communities played in the development of adolescent lives. The first 20 developmental assets were external assets which came from positive interactions with people and institutions in a young person's life. There were four categories of external assets. The first was support. Adolescents needed to experience support, care, and love from their families, neighbors, and many others. Empowerment was the secondary category of asset. Adolescents must be safe,

feel secure, be valued by their community and have opportunities to contribute to others. Third, they needed boundaries and expectations so that they knew what was expected of them and which activities and behaviors were positive. The fourth category involved the constructive use of time which allowed growth through creative activities, youth programs, community involvement, and quality time in the home. Equally, there was a focus on nurturing internal qualities that guided choices and created a sense of centeredness and purpose. Four categories of internal assets were: First, adolescents needed to develop a commitment to lifelong learning and education. Second, they needed to develop strong values that guide their choices in life. Next, youth needed skills to make positive choices, build relationships, and succeed in life. The fourth category involved the formation of a positive identity which enabled adolescents to develop sense of their own power, purpose, worth, and promise. The Search Institute found that the assets both protected adolescents from problem behavior and promoted positive behavior. The Search Institute found that few adolescents experienced enough of the assets.

School Bonding

School bonding was identified as a factor that may increase resiliency. School bonding was conceptualized as the social bonds that connect students to school (Wehlage, 1989). School bonding was considered to have four components: (1) social and emotional ties to others at school, (2) participation in school and adherence to school goals, (3) engagement in school activities, and (4) belief in the efficacy of the institution of school (Wehlage, 1989). Three variables were supportive academic environment, sense of belonging to school, and cultural loyalty. A supportive context was likely to foster a student's sense of efficacy and achievement. The sense of belonging to school

variable measured the extent to which students valued learning and felt accepted by peers and teachers. This variable may have been especially critical to the academic achievement of Mexican American youth whose culture emphasized a sense of (familial) affiliation. Moreover, a sense of belonging may have reduced a student's feelings of disengagement, which may have lead to dropping out of school. A student who could not identify with peers due to disparities in cultural background may have also felt disengaged from school and perform poorly in school. The cultural loyalty variable measured the extent to which a student maintained traditional values. Students who identified with their home culture may have had a more extensive social network in comparison to those who rejected their cultural identity. Although cultural loyalty has not been identified as a predictor of resilience in the literature, it was hypothesized that students who maintained ties to their culture would have strong social support networks that would provide comfort during stressful periods related to schooling (Gonzalez & Padilla, 1997).

Rutter (1987) identified four processes that could be developed to facilitate resiliency: reducing the risk impact and changing students' exposure to the risk; reducing the negative chain reactions that often follow exposure to risks; improving students' self-efficacy or self-esteem; and opening up or creating new opportunities for students. Matsen (1994) similarly described four strategies for fostering resiliency: (a) reducing vulnerability and risk, (b) reducing stressors, (c) increasing available resources, and (d) mobilizing protective processes.

Risk

The Census Brief (U.S. Department of Commerce, 1997), identified six factors which place children at risk: poverty, welfare dependence, absent parents, one parent families, unwed mothers and parents who did not graduate from high school. The March 1996 Population survey found that the more risk factors a child experienced, the more likely that the child would experience adverse outcomes. The identified adverse outcomes were dropping out of school, unemployment and teenage pregnancy (U. S. Department of Commerce, 1997).

The State of Hispanic Girls (1999) described early adolescence as a critical transition period that was characterized by risk taking. The four most serious threats were identified as pregnancy, depression, substance abuse and delinquency. Hispanic girls lead national statistics in teenage pregnancy, suicide attempts, alcohol and drug abuse, and gun possession. Despite the high health morbidity statistics, there were fewer prevention programs or treatment programs for Hispanic girls than any other racial or ethnic group.

The social stress model was a method used to describe how adolescents initiate substance use as a means of coping with a variety of stressors and influences that may arise from within the family, the school, the peer group, or the community (Rhodes & Jason, 1990). Poor family environment and low assertiveness were related to the increased likelihood of engaging in risky behaviors. Adolescents were more resilient and less likely to engage in risky behaviors as a means of coping with these stressors if they were members of pro-social, supportive social networks. The risk for abuse was reduced if youth have developed adequate social skills to balance the stressors of adolescence and

pressures to use drugs and if they had sufficient community resources, role models, and opportunities. Alternately, if the process of developing positive attachments was interrupted by uncaring or inconsistent parents or teachers, if external pressures exceeded the youngsters' ability to cope effectively, or if the school and community offered few resources and models for success, adolescents were more likely to turn to drugs. Rhodes and Jason suggested that programs to increase resilience focus on improving students' pro-social assertiveness skills communication, decision making, and social competence.

Suarez-Orozco and Suarez-Orozoco (1995) stated that for a student to be considered resilient, the student must also be considered at risk. They found that Mexican American adolescents may be at risk for academic failure due to the stresses of minority status, discrimination, alienating schools, economic hardship, and difficulty understanding the English language, or having parents who were unfamiliar with the education system in the United States.

Gonzales and Padilla (1997), in their study of Mexican American high school students, found Hispanics who were not living in poverty may still be at risk for adverse circumstances due to the stress associated with acculturation, particularly if they immigrated after age twelve. Mexican Americans may have encountered stressful situations as they attempted to integrate two cultural backgrounds. The fact that many of these students dropped out of school confirmed that they were at increased risk for academic failure due to factors such as poverty and acculturation. They further documented this by citing the under-representation of Hispanics in higher education. Two factors are important when looking at risk and resilience. Low socioeconomic status [SES] was associated with poor academic performance. Youth of low SES were likely to

live in low-SES neighborhoods that were characterized by poor housing conditions, inadequate public and social services, and schools that lack sufficient funds to provide a high-quality education. Any one of these factors may have placed low socioeconomic youth at risk of academic failure. Poverty was a risk factor that placed a significant proportion of Mexican Americans at risk for negative outcomes. Students who experienced these risk factors are often referred to school counselors for intervention. However, many students attended schools where the counselor was not of the same cultural background and needs to demonstrate the skills, abilities, and attitudes necessary for effective multicultural counseling.

Multicultural Group Counseling

Multicultural counseling has been defined as a situation in which two or more people with different ways of perceiving their social environment are brought together in a helping relationship (Petersen, 1988). The increase in the number of culturally diverse middle school students has brought about an increased emphasis on the need for counselors who understand the cultural backgrounds on the student and the effect of culture on learning and development. The middle school student experienced both age and culture related problems such as self-esteem and cultural identity formation. The developmental characteristics of adolescence provided an optimal time for interventions that promote cultural identity, foster friendships and social networks, and develop a sense of justice and fairness (Baruth & Manning, 2000).

There has been growing interest in group counseling as the number of persons in need of mental health services is predicted to increase. In addition to being called upon to serve larger numbers of persons in the future, counselors can also expect that their clients

will increasingly come from a diverse range of cultural, ethnic, and racial populations (Atkinson, Morten, & Sue, 1993). Corey (1991) saw multicultural group counseling as similar to other group counseling situations in that (1) it can be directed towards preventive as well as remedial aims; (2) it is an interpersonal process that usually focuses on the members' conscious thoughts, feelings, and behaviors; (3) it is often problem oriented and generally has a specific focus (which may include but is not limited to career, educational, social, or personal concerns); (4) the content of multicultural counseling groups is typically determined by the group members.

Altarriba and Bauer (1998) found that Hispanics tend to prefer interpersonal relationships in groups that are nurturing, loving, intimate, and respectful. Their cultural value of allocentrism and *simpatia* emphasized these needs. Allocentrism was associated with high levels of conformity, mutual empathy, willingness to sacrifice for the welfare of the group, trust among members of the group, and high levels of personal interdependence. *Simpatia* emphasized the need for behaviors that promoted pleasant and non-conflicting social relationships. This value encouraged Hispanics to show conformity and to avoid conflict.

In response to the increased growth of the Hispanic population, there is an increased need for counseling services for Hispanics. Ruiz (1990) proposed a Latino model of ethnic identity to address the specific issues of Latinos not incorporated in the general models of racial and ethnic identity development as well as to address the process of acculturation. The model described the development, transformation, and resolution of ethnic identity conflicts as described in the case histories of Latino students. The model was based on four assumptions: (1) marginality correlates highly with maladjustment; (2)

negative experiences of forced assimilation are destructive to the individual; (3) having pride in one's ethnic identity is positively correlated to mental health; and (4) pride in one's ethnic identity results in freedom to choose in the acculturation process. Ruiz described five stages of Latino ethnic identity development: causal, cognitive, consequence, working-through, and successful resolution. During the causal stage, messages from the environment ignored, negated, or denigrated Latino heritage. The person may experience humiliating and traumatic experiences related to being Latino and fail to identify with Latino culture. During the cognitive stage, three erroneous belief systems were incorporated as a result of negative or distorted messages: ethnic group membership is associated with poverty and prejudice; assimilation into dominant (White) society is the only means of escape; and assimilation is the only road to success. In the consequence stage, the individual may reject his or her Latino heritage. The working through stage began with the integration of a healthy Latino identity. This stage was characterized by an increase in ethnic consciousness and reclaiming, reintegrating, and reconnecting with an ethnic identity and community. The final Successful Resolutions stage was characterized by the client's greater acceptance of self, culture, and ethnicity; improved self-esteem; and a belief that ethnic identity is positive and promotes success.

In their study regarding counseling Hispanic students, Altarriba and Bauer (1998) found that the school counselor must demonstrate a high level of cultural sensitivity. The school counselor should have been familiar the student's specific history. It was helpful if counselor had a good understanding of the Spanish language to communicate effectively with non-English-speaking family members. The counselor needed a clear understanding of the social and psychological characteristics of the individual subgroups of Hispanic

society. Cultural values should have formed the basis of any treatment program. The counselor must have been aware of culturally acceptable solutions to the problems of the Hispanic child.

Cognitive-Behavioral Theory

Cognitive-Behavioral Therapy was developed from elements of the cognitive therapies of Aaron Beck (Beck & Weishaar, 2000) and Albert Ellis (1973) combined with those of behavioral therapy (Evans & Murphy, 1997). This theory has also been influenced by Seligman's theory of learned helplessness and attribution theory (Peterson, Maier, & Seligman, 1993) as well as the concept of self-talk (Meichenbaum, 1985). The major premise of the Cognitive-Behavioral Therapy approach is that a person's affect and behavior are determined by the way he or she interprets the world. Cognitive-Behavioral Therapy interventions are designed to help adolescents identify and correct distorted or irrational beliefs and develop a repertoire of effective and gratifying behaviors (Flannery-Schroeder, Henin, & Kendall 1996).

Dobson and Shaw (1995) explained cognitive therapy as short-term, problem-oriented therapy that focused on behavioral and cognitive change methods as primary strategies in relieving client distress. Clients were described as having dysfunctional, self-defeating cognitive structures which produce distorted thoughts in specific situations. Treatment consisted of assisting clients to become aware of distorted thinking and teaching methods to more realistically perceive the world.

Sharf (1996) described Cognitive therapy as a system that stresses belief systems and thinking as determinants of behavior and feelings. He felt that Cognitive-behavioral therapy had, as its premise, the primacy of beliefs and thoughts in controlling feelings,

and ultimately behaviors. Interventions included social skills, problem-solving, cognitive restructuring, and communication skills training. He saw that Cognitive therapy focused on using affective and behavioral techniques to understand and change distorted beliefs. Cognitive therapists saw early childhood experiences as leading to basic beliefs about one's self and the world. Cognitive schemas were formed by the way a person views the world, beliefs and assumptions about people, events and the environment. A schema could be positive or negative. The cognitive therapist worked collaboratively with their client to change thinking patterns and behaviors. In cognitive group therapy, sessions centered on specific, structured, problem oriented changes. Cognitive theory had applications in multicultural counseling because it focuses not only on the belief system, but also on behaviors and feelings (Sharf, 1996).

Evans and Murphy (1997) saw the problem-solving and social-skill training activities of Cognitive –Behavioral therapy as appropriate prevention exercises involving all students because the goal of these techniques, which was to enhance coping mechanisms and interpersonal abilities, can be useful for any adolescent. In problem solving, adolescents were taught to use the following steps to confront problems. The steps were (a) identify the problem, (b) identify the aim, (c) think of alternate solutions, (d) consider possible outcomes for each solution, (e) choose and enact the best solution, (f) evaluate the outcome, and (g) self-reinforce the positive outcome and reconsider the negative. Social-skills training emphasized basic assertiveness skills as well as verbal and nonverbal communication skills. Adolescents could learn these skills through role playing and modeling (Evans & Murphy, 1997) Adolescents could use these steps in confronting issues they face in normal growth and development. Problem solving

encouraged them to consider alternate solutions and gives them a sense of mastery and control. Enhancing social skills may not only promoted positive peer interactions but also helped adolescents to resist peer pressure (Dupper & Krishef, 1993).

In a review of the literature, Trusty (1996) found cognitive-behavioral techniques were suggested most often as intervention methods for students who have potential to drop out of school. By combining academic counseling with cognitive-behavioral strategies for improving students' academic self-concepts in counseling, students were able to improve academic achievement. Counseling could facilitate at-risk students in disputing cognitive distortions related to their perceptions of self and school.

Blonk and Prins (1996) found cognitive-behavioral group therapy was an effective treatment for socially incompetent children in improving peer and social relationships short-term and maintenance. Barrett, Healy, and March (1998) found improvement in an evaluation of cognitive-behavioral group treatments for childhood anxiety disorders. Likewise, in evaluating the FRIENDS Program, a cognitive behavioral group treatment program for anxious children and their parents, Shortt, Barrett and Fox (2001) reported positive results.

Clarke, Lewinsohn and Hops (1990) developed a curriculum based on cognitive-behavioral interventions as 16 two-hour group sessions delivered to teenagers. They randomly assigned teenagers to one of two experimental conditions or a wait-list control group. The first experimental condition was a cognitive-behavioral group for teenagers only; the second experimental condition was an identical group for teenagers with a corresponding group for their parents. They found no significant post-treatment differences between the adolescent-only group and the adolescent-parent group; however

both groups showed significantly reduced levels of depression compared with the wait-list group.

Clark et al (1999) replicated this study and noted comparable results. They found that teenagers in the cognitive-behavioral group intervention showed significant improvement in depressive symptoms, regardless of parental participation, compared with teenagers in a wait-list group, with improvements maintained at two-year follow-up. In another study, Wood, Harrington and Moore (1996) randomly assigned adolescents with depression to a cognitive-behavioral treatment group or a relaxation training control group. At posttest, teenagers in the cognitive-behavioral group had significantly fewer depressive symptoms than those in the control group.

Brent, Kolko, Birmaher, Baugher, Bridge, Roth and Holder (1998) evaluated the effectiveness of three treatment approaches: cognitive-behavioral therapy; systemic-behavioral family therapy; and nondirective supportive therapy. Cognitive-behavioral therapy was superior to the other therapeutic approaches.

Reed (1994) studied African American and Hispanic teenagers who were screened for depression and compared a cognitive-behavioral social skills group intervention with a control group based on art and imagery exercises. Reed found that there were significant differences between the two group conditions after the intervention, with teenagers in the cognitive-behavioral group reporting significantly less depression than teenagers in the control group.

De Anda (1998) evaluated a 10-week stress management program for a self-selected group of middle school children. Thirty-six children were assigned to the cognitive-behavioral group and 18 children were assigned to the no-intervention control

group. The two groups did not differ on any relevant variables before intervention. Results indicated that students in the stress management program experienced significantly lower degrees of stress, greater increases in the use of cognitive control coping strategies, and greater increases in the ratio of adaptive to maladaptive coping strategies. The experimental group perceived greater gains in the effectiveness of their coping skills and increased relaxation skills.

Schinke, Blythe, Gilchrist, and Burt (1981) described adolescent pregnancy prevention using a cognitive behavioral group approach. The article reported combined results of two studies with pregnant or parenting teenagers: one involving 30 young women in an inner-city vocational program and the other involving 53 young men and women in a public school. The authors targeted intermediate outcomes related to avoiding subsequent unplanned pregnancy. Although no information on inferential statistics is presented, treatment groups reported fewer instances of unprotected intercourse, greater habitual use of birth control, and more positive attitudes toward family planning.

Casas (1995) states that behavioral therapy, through its shift to awareness of how social contexts affect development, may have the greatest racial/ethnic appropriateness. In addressing the use of behavioral approaches with Mexican-Americans, Ponterotto (1987) comments that the action oriented behavioral approach may be most appropriate for minorities because it activates one's role in the environment. The clarity of direction and purpose also make behavioral techniques understandable and acceptable to minority clients, particularly the modeling and rehearsal techniques may be extremely positive. (Casas, 1995). According to Altaribba and

Bauer (1998) Hispanics preferred a present-centered orientation with reference to time with the past and the future playing only minor roles in deciding behavior and actions. This is also a part of the orientation of Cognitive Behavioral counseling. Corey (1991) found that a cognitive-behavioral orientation works well with clients from diverse populations because the counselors act as teachers with a focus on imparting skills to deal with the problems of living. Pedersen and Locke (1996) supported this idea with Hispanics because of the Hispanic respect for the hierarchy of relationships. Corey considered Beck's Cognitive therapy as offering structure they are comfortable with while still allowing for their active participation. Gladding (1999) stated that counselors leading groups for Hispanics need to be active, validating and supportive. Atkinson and Lowe (1995) found very strong evidence that Hispanics preferred a directive style of counseling as opposed to non-directive counseling. In Cognitive-Behavioral Therapy, the school counselor took an active role by asking questions, summarizing, getting feedback, and promoting alternative responses. This approach worked well in the culture of schools. It was helpful in avoiding the silences that make teenagers uncomfortable and self-conscious (Evans & Murphy, 1997). Pedersen and Locke (1996) described Hispanics as appreciative of personal relationships which incorporate well-being, trust and mutual respect, all major components of group counseling.

Dudley (1997) found that adolescents developed social skills through role playing and modeling. Social-skills training emphasized basic assertiveness as well as both verbal and nonverbal communication skills. Social skills training taught adolescents to be aware

of the cognitive processes involved in interpreting cues in the social environment (Pellegrini, Galinski, Hart, & Kendall, 1993).

Researchers have found that social-skills could be developed through instruction in behavioral strategies that improved interpersonal skills (Polyson & Kimball, 1993). Evans and Murphy (1997) presented the following structure for Cognitive-Behavioral Therapy sessions:

1. Setting the agenda. Adolescents and counselor together decide what topics are to be worked on during the session, the techniques to be used, and the goals of the session. The counselor asks questions to gain a detailed understanding of problems.
2. Reviewing. Adolescents and counselor review what has happened since the last session, including homework assignments.
3. Working with the day's problems and/or introducing new ideas. Agenda items are addressed. Summaries are made throughout and feedback is sought.
4. Setting homework. Adolescents and counselor collaboratively decide on suitable homework.

Evans and Murphy (1997) described specific Cognitive- Behavioral strategies such as automatic thought testing and cognitive restructuring. Adolescents may be unaware that they experience automatic thoughts. The counselor can help them identify such thoughts. Schrodtt and Fitzgerald (1987) articulated that the counselor helps adolescents to understand how these thoughts affect their attitudes, moods, and behaviors; to test their own thoughts and to explore alternative points of view.

According to Hogue and Liddle (1999), current practice with adolescent groups emphasized skills building and mastery. There are four basic steps that are effective for acquiring new skills: (1) a leader modeling the skill (2) role playing and practice by the student (3) homework for continued practice of the skill in daily life (4) feedback and adjustment of training to accommodate learning differences. Skills training programs seemed to be most effective when they promoted a sense of social support, social competence and self-efficacy. Enhancing relationship skills may have not only promoted positive peer interactions but also helped adolescents to resist peer pressure (Dupper & Krishef, 1993).

Erikson's Psycho-Social Developmental Theory

Erikson (1963; 1968) viewed personality development from both a personal and a social perspective. Apart from the impact that biological maturation has on a child's personality, Erikson emphasized the importance of the social environment. According to Erikson, parents, family, friends, teachers, mass media, socioeconomic background, culture and language all play a significant part in the evolution of a child's personality.

Erikson (1963; 1968) based his psycho-social personality theory on eight stages, from birth to late adulthood, whereby a person moves from a current stage to the next by resolving a crisis between opposing psychological constructs. Each stage was characterized by a different conflict that must be resolved by the individual. When the environment made new demands on the individual, the conflicts arose. The individual is faced with a choice between two ways of coping with each crisis, an adaptive or maladaptive way. Only when each crisis is resolved, which involves a change in the personality, does the individual have sufficient strength to move on to the next stage of

development. If an individual is unable to resolve a conflict at a particular stage, they will confront and struggle with the conflict later in life.

Stage five was of interest for the purposes of this study. Adolescents were in search of an identity that will lead them to adulthood. Adolescents made a strong effort to answer the question "Who am I?" Erikson (1963; 1968) noted the healthy resolution of earlier conflicts served as a foundation for the search for an identity. If the child overcame earlier conflicts, they were prepared to search for identity. The adolescent needed to be able to make choices about vocation, sexual orientation, and life or role confusion becomes a threat. Adolescents attempted to establish their own identities and see themselves as separate from their parents.

Erikson (1963; 1968) emphasized the impact of culture in the development of his theory on psycho-social development. A child's ethnic identity developed alongside their personality and self-concept. By age four children gained awareness of their culture and ethnicity, and by age eight they were oriented and could identify as belonging to a certain ethnic group (Canino & Spurlock, 1994). The psycho-social development of a Hispanic child was directly influenced by his or her ethnic identity (Ogbu, 1995).

Based on Erikson's (1963; 1968) description of stage five development, group counseling appears to be an ideal choice for middle school students because social interaction among peers is a key characteristic of their developmental stage. Middle school students are comfortable working in a group setting. They learn in groups, live in groups, and play in groups. Building on this, Bandura (1989) states that social learning occurs when others are observed. Leader (1991) finds that group counseling for adolescents provides a safe environment where they can work through interpersonal

problems and examine the four basic identity questions: Who am I? With whom do I identify? What do I believe in? Where am I going? Adolescence is a time of rising psychosocial susceptibility where either psychopathology or self-actualization can occur (Gunther & Crandles, 1998).

It is apparent that additional, culturally sensitive interventions are needed to assist Hispanic students in school with personal, social and academic development. This study proposes that a small group counseling intervention, based on cognitive-behavioral counseling theory, will be effective in assisting Hispanic adolescent girls acquire more positive self-concepts which will, in turn, result in increased resilience.

Outcomes Based Research

Counseling outcome research has been defined as the experimental investigation of the impact of counseling on the client by comparing a treatment group to a control group (Heppner, Kivlighan, & Wampold, 1999). It has been typified by measurement before and after a treatment on specified dependent variables. It emphasized the results rather than the factors producing them (Gladding, 1996). It has been a useful source of information for providing information on the effectiveness of school counseling activities (Whiston & Sexton, 1998).

Studying counseling outcomes has been shown to be complex. Kazdin (1994) found more than 400 different approaches to counseling currently being used. There were more than 300 client disorders in the *Diagnosis and Statistical Manual of Mental Disorders*, 4th ed. (APA, 1994). The perspective on outcomes varied from the perspective of the client, the counselor or an outside observer. There are many outcome instruments that measure variables. These factors lead to a myriad of possible

combinations that the researcher must consider; however, outcome research falls into three primary domains: clinical trials, qualitative reviews of literature and meta-analysis (Sexton, Whitson, Bleuer & Walz, 1997). Clinical trials were experiments that used a comparison method and are based on traditional quantitative research techniques. An integrative review of qualitative research served the purpose of identifying trends that are evident across a variety of studies. Meta-analysis was a quantitative approach to a review of literature. It allowed data from studies to be combined and averaged to identify trends.

According to Sexton (1996), the school counselor may be most interested in outcome research that addresses such questions as: Is school counseling effective? Which students benefit from school counseling interventions? What are the effective methods for delivering services? What specific activities are effective? What are the characteristics of effective school counseling programs? School counseling has the least amount of empirical evidence available to practitioners from the totality of counseling outcome research. There are relatively few outcomes studies conducted to establish the effectiveness of school counseling interventions. Sexton et al, (1997) found the literature fraught with examples of poor research methods and designs. The majority of school counseling studies were descriptive field studies with only 22% using an experimental design. Sexton recommended that school-counseling research needs to use the methodologies used in other research, such as control groups, manualized interventions and multiple outcome measures.

There have been several challenges in conducting outcome research in the schools. Due to the litigious environment in education today, administrators have been reluctant to approve innovative research studies. Many school systems now have

employed research and development departments to review and approve research proposals in order to protect the school system and research participants. A major step in getting approval for research has been to convince the administration of the benefits for the students and the school. The research should be designed to cause as little disruption as possible to the school day (Kalodner & Alfred, 1997).

Gall, Borg, and Gall (1996) listed the following considerations for conducting research in the schools to overcome barriers. Most universities have Institutional Review Boards to insure compliance with federal regulations. Federal guidelines have been used to guide institutions and researchers in adhering to ethical and legal standards in the design, conduct and reporting of research. Professional associations have formulated ethical principles to which they expect their members to adhere in conducting research with studies with human participants. They discussed a second difficulty which may involve obtaining parental consent for minor children to participate in a research study as parents may be reluctant for their children to participate in studies concerning emotional factors or gathers information about the home. A well-constructed informed consent document, which addresses the issues of parental concerns and provides for confidentiality would provide security for parents. Minimizing the number of individuals who know the identity of the participants was a further insurance for confidentiality, and identifying information could be coded. Completely explaining the procedures, measures and application of research findings would help calm parental fears. The researcher should stress the benefits that students will receive as a result of participation in the study. Federal legislation, the Family Educational rights and Privacy Act gives parents access to records without the student's consent. Thus a researcher in the schools cannot

guarantee complete confidentiality to participants (Kalodner & Alfred, 1997). A third concern would involve the selection of students to participate in the study. The research would take steps to assure that students are selected equitably so that participation is not seen as a privilege or a stigma. All students in a population would have an equal opportunity to participate. Concurrent with this sampling issue came the issue of using students as a convenient sample. Sampling limitations have restricted the researcher's ability to draw conclusions about the typical student (Whiston & Sexton, 1998). A fourth concern resulted from the use of control groups. An ethical dilemma arose when the control group was denied benefit of a useful treatment. A solution would be to make the intervention available to the control group after the conclusion of the study. A wait-list group could be developed. A control group or comparison group gave more credibility to the results and the generalizability to school settings (Whitson & Sexton, 1998). A fifth issue came from the termination of an experimental program at a time that was not ideal for the participants. The researcher must design activities to minimize potential harm to the participants at termination. A sixth concern involved the ethical use of tests. Assurances of confidentiality are recommended to alleviate concerns of self-disclosure. Test anxiety may be minimized by clearly stating the objectives for testing.

Whitson and Sexton (1998) reported that treatment integrity must be monitored. Without a monitoring of the delivery of counseling interventions, there has been no assurance of what actually happened in the counseling sessions. There can be no true verification of the impact of counseling without verification that the treatment actually was performed.

Cottone and Tarvydas (1998) made three points about counseling research. Counseling research involved clients that are sentient in nature. Counseling research provided a structured inquiry for effectiveness that is as free as possible from all types of bias. Counseling research must have included ethical considerations of subjects, procedures and results.

Sexton (1996) stated the following five implications for researchers. First, the researcher must carefully have considered methodological issues in planning and implementing outcome research. In order that the research was useful, research design, relevant measures and methodological improvements must have been incorporated. Second, treatment integrity must have been improved through the use of treatment manuals and supervision. Third, researchers must have developed standardized instruments that measure from multiple perspectives. Fourth, researchers must have expanded the diversity of methods and measures in counseling outcome. Fifth, researchers must have broadened research efforts beyond individual counseling. There has been a lack of outcome research in the school setting.

Granello and Granello (1998) suggested that counselor educators assist beginning counselors by teaching them how to use outcome research in their practice and how to conduct outcome assessments. Accountability has been demanded in demonstrating the efficacy of treatments. The infusion of outcome research into various counseling courses will help counselors become better consumers and producers of research.

III. METHODOLOGY

Purpose

The purpose of this study was to determine the effects of a cognitive behavioral group counseling intervention program on the self concept of at risk middle school Hispanic females as measured by the Piers-Harris Children's Self-Concept Scales 2 (Piers, Harris, & Herzberg, 2002). This effect was measured by the differences between the experimental group and the control group as reflected in differences between the seven dependent variables.

Research Questions

Will a cognitive behavioral group intervention make a difference in the self concept of middle school Hispanic females?

Null Hypotheses

H1. There will not be a difference in the student's assessment of self concept for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H2. There will not be a difference in the student's assessment of Behavioral adjustment for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H3. There will not be a difference in the student's assessment of intellectual and school status for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H4. There will not be a difference in the student's assessment of physical appearance and attributes for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H5. There will not be a difference in the student's assessment of freedom from anxiety for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H6. There will not be a difference in the student's assessment of popularity for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H7. There will not be a difference in the student's assessment of happiness and satisfaction for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Population and Sample

The selected research site was a middle school in suburban Atlanta, Georgia. There are approximately 1,026 students enrolled (228 sixth graders; 384 seventh graders; 414 eighth graders). The ethnic/racial breakdown was: White students (2.9%), African American students (87.7%), Hispanic students (4.4%), Asian students (2.4%) and Multi-racial students (2.2%). This site was selected because the subjects of interest were enrolled and the system and building-based administration were amenable to the

proposed research. The participants for this study were drawn from the Hispanic females enrolled in grades six through eight, between the ages of 12 to 14, and who had attended public school in the United States for at least one year. Students were considered for participation on the basis of high rates of absenteeism and lower than average cumulative grades. Lehr, Johnson, Bremer, Cosio, and Thompson (2004) identified poor grades and high absenteeism as predictors of students who were potential school dropouts.

Identified students were randomly assigned to either an experimental or control group. Students in both the experimental group and the control group completed both pre- and post-testing. The control group received the group counseling intervention once the study was completed.

Prior approval was received to conduct this research from the Auburn University Institutional Review Board (IRB) (see Appendix A) and the school system Institutional Review Board (IRB) (see Appendix B). Permission was also given by the school-site principal (see Appendix C). Participants received a parental/guardian consent form (see Appendix D and Appendix E) and a student assent form (see Appendix F). There were 22 students invited to participate in the study; however, only 14 parental/guardian consent forms and student assent forms were returned to the researcher.

The expected outcome of the study was that subjects who participated in the group counseling intervention would show improvement in self-concept as compared to the control group. Participants systematically learned skills to build self-esteem by practicing the life skills of assertiveness, decision making, communication, goal setting and problem solving by participating in this study.

The aim of this study was to determine whether the anticipated improvement in self concept by the participants occurred. Results may inform counselors whether specific techniques and activities used to promote resilience were effective for female Hispanic students. The results of outcome research would assist other school counselors in choosing interventions that have been shown to be effective with specific clients/students.

Instrumentation

Pre- and post-test data were collected on six dependent variables using the Piers-Harris Children's Self-Concept Scale, Second Edition (Piers, Harris, & Herzberg, 2002). This instrument was selected because of its previous use in educational research, high reliability, high validity, quick administration, ease of use and its applicability to the variables being measured. The Piers-Harris Children's Self-Concept Scale was developed in 1966 by Ellen Piers and Dale Harris to assess how children and adolescents feel about themselves (Epstein, 1985). The Piers-Harris 2 represented a revised version of the original. The revised version incorporated nationally representative normative data based on a sample of 1,387 students, aged 7 to 18 years, from school districts across the United States. This sample closely approximated the ethnic composition of the U.S. population. The Piers-Harris 2 was a self-report inventory consisting of 60, first-person, declarative statements. It was intended for use with children ages 7 and adolescents through age 18 with at least a second-grade reading ability. It has been administered either individually or in a small group.

Presentation format was a two-page booklet with statements on one side of the page and "Y" or "N" on the other side. The response requirement was that the child

circles either "Y," indicating that the statement described the way he feels about himself, or "N," indicating that the statement did not describe the way he feels about himself. Raw scores (total number of responses marked in the positive direction) can be converted to percentiles, stanines, and T-scores. The scores were available in the form of an overall self-concept score or as a profile of six cluster scores. The scale was designed to measure how children and adolescents perceive themselves within six cluster areas: behavioral adjustment (14 items), intellectual and school status (16 items), physical attributes and appearance (11 items), freedom from anxiety (14 items), popularity (12 items), happiness and satisfaction (10 items). The scale takes about 20 to 25 minutes to complete may be administered and scored by teachers or trained paraprofessionals under supervision.

The Piers-Harris 2 was standardized on 1,387 children in grades 2 through 12 throughout the United States with ethnic representation of Asian, Black, Hispanic/Latino, White, Native American, Other or Not Specified (Piers, 2002). Test-retest reliability data were not available for the Piers-Harris 2; however, test-retest coefficients from numerous studies of the original Piers-Harris ranged from .42 to .96. Internal consistency estimates for the Piers-Harris2 total score ranged from .88 to .93. Estimates of content, criterion-related, and construct validity from numerous empirical studies have been acceptable. Tests of reliability for the Piers have been conducted with a variety of children. Using the Kuder-Richardson Formula 20, reliabilities of .88 - .93 for males and females were cited by Piers (1984) for the overall test scores. Alpha coefficients of .90 - .91 were reported by Piers for males and females. The internal consistency for the total score on the test was high.

Tests of reliability for individual clusters of items were based on the initial standardization sample for the six sub-scales using 485 students from the original 1,183 and an additional 97 children from Pennsylvania outpatient psychiatric clinics (Piers, 1984). Coefficient alpha levels of internal consistency were reported at .73 for Satisfaction, .74 for Popularity, .76 for Physical appearance, .77 for Anxiety, .78 for Intellectual and School Status, and .81 for Behavior. These data were compared to the final data for Construct validity estimates as determined by comparing the Piers-Harris to related instruments, such as the Coopersmith Self-Esteem Inventory and Personal Attribute Inventory for Children. Correlations between the Piers-Harris and the other measures ranged from .32 to .85 (Piers, 1984).

The manual suggested several uses for the scale: as a general screening device, as a component in individual assessment, or as a research instrument. One chapter in the manual has been devoted to an extensive discussion of the specialized uses for which the scale has been employed as a research instrument and as a measure of treatment outcome. The Piers-Harris was considered an excellent research instrument (Epstein, 1985).

Procedures

Hispanic girls in the sixth, seventh and eighth grades were screened for participation in this group intervention. The researcher obtained written informed consent from the parent or guardian as well as written assent from the students. The students were administered the Piers-Harris Children's Self-Concept Scale, Second Edition (Piers, Harris, & Herzberg, 2002). Students were then randomly assigned to either the experimental group or the control group. The counselor conducted the group counseling intervention with the students in the experimental group. After the conclusion

of the group intervention with the experimental group, the Piers-Harris was re-administered to both groups.

Design

A pre-test post-test control group design was used with one experimental group and one control group. To test the hypotheses, a repeated measurement analysis of variance was conducted on each of the seven dependent variables: which were variable 01 self-concept (total scale score), variable 20 behavioral adjustment, variable 30 intellectual and school status, variable 40 physical appearance and attributes, variable 50 freedom from anxiety, variable 60 popularity, and variable 70 happiness and satisfaction. This statistical analysis controlled for initial differences between the two groups by having both groups complete the pre- and post-test evaluations.

Intervention

Students participated in six group counseling sessions (50 minutes each) led by a state certified school counselor with 28 years of experience in education who was also the principal investigator for this study. Topics included self-esteem, empathy, decision making, goal setting, assertiveness, pro-social skills, problem solving and communication. Cognitive-behavioral counseling as conceptualized in this study was an integrative form of counseling which used techniques from both cognitive and behavioral psychology. Dryden (1987) stated that cognitive-behavioral counseling involves an interactional point of view which theorizes that a student's thoughts, emotions and actions cannot be treated separately. It assumed that cognition, affect and behavior are overlapping processes which, when applied together as counseling techniques, can help students change. Each session followed a three step process of conceptualization, skill

rehearsal, and application. The planned sessions addressed issues that have been identified among at-risk Hispanic girls such as difficulties in study skills, have high levels of stress and anxiety and have low levels of self-esteem (Merten, D. E., 1997; Romo, 1998).

This study utilized the *Succeeding in Middle School* curriculum model (Sunburst Communications, 1995). This curriculum was aimed specifically at middle school students. The underlying philosophy of this program was that students can systematically learn skills to build self esteem by practicing the life skills of assertiveness, decision making, communication, goal setting and problem solving. The curriculum used videos and activities to promote self discovery.

The goals and techniques used for each session were as follows: The goals for session 1 were to establish the ground rules for the group, establish confidentiality and to discuss the purpose of the group. Students were introduced to the basic tenets of cognitive-behavioral counseling. An ice-breaker was used for the students to get acquainted with each other. Session 1 included activities to introduce the concept of self-esteem and how it is affected by cognition. The concept of automatic thoughts was introduced and examples modeled. The goals of session 2 were to review automatic thoughts and to reframe the negative thoughts in to positive thoughts. Students participated in role playing techniques to practice reframing. The goal of session 3 was to set goals, identify and practice study skills. The goals of session 4 focused on awareness of stress and stress reduction by increasing coping skills. Students became aware of stress and learned to self monitor their stress. The students learned relaxation techniques. The goal of session 5 was to provide strategies to learn self confidence. The goal of

session 6 was to review and process what has been learned during the group intervention. Specific plans for each session are elaborated upon in Appendix G.

Data Analysis

Independent Variable

The independent variable (predictor variable) for this study was the cognitive-behavioral group intervention and contained two levels - treatment group and control group.

Dependent Variables

The measures on the scales of the Piers-Harris 2 served as dependent variables (response variables). They were: variable 1) self-concept (total scale score), variable 2) behavioral adjustment, variable 3) intellectual and school status, variable 4) physical appearance and attributes, variable 5) freedom from anxiety, variable 6) popularity, and variable 7) happiness and satisfaction.

Statistical Analysis

All seven hypotheses were tested and analyzed using the Statistical Product for Social Sciences (SPSS) software. To answer the research questions, a repeated measurement analysis of variance (ANOVA) was conducted on each of the seven dependent variables: which were variable 1) self-concept (total scale score), variable 2) behavioral adjustment, variable 3) intellectual and school status, variable 4) physical appearance and attributes, variable 5) freedom from anxiety, variable 6) popularity, and variable 7) happiness and satisfaction. These seven variables were linked as indicators of self esteem and resilience. Increase in scores on the Piers-Harris scales for the seven variables served as indicators of increase in resilience. Group assignment (experimental

and control) served as independent variables. This statistical analysis controlled for initial differences between the two groups by taking in to account the beginning mean differences and reducing error variance in the posttest measures. The alpha level was set at $p < .05$ for all statistical tests. This design was selected because it controls for most threats to internal validity.

IV. RESULTS

Overview

The primary purpose of this study was to determine if a cognitive-behavioral group counseling intervention would improve the self concept of at risk Hispanic middle school girls. The results of this study are presented descriptively as well as in tabular format. This chapter has two sections (a) a brief description of the sample and (b) presentation of the measurement data.

Description of the Sample

The site for the study was a suburban middle school near Atlanta, Georgia with a population of approximately 1100 students. This study included girls from grades 6, 7 and 8 with ages ranging from 12-14 years. The sample size of 14 was randomly assigned to one of two groups, control or experimental, with seven students in each group. During the course of the study, two students withdrew from school, leaving a total group of twelve students who completed the study. The control group had 6 members and the experimental group had 6 members.

Both groups were tested with the Piers-Harris Children's Self Concept Scale, Second Edition (2002) as a pretest and a posttest. The students participated in six group counseling sessions (50 minutes each) led by a state certified school counselor. Topics included self-esteem, empathy, decision making, goal setting, assertiveness, pro-social

skills, problem solving and communication. This study used the *Succeeding in Middle School* curriculum model (Sunburst Communications, 1995). This curriculum was designed for middle school students.

Measurement Data

The data were entered into the computer from the data collection forms and checked for data entry errors. The univariate distribution of each of the variables was examined.

To examine the reliability of the Piers-Harris 2 with the present sample, Cronbach's alphas were computed for each of the scales for both the pre-test and post-test responses. In the case of the dichotomous (0, 1) data in the present research, the Cronbach's alphas are equal to the Kuder-Richardson 20 (KR-20) reliability measure.

Table 1 summarizes the Cronbach's Alphas.

Table 1
Cronbach's Alphas for Each Scale

Scale	Pre-Test	Post-Test	Standardization Sample*
Total Self-Concept	.63	.65	.91
Behavioral Adjustment	.69	.72	.81
Intellectual and School Status	-.66	.16	.82
Physical Appearance and Attributes	.20	.42	.77
Freedom from Anxiety	.63	.56	.82
Popularity	-.05	.07	.79
Happiness and Satisfaction	-.64	-2.13	.77

Note. From Table 17 for 13-14 year age group in Piers-Harris 2

Some of the values of alpha are negative and one is less than -2 . These unusual values suggest a negative average covariance among the associated items, which may be a sampling anomaly associated with the small sample size in the present study. Also, the negative values may be associated with the fact that for the pre-test two of the Piers-Harris 2 items on the instrument (items 12 and 26) had the response Yes for all 12 subjects. Similarly, on the post-test all responses to item 3 were No, and all responses to items 26, 41, 44, 53, and 60 were Yes.

To compare the scores in the present sample with norms, the raw score for each subject on each of the scales was converted to a T-score using the conversion tables in Appendix D of the Piers-Harris 2 (2003). Table 2 summarizes the mean T-scores for the subjects and the norms for the subjects' age group.

The pre-test mean T-scores for the experimental group and the control group both fell within the average range of norm scores for the age group (Norm for T-Scores in Age Group = 45 – 55). The post-test mean T-scores for the experimental group and for the control group fell within the average range of scores for the age group (Norm for T-Scores in Age Group = 45 – 55).

The sets of scores are indicative of the fact that both the experimental group and the control group scored in the average range of self-concept scores prior to the group counseling intervention and after the group counseling intervention

Table 2

T-Scores for Sample and Norms

Scale	Sample Values			Norm for T-Scores in Age Group*
	Pre-Test Mean T-Score for Both Groups	Experimental Post-Test Mean T-Score	Control Group Post-Test Mean T-Score	
Total Self-Concept	48.4	47.3	46.2	45 - 55
Behavioral Adjustment	47.1	45.0	44.2	45 - 55
Intellectual and School Status	48.8	47.2	51.2	45 - 55
Physical Appearance & Attributes	51.5	51.5	51.8	45 - 55
Freedom from Anxiety	47.7	47.2	42.0	45 - 55
Popularity	47.2	47.0	43.7	45 - 55
Happiness & Satisfaction	49.1	56.3	48.7	45 - 55

Note. From Table 2 for the 13-14 year age group in Piers-Harris 2 (2003).

A simple non-repeated measurements analysis of variance of the pre-test Total Self-Concept scores was completed. This was a test of whether the Control and Experimental groups differ in the Total Self-Concept scores at the pre-test. This analysis did not show a difference. This analysis yielded a single p-value, which was .6452. Since this p-value was greater than .05, there was no evidence that the Experimental and Control groups had different average Total Self-Concept scores at the pre-test. Thus the two groups were equivalent before the treatment.

Next, seven repeated measurements analyses of variance were performed. In each analysis the independent variables were Group (i.e., Control Group or Experimental Group) and Time (i.e., Pre-Test or Post-Test). The seven dependent variables were the scale scores on the Piers-Harris instrument: Total Self-Concept score, Behavior Adjustment score, Intellectual and School Status score, Physical Appearance and Attributes score, Freedom from Anxiety score, Popularity score, and Happiness and Satisfaction score. The p-value was set at $p < .05$.

Research Question

Will a cognitive behavioral group intervention make a difference in the self concept of middle school Hispanic females?

Research Hypotheses

H1. There will not be a difference in the student's assessment of self concept for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Table 3 shows the results of the analysis of variance of the Total Self-Concept scores.

Table 3

Repeated Measurements Analysis of Variance of Total Self-Concept Score:

Source	df	F	p
Between subjects			
Group	1	0.00	.96
error	10	(127.3)	
Within subjects			
Time	1	0.86	.37
Time × Group	1	4.46	.06
error	10	(5.84)	

Note. Values in parentheses represent mean square errors

The important test in this analysis is the test for the Time × Group interaction because if a difference occurs between the groups, it can only appear at the second (post-test) time. This test is not statistically significant.

According to the Piers-Harris 2 test manual, the total Self Concept Scale is the most reliable and well-researched scale for the inventory. Because the results of the analysis of variance of the Total Self-Concept scores were not statistically significance, the assertion that the counseling was effective is not supported.

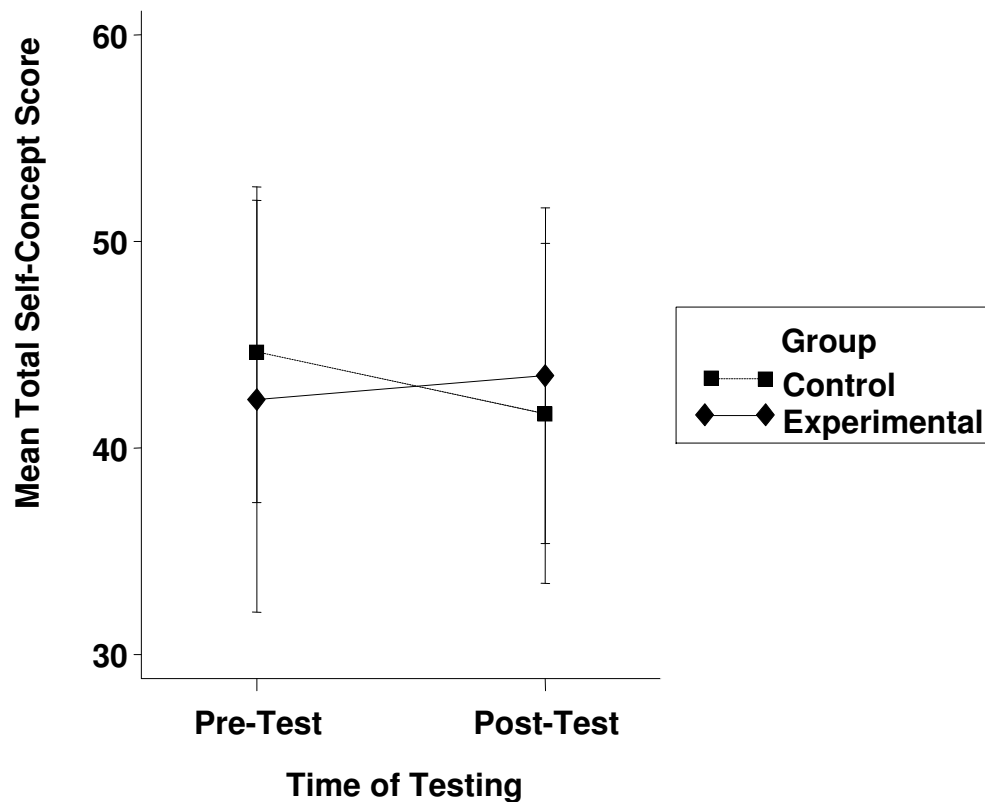


Figure 1. Mean Total Self-Concept score versus Time of Testing for the Control and Experimental groups. The vertical bars attached to each mean are 95% confidence limits.

The above figure shows the means of the scores in each of the two groups. The two squares show the pre-test and post-test average scores for the control group and the two diamonds show the average pre-test and post-test scores for the experimental group. Scores in the experimental group tended to be higher at the post-test and scores in the

control group tended to be lower. But the differences are only slight, and aren't large enough to provide statistical significance.

Tables 4 through 7 summarize the analyses of variance for the other six response variables. None of these analyses shows a statistically significant Time \times Group interaction, so no evidence was found that the counseling was effective in increasing self-concept along the dimensions measured.

H2. There will not be a difference in the student's assessment of Behavioral adjustment for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Table 4

Repeated Measurements Analysis of Variance of Total Behavioral Adjustment Score

Source	df	F	p
Between subjects			
Group	1	0.00	.96
error	10	(15.4)	
Within subjects			
Time	1	1.35	.27
Time \times Group	1	.25	.63
error	10	(1.51)	

Note. Values in parentheses represent mean square errors.

No evidence was found that the counseling was effective in increasing behavioral adjustment along the dimensions measured. The results did not show a statistically significant interaction between the experimental and control groups, $p < .05$

H3. There will not be a difference in the student's assessment of intellectual and school status for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Table 5

Repeated Measurements Analysis of Variance of Intellectual and School Status Scores

Source	df	F	p
Between subjects			
Group	1	1.98	.19
error	10	(15.38)	
Within subjects			
Time	1	1.24	.29
Time × Group	1	1.24	.29
error	10	(1.64)	

Note. Values in parentheses represent mean square errors.

No evidence was found that the counseling was effective in increasing intellectual and school status along the dimensions measured. The results did not show a statistically significant interaction between the experimental and control groups, $p < .05$

H4. There will not be a difference in the student's assessment of physical appearance and attributes for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Table 6

Repeated Measurements Analysis of Variance of Physical Appearance and Attributes Scores

Source	df	F	p
Between subjects			
Group	1	0.01	.93
error	10	(5.04)	
Within subjects			
Time	1	0.04	.84
Time × Group	1	0.04	.84
error	10	(0.94)	

Note. Values in parentheses represent mean square errors.

No evidence was found that the counseling was effective in increasing physical appearance along the dimensions measured. The results did not show a statistically significant interaction between the experimental and control groups, $p < .05$

H5. There will not be a difference in the student's assessment of freedom from anxiety for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Table 7

Repeated Measurements Analysis of Variance of Freedom from Anxiety Scores

Source	df	F	p
Between subjects			
Group	1	0.55	.48
error	10	(17.11)	
Within subjects			
Time	1	5.25	.04
Time × Group	1	3.76	.08
error	10	(1.34)	

Note. Values in parentheses represent mean square errors.

No evidence was found that the counseling was effective in increasing freedom from anxiety along the dimensions measured. The results did not show a statistically significant interaction between the experimental and control groups, $p < .05$

H6. There will not be a difference in the student's assessment of popularity for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Table 8

Repeated Measurements Analysis of Variance of Popularity Scores

Source	df	F	p
Between subjects			
Group	1	0.23	.64
error	10	(6.63)	
Within subjects			
Time	1	1.67	.23
Time × Group	1	1.67	.23
error	10	(0.90)	

Note. Values in parentheses represent mean square errors.

No evidence was found that the counseling was effective in increasing popularity along the dimensions measured. The results did not show a statistically significant interaction between the experimental and control groups, $p < .05$

H7. There will not be a difference in the student's assessment of happiness and satisfaction for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Table 9

Repeated Measurements Analysis of Variance of Happiness and Satisfaction Scores

Source	df	F	p
Between subjects			
Group	1	1.16	.31
error	10	(8.08)	
Within subjects			
Time	1	2.79	.13
Time × Group	1	1.69	.22
error	10	(1.21)	

Note. Values in parentheses represent mean square errors.

No evidence was found that the counseling was effective in increasing happiness and satisfaction along the dimensions measured. The results did not show a statistically significant interaction between the experimental and control groups, $p < .05$

This concludes all of the statistical data. In the final chapter, conclusions of the complete study, discussion of the results, limitations of the study, implications for future research, and implications for school counseling will be addressed.

V. DISCUSSION

The final chapter of study consists of a summary of the study, presentation of the results, limitations of the study and implications for the school counselors.

Summary of the Study

The purpose of this study was to determine the effects of a cognitive behavioral group counseling intervention program on the self concept of at risk middle school Hispanic females as measured by the Piers-Harris Children's Self-Concept Scales 2. This effect is measured by the differences between the experimental group and the control group as reflected in differences between the seven dependent variables.

The site for the study was a suburban middle school near Atlanta, Georgia with a population of approximately 1100 students. This study included girls from grades 5, 7 and 8 with ages ranging from 12-14 years. The sample size of 14 was randomly assigned to one of two groups, control or experimental, with seven students in each group. Both groups were tested with the Piers-Harris Children's Self Concept Scale, Second Edition (2002) as a pretest and a posttest. The students participated in six group counseling sessions (50 minutes each) led by a state certified school counselor. Topics included self-esteem, empathy, decision making, goal setting, assertiveness, pro-social skills, problem solving and communication. This study utilized the *Succeeding in Middle School*

curriculum model (Sunburst Communications, 1995). This curriculum was aimed specifically at middle school students.

The research question investigated in this study was: Will a cognitive behavioral group counseling intervention make a difference in the self concept of middle school Hispanic females?

Null Hypotheses

H1. There will not be a difference in the student's assessment of self concept for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H2. There will not be a difference in the student's assessment of Behavioral adjustment for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H3. There will not be a difference in the student's assessment of intellectual and school status for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H4. There will not be a difference in the student's assessment of physical appearance and attributes for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H5. There will not be a difference in the student's assessment of freedom from anxiety for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H6. There will not be a difference in the student's assessment of popularity for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

H7. There will not be a difference in the student's assessment of happiness and satisfaction for the experimental group when compared to the control group after the students in the experimental group receive a cognitive behavioral group intervention.

Results

The results of the repeated measurements ANOVA did not reveal statistically significant findings for any of the seven research hypotheses. Therefore, the null hypotheses were not rejected.

Limitations of the Study

The results of this study show that after participating in the Cognitive Behavioral group counseling intervention, students did not have significantly changed scores, nor did they have significantly different scores than the control group. A possible reason for this finding is the occurrence of a Type II error. The sample size of this study was small which increased the possibility of a Type II error. A Type II error results when the effect of the treatment is missed. The smaller the sample size, the more likely a Type II error will occur. Low power and small effect size related to the small sample size make the results difficult to interpret. However, in the middle school setting, counselors generally work with small groups of students, not large populations. The important test in this analysis is the test for the Time \times Group interaction for Pre-test post-test scores on Total Self-Concept for the experimental and control groups. This test was not statistically significant with a p-value of .06. Piers and Harris (2002) state that the total scale score is

the most reliable measure on the Piers-Harris 2 and the measure with the most research support.

As evidenced by the normative data, the self concepts of the subjects in the study as measured by the Piers-Harris 2 fell within the average (or normal range) on the Pre-Test of Total Self Concept. This study was designed with the assumption that the subjects would evidence lower than average self-concept prior to the study. This assumption was not supported by the data. Consequently this group was different from those similar students described in the literature review. The subjects in the study, both experimental and control, demonstrated average scores on the measures of self concept assessed by the Piers-Harris 2.

The limitations of this study include the use of Hispanic subjects from only one middle school in suburban Atlanta, Georgia; therefore, the generalizability of the findings to other regions in the country or other age groups is limited. The fact that this study consists of all Hispanic female students restricts the generalizability to other populations. The length of the treatment in this study is also a limitation. The intervention was conducted once a week for six weeks. A longer treatment period may have produced better results. Another limitation of the study was that there was no follow up period. Additionally, while the topics covered in the group sessions were focused on developing the skills needed to enhance self-concept, they may not have corresponded directly to the specific aspects of self concept measured by the Piers-Harris 2.

Implications for School Counselors

School counselors can use the results from this study when they develop their comprehensive school guidance plans, specifically when planning small group

interventions. Allen and Gardner (1989) found that self concept building groups significantly improved the self concepts of at-risk students. This is encouraging in relation to the continued the use of cognitive behavioral group counseling with at-risk middle school students who evidence low self-concept. However, since both groups in this study reported self-concepts in the normal range prior to participation, other dimensions of resilience may have been a more appropriate intervention focus. Counselors planning small group interventions must insure that the goals and activities are directly related to the documented needs of the group members. Specifically, the sessions for participants in this study might have proven more effective if they had been focused on changing cognitions and behaviors associated with low school attendance and achievement with associated outcome measures (i.e., increased rates of attendance and higher grades).

School counselors need to be cognizant of the fact that the participants in this study did not demonstrate the low level of self esteem as was anticipated by the review of literature. Participants in this study showed self esteem within the average range on the Piers-Harris 2. This may reflect changes in our society as the Hispanic population shows tremendous increases and growth. In the large metropolitan area in which this study was conducted, there are Hispanic newspapers, radio and television stations, Hispanic civic organizations and businesses.

For school counselors leading groups for Hispanic students, some of the qualitative responses of students may be informative. Specifically, the students in the group expressed an appreciation for being identified as the “Latina Group.” On the morning prior to each group session, an announcement was made over the public address

system in both Spanish and English to remind the students that group was being held that day. The girls enjoyed reading the announcement and also expressed satisfaction in being the “only one in class who could understand the Spanish.” According to Nunez and Gary (2004), school counselors are challenged to apply culturally sensitive interventions to promote the healthy adjustment of Hispanic students by including culturally sensitive classroom activities, small group exercises, and individual sessions to smooth the progress of both acculturation and effective learning.

While the counseling program that was used in this study was based on Cognitive Behavioral Counseling techniques which have been documented as effective with Hispanics, the format of the program was designed to address the needs of the average middle school student. School counselors may need to modify existing curriculums to recognize diversity and to provide cultural relevance. Had the format been modified to include more elements of Hispanic culture, identity, and the problems specifically faced by Hispanic girls, the results may have been more positive. As school counselors develop and implement programs which address and target the needs of culturally diverse populations, they should be aware of the relationship between self concept and ethnic identity. DeHart, Sroufe, and Cooper, (2000) describe self-esteem as a basic human need that makes an essential contribution to the life process; that is indispensable to normal and healthy development; and with survival-value. Given that one aspect of the process of self-esteem development is culturally based, school counselors must seek to understand the cultural values of all students. As school counselors encourage students to take pride in their ethnicity, self-esteem is increased. School counselors should promote the development of self-esteem by promoting a positive identification with one’s

ethnicity as an objective of the student in a counseling relationship. In addition, school counselors must understand the acculturation experiences of students and how this process continually influences how students view themselves. The use of a prepared counseling curriculum, such as the one used in this study that has not been modified for the needs of a specific population may not provide adequate activities and resources to impact the needs and issues of a culturally diverse population. This lack of cultural specificity may have impacted the outcome of this study adversely by not enhancing the desired outcome of measurable changes in the measured self-esteem

School counselors who are sensitive to ethnic and cultural differences and express understanding for ethnic diversity form beneficial relationships with an extensive variety of people. Culturally responsive counseling must be based on an appreciation of and sensitivity to differences between counselors and clients. A culturally responsive school counselor uses strategies and techniques that are consistent with the life experiences and cultural values of the student. In order to implement these strategies and techniques, school counselors must have awareness of and knowledge of issues related to cultural and ethnic diversity (Sue, Arredondo & McDavis, 1992). The dynamics of ethnic identity and acculturation need to be an integral part of culturally responsive school counseling.

School counselors can conduct teacher in-services that will help teachers learn strategies for working with Hispanic students. Teachers would then become more sensitive to the needs of Hispanic girls. According to an American Association of University Women (1990) national survey research project, girls go into adolescence feeling confident about themselves. This corresponds to decline in school performance. While 67% of elementary girls say that they feel happy about the way they are, only 29%

of high school girls say they are happy with themselves, representing a 31% drop. Physical appearance is most important to girls in middle school, the time which shows the greatest decline in self esteem. AAUW found that there were interactions between race and self esteem. Hispanic girls showed a 38 % drop in personal self-esteem., more than any other group. Donnelly (2005) investigated the recent rise in eating disorders among Hispanic girls. She found that Hispanic girls reported the highest rates of disordered eating, including skipping meals, vomiting, binge-eating, or using laxatives or cigarettes to loose weight. She found an influence in the media to be “thin” and a contradictory influence in the Latin culture “to show love with a big meal.”

Depending upon the diversity of the population of their school, school counselors may want develop small group interventions that specifically address issues of various diverse populations. Locke (1998) acknowledged that the goal of counseling is change and that techniques to bring about change are culturally dependent. An ethnic minority’s reaction to counseling, the counseling process, and the counselor are all influenced by ethnicity and cultural identity (Helms, 1985). Increased awareness and knowledge of different ethnic groups and development of skills for effective counseling relationships across cultures must be part of the professional growth process for all counselors.

Implications for Future Research

In replicating work in this area of prevention research, future researchers should carefully consider the fit of the intervention used with the outcome measure. The measures of self-esteem that are assessed by the Piers-Harris 2 were not directly addressed in the curriculum that was used. The Piers-Harris measures seven components of self-esteem: variable 1) self-concept (total scale score), variable 2) behavioral

adjustment, variable 3) intellectual and school status, variable 4) physical appearance and attributes, variable 5) freedom from anxiety, variable 6) popularity, and variable 7) happiness and satisfaction. The curriculum used may have been better evaluated by assessing the skills actually taught, such as decision making, study skills, goal setting, positive self talk and stress management

There are several recommendations offered to researchers interested in studying the effects of a cognitive behavioral group counseling intervention on the self concept of Hispanic middle school girls. This was a short term study conducted with a small group of students. A longer study would give more time for practicing and reinforcing skills learned.

Researchers may be interested in comparing the effects of cognitive behavioral group counseling with a larger, more diverse group of students. Researchers may include a larger population sample in terms of the number of students selected for participation. By using a more heterogeneous group, the group dynamics would change. Participants would be involved with a more diverse group and would increase their understanding of other ethnic groups. This may increase the sense of school bonding, an important component of resilience.

Researchers may want to examine the interaction of attendance, academic grades, and socio-economic status with self concept. This could be accomplished by the planning of groups included parental involvement (parenting groups), attendance issues and issues of isolation.

Researchers may be interested in extending the number of sessions. Extending the program to at least one semester would be recommended. By increasing the number

of sessions, the researcher would have more time for the participants to develop and practice the skills introduced in the group.

Researchers may want to investigate a more qualitative and subjective study of Hispanic middle school girls to determine factors that influence self esteem, academic goals, and career goals.

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APPENDICES

APPENDIX A
AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD
APPROVAL TO CONDUCT STUDY

AUBURN UNIVERSITY

Auburn University, Alabama 36849



Office of Human Subjects Research
307 Sanford Hall

Telephone: 334-844-5966
Fax: 334-844-4391

March 31, 2004

MEMORANDUM TO: Peggy Thomas
Counseling & Counseling Psychology

PROTOCOL TITLE: "Building Resilience Skills in Hispanic Middle School Girls: An Outcomes Based Research Study"

IRB AUTHORIZATION: # 04-029 MR 0403

The referenced protocol was approved at "Minimum Risk" on March 12, 2004. Please reference the IRB authorization in any correspondence regarding your project.

Please remember that any anticipated change in the approved procedures must be submitted to and approved by the IRB prior to initiation of the revised activity. Any unanticipated problems involving risk to subjects or others requires immediate suspension of the activity and an immediate written report of the occurrence to the IRB.

If you will be unable to file a Final Report on your project before March 11, 2005, you must submit a request for an extension of approval to the IRB no later than February 28, 2005. If your IRB authorization expires and/or you have not received written notice that a request for an extension has been approved prior to March 11, 2005, you must suspend the project immediately and contact the Office of Human Subjects Research for assistance.

The Final Report will be required to close your IRB project file. Finally, you are reminded that consent forms must be retained at least three years after completion of your study.

If you have any questions concerning IRB procedures or this Board action, please contact the OHSR at 844-5966.

Sincerely,

A handwritten signature in cursive script that reads "Peter W. Grandjean".

Peter W. Grandjean, Chair
Institutional Review Board for the Use of Human Subjects
in Research

cc: Dr. Holly Stadler
Dr. Debra Cobia

APPENDIX B
SCHOOL SYSTEM INSTITUTIONAL REVIEW BOARD
APPROVAL TO CONDUCT STUDY

SARAH COPELIN-WOOD, CHAIR
BEBE JOYNER, VICE CHAIR
ELIZABETH ANDREWS
FRANCES EDWARDS
CHIP FRANZONI
LYNN CHERRY GRANT
SIMONE MANNING-MOON
TERRY C. MORRIS
ZEPORA ROBERTS
BOARD OF EDUCATION MEMBERS



JOHNNY E. BROWN, Ph.D.
SUPERINTENDENT

DeKalb County School System

3770 North Decatur Road
Decatur, GA 30032-1099
678-676-1200
www.dekalb.k12.ga.us

April 20, 2004

Ms. Peggy Lawrence Thomas
2065 Woodberry Run Drive
Snellville, GA 30078

Reference: Research Proposal, *Building Resilience Skills in Hispanic Middle School Girls: An Outcomes Based Research Study* (File No. 2004-340)

Dear Ms. Thomas:

This letter is to advise you that your research proposal has been approved for implementation in the DeKalb County School System for the 2003-2004 school year with Stone Mountain Middle School as the site. Dr. Gloria Dodson, Principal of Stone Mountain Middle School has agreed to work with you and a copy of this letter will be sent to him.

Please be advised that this approval is given for one year from the acceptance date. Should there be any addendums, design changes, or adverse events to the approved protocol, they must also be submitted in writing to the Coordinator of Research and Program Evaluation of the DeKalb County School System. Changes should not be initiated until written approval is received. Further, should there be a need to extend the time requested for the project, a written request must be submitted for approval at least one month prior to the anniversary date of the most recent approval and is the responsibility of the investigator. Should the time for which approval is given expire, it will be necessary to re-submit the proposal for another review by the Research Review Committee. Remember that the name of the school or the school system must not appear in your final report.

Please forward a copy of your results to me when they are completed. Would you please provide us with some feedback on the research approval process by completing the enclosed survey and returning it in the enclosed postage paid envelope.

Best wishes for a successful research project. Please call me at 678.676.0023 if I may be of further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Steve Pemberton".

Steve Pemberton, Ed.D., Coordinator
Department of Research and Program Evaluation

Cc: G. Dodson, Principal, Stone Mountain Middle School
File
Atch. (2)

"THE SCHOOL CANNOT LIVE APART FROM THE COMMUNITY"

APPENDIX C

SITE PRINCIPAL'S APPROVAL TO CONDUCT STUDY

Dr. Gloria J. Dodson
PRINCIPAL



Johnny Brown, Ph.D.
Superintendent

DeKalb County School System
STONE MOUNTAIN MIDDLE SCHOOL
5265 Mimosa Drive
Stone Mountain, Georgia 30083-3656
(678) 676-4802
FAX(678) 676-4810
www.dekalb.k12.ga.us

The Office of Human Subjects Research
307 Samford Hall
Auburn University,
Alabama 36849

Dear Sir(s):

As principal of Stone Mountain Middle School, I am aware that Peggy Thomas is requesting to conduct a research study, as a partial requirement for her doctoral degree at Auburn University, at Stone Mountain Middle School. This research study is an outcomes based study using a group counseling intervention with Hispanic females. Mrs. Thomas has my support and cooperation in the completion of this study.

If I can be of further assistance, please feel free to contact me directly.

Sincerely,

A handwritten signature in cursive script that reads "Dr. Gloria Dodson".

Dr. Gloria Dodson
Principal
Stone Mountain Middle School

THE SCHOOL CANNOT LIVE APART FROM THE COMMUNITY

APPENDIX D
PARENTAL INFORMED CONSENT FORM

**Informed Consent
For
Building Skills for School Success**

My name is Mrs. Thomas. I am a school counselor at Stone Mountain Middle School acting as a researcher. I am also a graduate student at Auburn University. I am doing a study on building skills for school success as a part of the requirements for my doctoral degree at Auburn University under the supervision of Dr. Debra Cobia. Your daughter was selected to participate in this study because your family recently moved to the United States. Research indicates that children who have recently immigrated to the United States are at increased risk for school problems. Our school records indicate that your child is having some problems with grades and attendance. My goal is to help your child be successful in school. I would like to see if a group-counseling intervention will improve your child's performance at school. The selected students will be divided into two groups. One group of the students selected will participate in a group that meets for 50 minutes once a week for a total of 6 weeks during Spring Semester, 2004. The other one-half of the selected students will receive the same group counseling sessions in the 2004-2005 school year.

The title of the group is "Succeeding in Middle School." The topics include feelings, positive attitudes, decision making and communication skills. Some of the goals for the group include self-understanding, problem solving and goal setting. It is a normal procedure for your child to come to me for group counseling. She will continue to receive the normal services (individual and group counseling) that are offered.

As a school counselor, I am required to keep what your child says as private. I will stress the importance of privacy to all group members; however, I can not guarantee that other group members will not share information from the group. This is a risk in group counseling. I will keep private what your child says in the group, unless she seems to be a danger to herself or threatens to harm someone else. Legally, I must also report suspected child abuse to the appropriate authorities. Other than for these specific reasons, I am obligated to keep private what your child says in the group. Again, I will stress that it is important that all group members keep information that they learn in the group private.

The benefit for your child for participating in this group counseling intervention may be that your child will improve her self concept and improve her performance at school. The expected benefit to the school is that the group counseling intervention may be used school wide to improve student performance on all grade levels. The results of this research will be shared with the DeKalb County School System. However, I cannot guarantee that these benefits will occur.

_____ _____
parent initials participant initials

Any information that has been collected during this study that can be identified with your child will remain confidential. The name of your child will not appear in my research paper. After my study has been completed, all identifiable data will be destroyed. You may withdraw your child's information from this study as long as your child's information is identifiable. If you or your child decide not to participate in this group or in this study, your relationship and your child's relationship with Stone Mountain Middle School and Auburn University will not be affected. I will still provide your child with the counseling services that are offered at Stone Mountain Middle School. If you have any questions or concerns now or anytime during the study, please call me, Mrs. Thomas (pth9378@fc.dekalb.k12.ga.us) at (678) 676-4825 (cobiadc@auburn.edu) at (334) 844-2880. We will be more than happy to answer them. You will also be provided a copy of this form to keep. For assistance in Spanish, please contact Victor James at (678) 676-4804.

For more information regarding your child's rights as a participant of this study, you may contact the Office of Human Subjects Research, Executive Director E. N. "Chip" Burson at 344-844-5966 (bursoen@auburn.edu) or IRB Chair Dr. Peter Grandjean at 334-844-6499. (grandpw@auburn.edu).

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO ALLOW YOUR CHILD TO PARTICIPATE IN THIS RESEARCH PROJECT. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO ALLOW YOUR CHILD TO PARTICIPATE.

Participant's signature Date

Investigator's signature Date

Print Name

Print Name

Parent's or Guardian Signature Date
(if appropriate)

Co-investigator's signature Date
(if appropriate)

Print name

Print name

APPENDIX E

PARENTAL INFORMED CONSENT FORM IN SPANISH

Consentimiento informado para la Construcción de habilidades para el éxito escolar

Mi nombre es Sra. Thomas. Soy consejera escolar en *Stone Mountain Middle School* y trabajo como investigadora. También soy graduada de la Universidad de Auburn. Estoy realizando un estudio sobre la construcción de habilidades para el éxito escolar como parte de los requisitos de mi doctorado en la Universidad de Auburn bajo la supervisión de la Dra. Debra Cobia. Su hija fue seleccionada para participar en este estudio porque su familia se trasladó recientemente a los Estados Unidos. Los estudios indican que los niños recientemente ingresados en los Estados Unidos se encuentran en riesgo creciente de sufrir problemas en la escuela. Nuestros registros escolares indican que su hija está sufriendo algunos problemas en cuanto a sus notas y asistencia. Mi objetivo es ayudar a su hija para que logre el éxito en la escuela. Me gustaría saber si la mediación de un consejo grupal podría mejorar el desempeño escolar de su hija. Los niños seleccionados serán divididos en dos grupos. Un grupo de los estudiantes seleccionados participarán en un grupo que se reúne 50 minutos una vez por semana durante un total de 6 semanas en el Semestre de Primavera del 2004. La otra mitad de los estudiantes seleccionados recibirán las mismas sesiones de asesoramiento grupal durante el año escolar 2004-2005.

El nombre del grupo es “Triunfando en la Escuela Media”. Los temas incluyen sentimientos, actitudes positivas, toma de decisiones y habilidades comunicativas. Algunos de los objetivos para el grupo incluyen la autocomprensión, la resolución de problemas y la fijación de metas. Es un procedimiento normal que su hija se dirija a mí para pedir consejo grupal. Ella continuará recibiendo los servicios normales (consejo individual y grupal) que se ofrecen.

Como consejera escolar, se me exige mantener en privado todo lo que su hija me diga. Quiero subrayar la importancia de la privacidad para todos los miembros del grupo, no obstante, no puedo garantizar que los otros miembros del grupo no vayan a compartir información sobre el grupo. Este es un riesgo que se corre en el consejo grupal. Mantendré la privacidad de lo que su hija diga en el grupo, a menos que considere que puede ser peligroso para ella misma o que amenace con herir a otras personas. Legalmente, debo también informar sobre la sospecha de maltrato infantil a las autoridades correspondientes. Aparte de estas razones específicas, estoy obligada a mantener en privado todo lo que su hija diga en el grupo. Nuevamente, quiero resaltar que es importante que todos los miembros del grupo mantengan en privacidad la información que escuchan en el grupo.

El beneficio que su hija puede recibir por participar en esta mediación de consejo grupal puede ser que ella mejore su autoestima y su desempeño en la escuela. El beneficio que se espera para la escuela es que la mediación del consejo grupal se pueda utilizar en toda la escuela para mejorar el rendimiento de los alumnos en todos los niveles. El resultado de esta investigación será compartido con el Sistema DeKalb County School. Sin embargo, no puedo garantizar que estos beneficios puedan ocurrir.

iniciales de los padres iniciales del participante

Cualquier información que se obtenga durante este estudio y que pueda ser identificada como perteneciente a su hija, permanecerá confidencial. El nombre de su hija no aparecerá en mi investigación. Cuando mi estudio esté completo, toda la información que sea identificable, será destruida. Usted puede quitar la información sobre su hija de este estudio si la misma fuese identificable. Si usted o su hija deciden no participar en este grupo o en este estudio, su relación y la relación de su hija con IStone Mountain Middle School y la Universidad de Auburn no se verá afectada. Seguiré brindándole a su hija el servicio de consejo que se ofrece en Stone Mountain Middle School. Si tiene alguna pregunta o preocupación ahora o en cualquier momento durante el estudio, por favor llámeme. Sra. Thomas (pth93778@fc.dekalb.k12.ga.us) en el (678) 676-4825, o Dra. Debra Cobia (cobiadc@auburn.edu) en el (334) 844-2880. Nos agradecerá responder a su llamado. Usted recibirá una copia de este formulario para que lo guarde. Para su asistencia en español, por favor contáctese con Victor James en el (678) 676-4804.

Para mayor información concerniente a los derechos de su hija como participante de este estudio, puede comunicarse con la Oficina de Investigaciones de Temas Sociales, Director Ejecutivo E. N. "Chip" Burson en el 344-844-5966 (bursoen@auburn.edu) o la Cátedra IRB del Dr. Peter Grandjean en el 334-844-6499. (grandpw@auburn.edu).

DESPUÉS DE LEER LA INFORMACIÓN PROPORCIONADA, DEBE DECIDIR SI DESEA O NO QUE SU HIJA PARTICIPE EN ESTE PROYECTO DE INVESTIGACIÓN. SU FIRMA INDICA QUE USTED PERMITE QUE SU HIJA PARTICIPE.

Firma del participante Fecha

Firma del investigador Fecha

Nombre en letras de imprenta

Nombre en letras de imprenta

Firme del padre o tutor Fecha
(si correspondiera)

Firma del investigador adjunto Fecha
(si correspondiera)

Nombre en letras de imprenta

Nombre en letras de imprenta

APPENDIX F
STUDENT ASSENT FORM

**Student Assent Form
For
Building Skills for School Success**

My name is Mrs. Thomas. I am a school counselor at Stone Mountain Middle School, I am also a graduate student at Auburn University. I am doing a study with a group counseling intervention focused on self-understanding, problem solving and goal setting as part of the requirements for my doctoral degree. I would like for you to be a part of this study because I feel that you can be more successful in school and because your family has recently moved to the United States

If you chose to be a part of this study, you will meet with me once a week for 50 minutes for 6 weeks during your normal school day. Anytime we deal with group counseling there is a chance that someone will break confidentiality. Please remember how important it is not to share what is discussed in the group. We will discuss feelings, decision making and communication in the group. The only time that I am required to repeat what you have said in the group is if you threaten to harm yourself or someone else. Legally, I must report suspected child abuse to the authorities. If at any time you decide you no longer want to participate in the study, you are free to leave. You will still be able to receive your regular counseling services from me. One-half of the students selected for this group will be in a group now and one-half will be in a group in the 2004-2005 school year.

Your parents have agreed to let you participate, but the final decision is yours. If you have any questions now or anytime during the study, please ask and I will be more than happy to assist you. If you would like to participate in this study, please sign your first and last name at the bottom.

Student's Signature_____ Date_____

Investigator's Signature_____ Date_____

APPENDIX G
OUTLINE OF THE GROUP SESSIONS

Session 1

Objectives:

Explain the purpose of the group
Clarify guidelines for participation (confidentiality, ground rules)
Define automatic thoughts
Define self esteem

Goals:

1. Use “Popcorn and Chopsticks” ice-breaker as get acquainted activity
2. Introduce students to the group process.
3. Establish ground rules for the group.
4. Discuss concept of confidentiality.
5. Discuss the purpose of the group.
6. Complete group role play activity to illustrate automatic thoughts and self esteem
7. Wrap up! – A time to review and bring closure to the session.

Session 2

Objectives:

Practice positive self talk and reframing
Understand the difference in failing at something and being a failure
Realize that failure is a common experience
Review the four step process for turning failure into a learning experience

Goals:

1. Ice Breaker
2. Review the concept of automatic thoughts.
3. Discuss positive and negative self talk
4. Practice reframing negative thoughts into positive thoughts.
5. View “I Blew It.”*
6. Discuss using the Four A’s for turning failure into a learning experience
7. Use role play to explore issues related to success and failure
8. Wrap up!

Session 3

Objectives:

Understand why goal setting is important
Learn a step by step goal setting process

Learn the difference in long term goals and short term goals
Recognize individual learning styles
Review specific study skills
Use positive self talk

Goals:

1. Ice breaker
2. Review the activities of Session 2.
3. Read “The Little Engine that Could.”
4. Discuss individual progress and goal setting
5. Use the “Island” to illustrate the importance of planning to reach goals.
6. Discuss four steps in goal setting.
7. Distinguish between long and short term goals.
8. Discuss study skills and academic goal setting
9. View and discuss “Study Skills Plus Attitude.”*
 - Learning styles
 - Positive self talk
 - Setting goals
10. Select and individual goal and develop plan for achieving the goal.
11. Wrap up!

Session 4

Objectives:

Understand what stress is
Identify common sources of stress
Recognize their own personal symptoms of stress
Handle stress in life more constructively (relaxation techniques)

Activities:

1. Ice breaker
2. Review the activities of Session 3.
3. View “Stress and You.”*
4. Discuss stressmakers, feelings when you are stressed and stressbreakers
5. Practice relaxation techniques.
6. Conflict resolution
7. Wrap up!

Session 5

Objectives:

Understand how self-confidence affects behavior
Develop strategies to build self-confidence
Prepare to close the group

Activities:

1. Ice Breaker “Twenty Topics.”
2. View “Self Confidence: Step by Step.”*
3. Discuss strengths and weaknesses.
4. Role Play
5. Discuss end of group
6. Wrap Up!

Session 6

Objectives:

Discuss what was learned during the group
Discuss issues surrounding the end of the group

Activities:

1. Ice breaker “Big Rocks.”
2. Review and process what was learned during group.
3. Review self esteem booklet
4. Encourage students to continue to work on positive self esteem.
5. Discuss end of group and plans for future

*Counselor selects parts of video to view and discuss.