The purpose of the study was to determine whether first-grade children's participation in a counselor-led intervention strategy, Mother-Child Communication Training (MCCT), would increase their responsible behavior, as assessed by mothers and teachers. Sixty first-grade children in one elementary school in Corvallis, Oregon, along with their mothers, participated in the training program.

Pretest-posttest experimental design was used to investigate mothers' and teachers' perceptions of children's behavior. Mothers completed the Adlerian Parental Assessment of Child Behavior Scale (APACBS) while teachers assessed children's behavior using the Walker-McConnell Scale of Social Competence and School Adjustment. Subjects were randomly assigned to treatment groups, experimental (n=30) and control (n=30). The control group formed a wait-list and received the MCCT following the study.
The intervention consisted of two phases. Initially, the counselor met twice with each subject in subgroups of five or six children. The focus of these meetings was recognition and expression of feelings.

Subsequently, each mother and child met with the counselor two times for approximately forty-five minutes each. The purpose of the mother-child meetings was to assist children in developing responsibility for self and in communicating more effectively with their mothers. Expressing feelings and exploring ways to change one's own behavior were emphasized.

Data were analyzed using univariate analysis of variance with repeated measures. The first of two hypotheses revealed a significant (p<.01) increase in children's responsible behavior as evaluated by their mothers. An evaluation by teachers failed to demonstrate any significant changes.

Experimental group mothers' extremely positive responses to the MCCT on the follow-up evaluation further substantiated the highly significant changes in the children's behavior. The study implies that this brief intervention was effective in increasing children's responsible behavior at home. Recommendations for practice and further research are presented.
Developing Responsible Behavior with First-Grade Children through Mother-Child Communication Training

by

Monne K. Smith

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My committee offered the expertise and support to assist in gelling the original research ideas and following them to completion. I thank them for their unique contributions and support: Dr. Jim Firth, Dr. Reese House, Dr. Vic Savicki, Dr. Sam Vuchinich, and Dr. Clara Pratt.

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DEVELOPING RESPONSIBLE BEHAVIOR WITH FIRST-GRADE CHILDREN THROUGH MOTHER-CHILD COMMUNICATION TRAINING

CHAPTER 1
INTRODUCTION

It is difficult to pick up a newspaper or listen to a news report without becoming aware of the problems which youth and children in our society are experiencing. Most serious ones among teens, such as, substance abuse, pregnancies, criminal activities, school dropouts, and suicide, are continually given media attention. A profile report on the status of America's adolescents (Gans, Glyth, Elster, & Gaveras, 1990) compiled for the American Medical Association quoted these figures: 90 percent of high school seniors have used alcohol and 50 percent have tried marijuana; 11 percent of adolescent women become pregnant each year; the homicide rate has doubled for 10-to 14-year olds during the past 20 years and the suicide rate has tripled for the same age group in that same time period.

Younger children are not exempt from these problems, for they, too, may experiment with drugs, commit acts of violence, lose interest in school, and, at times, even commit suicide. One survey reported that 2 to 4 percent of fourth, fifth, and sixth graders in a district of 2800 elementary school students had used marijuana, PCP, crack, or cocaine (Yagi, 1991).

Although there may be many factors contributing to the problems which children and youth are experiencing, one that must be strongly considered is the disruption that exists in many families (Brokaw, 1992). Many of today's parents experience increasing stress in their own lives, e.g., marital problems, substance addiction, single parenting, unstable economic conditions, inadequate preparation for parenting. The parenting
role is often affected when parents experience serious difficulties in their marital relationship, which, in turn, affects children's behavior (Emery, 1982; Peterson & Zill, 1986), particularly the behavior of boys (Porter & O'Leary, 1980). When there is a disturbance in the family system, children often exhibit behavior problems at school, according to the family systems literature (Okum & Rappaport, 1980).

Children and youth need to feel that they are valuable persons who are worthwhile in the eyes of their parents and that they are capable of solving those concerns which are theirs to solve. When needs are not met in the family unit, young people may seek other means to feel worthwhile, such as involvement with drugs, pregnancy, dropping out of school, and even suicide. The way to feel worth and value is to accept one's own responsibility (Clemes & Bean, 1980). Thus, for children to experience their worth, effective strategies need to be proposed and implemented which would assist children in developing a greater sense of self-responsibility.

As vital as it is to intervene with children who are demonstrating signs of at-riskness, it is equally important to enhance the skills of all children, for all children encounter problems in varying degrees at various times in their lives. Golden (1983) pointed out that even children in more functional families need skills to respond on occasions when stressful situations arise. Although signs of at-riskness may be more evident with some children than others, a researcher claims that "everyone of us is at risk to some degree" (One in four, 1991, p. B6). The extent to which challenges are met and dealt with early-on may determine the extent to which an "at-risk prophesy" is fulfilled in the future. To meet the problems which children and families face, all will need skills to develop greater responsibility for self.
A position paper recently prepared by the Oregon school administrators (Educational Policies Commission, 1991) addressed the skills and attitudes which the commission believes all Oregon graduates will need in the 21st century. The list, in part, identified the following areas of focus and suggested skills and attitudes which students need to develop in each area:

**Ethics and Values**

... Our schools must move away from a values-neutral curriculum where values are relative, no universal principles exist, and ethics are situational; to a curriculum in which students are assisted in developing such things as personal responsibility and individual integrity. ... (p. 3)

**Self-Esteem**

... The ability to take charge of one's life will play an increasingly larger role in the 21st century. ... Responsibility for one's personal growth and development includes the expression of self-image which is directly linked to an individual's effectiveness both on and off the job. (p. 3)

**Basic Skills**

... Students must possess these "survival skills" to be effective learners:

... Listening/Speaking ... sharing meaning, removing barriers to effective listening, paraphrasing, adjusting to other communication styles... (p. 4)

**Creative and Critical Thinking**

Students must be able to utilize a variety of thought processes to live and contribute in a complex and dynamic environment. These higher-level skills include problem solving, decision making, and creative thinking abilities such as:

- recognizing and defining problems ... (p. 5)

In summarizing this portion of the commission's report a general theme seems to emerge. Students need to develop a sense of responsibility. The importance of learning to be responsible for one's life is a concept which is appearing in a variety of sources. A news columnist discussing
America's plight and the changes that are needed in order to assure our nation's future suggested, for one thing, that the education system needs to graduate persons who can be responsible for their own lives (Marlowe, 1991). A popular family psychologist states that the 3 Rs which parents need to instill in children are respect, responsibility, and resourcefulness (Rosemond, 1991). Children need to be taught skills to solve their own problems and given opportunities to develop responsibility for their own lives. Elisabeth Kubler-Ross was quoted as saying that we need to "teach the next generation from Day One that they are responsible for their lives" (Phillips, 1991 p. 12). This would mean that strategies developed for use with children in the primary grades would come none too soon.

A vital ingredient in developing greater responsibility for self is the ability to communicate well with others. According to author and lecturer, Adele Faber, "communication is the lifeblood of family relationships" (Filips, 1991 p. D1), yet children and adults, in families experiencing a range of problems from few to many, have difficulties with the task of communicating effectively.

Deborah Tannen (1990) states men and women, boys and girls, parents and children in all walks of life may develop misunderstanding through using ineffective communication patterns. John Bradshaw (1988) suggests that individuals in dysfunctional families may have particularly ineffective communication skills; and that family members of dysfunctional systems do not take responsibility for their own feelings and perceptions. Virginia Satir (1967) suggested that dysfunction and inability to communicate are bound together and that faulty communication patterns are learned in childhood. Parents, too, may need assistance in developing good communication skills, for parents who have not developed effective
communication skills are unable to teach the skills to their children (Keys, Jacobs, & Celotta, 1990).

Although the commission’s report (Educational Policies Commission, 1991) focused on high school graduates, the identified skills and attitudes must be fostered in elementary students if the goals are to be achieved by the time the students graduate. Thus, a preventive approach is necessary which emerges from the belief that all children, regardless of their degree of at-riskness, need to develop skills and attitudes which allow them to be responsible for their own lives.

Prevention strategies are meant to benefit all children. Prevention is the opposite of crisis management (Barclay, 1984). Adopting a preventive approach does not mean that crises will automatically be avoided; rather, a focus on prevention and the development of skills and abilities will prepare children to better manage crisis situations when they do arise. Although a slower process in producing noticeable changes in families and society, prevention is one of the best ways to make long-term changes with children and families (Honig, 1986; Kellam, Brown, Hendricks, & Fleming, 1983; Lally, Mangione, Honig, & Wittner, 1988; Oyemade & Washington, 1989). By providing resources early in the child’s life, it may be possible to prevent more abusive lifestyles from emerging in a person’s teen and adult years.

School counselors have been involved and carried out various types of interventions to support behavioral change in elementary-aged students. Three general categories of change strategies with elementary-aged children are prevalent in the literature. One general strategy is direct intervention, which involves working with children themselves in order to promote behavioral change; a second approach is working indirectly with parents and teachers in order to promote change in children’s behavior;
and a third strategy to bring about behavioral change in children is to work directly with the child and at the same time work with the parents. A search of the literature to date has failed to reveal empirical evidence of school-based, counselor-led, prevention strategies in which parents, particularly mothers, work directly with their own child as a means of initiating behavioral change with young children. Considering the problems of youth in society today along with the general need for all children to learn to be responsible for self, it is important that an effective preventive strategy be developed to assist children in improving their skills and feelings of worth. The participation of parents would be a vital part of any intervention, given their importance in children’s lives (Fine & Gardner, 1991). As children learn the meaning of being responsible for self at an early age and choose responsible actions, they gain a greater sense of worth and are better prepared for the future, thus, eliminating the need to engage in symptomatic behaviors.

**Purpose of Study**

The purpose of this study is to examine the efficacy of Mother-Child Communication Training (MCCT) as a prevention strategy to develop responsible behavior and communication skills of first-grade children. The study will determine whether children who receive training increase their responsible actions more than a comparable group of children that has not received the training.

Specifically, the study will examine whether the MCCT has a significant effect on children’s behavior/social competence, as perceived by mothers and teachers. The behavior of a randomly selected group of first graders from the same school and classrooms will be compared to a group
of first graders from the same school and classrooms who had not yet received the training. The control group, in the form of a waiting group, will have an opportunity to participate in the MCCT following the study.

Research Hypotheses

The following are the null and alternative hypotheses which were examined in this study:

\[^{H_0_1}\]  There is no significant difference between first-grade experimental and control group subjects' responsible behavior, as assessed by mothers on the Adlerian Parental Assessment of Child Behavior Scale, following Mother-Child Communication Training.

Symbolically expressed as \( \mu_e - \mu_c = 0 \)

If the null hypothesis is rejected, then the alternative hypothesis is accepted.

Alternative:

\[^{H_1}\]  First-grade experimental group subjects' responsible behavior will be significantly higher following participation in the Mother-Child Communication Training when compared with control group subjects' behavior, as assessed by mothers on the Adlerian Parental Assessment of Child Behavior Scale.

Symbolically expressed as \( \mu_e > \mu_c \)

And,

\[^{H_0_2}\]  There is no significant difference between first-grade experimental and control group subjects' responsible behavior, as assessed by teachers on the Walker-McConnell Scale of
Social Competence and School Adjustment, following Mother-Child Communication Training.

Symbolically expressed as $\mu_e - \mu_c = \phi$

If the null hypothesis is rejected, then the alternative hypothesis is accepted.

Alternative:

$H_2$ First-grade experimental group subjects' responsible behavior will be significantly higher than that of the control group subjects' behavior, as assessed by teachers on the Walker-McConnell Scale of Social Competence and School Adjustment, following Mother-Child Communication Training.

Symbolically expressed as $\mu_e > \mu_c$

**Significance of the Study**

In the era of shrinking school budgets, it behooves school personnel to make the most of finite resources. Elementary school counselors have a limited time to serve a large number of students. Priorities need to be determined in order to make the most of the time and resources available. The results of this study will attempt to contribute information which will be useful in prioritizing counselor activities enabling counselors to be of greater assistance to elementary students and families within the given time and financial constraints.

Second, research has shown that when parents are involved in schools in a variety of ways, children do better in their school tasks
(Henderson, 1987). This study is an attempt to examine the possibility that mothers directly involved with their own child within the school setting have an effect on the child's behavior and, thus, on the child's school performance.

The MCCT is an opportunity to experience a new way of interacting for mother and child. Through participating in the MCCT, a seed may be planted which will allow mothers to evaluate the quality of interactional patterns with their child, and for that matter, the interactional relationships within the family. Mothers may also experience more clearly their child's ability to communicate and assume greater responsibility for his/her own actions and feelings.

When mothers and children have the experience of meeting with the counselor to work out concerns early in the child's school career, they may both be ready to use the counselor's services when concerns arise in the future. The earlier that challenges are addressed, the greater chance for significant change to occur with less pain for all involved. With rapport and a sense of trust established between parents and the school counselor early-on, counselors are in a better position to refer parents to resources outside the school, e.g. agencies, private counselors, when any needs arise which are beyond the parameters of the school to handle, and to have those recommendations acted upon by the parent.

One last possible application of the results of this study might be for counselor education programs. The study will add to the literature on strategies for working with the family system (mothers, in particular) in the school setting. With this additional information, counselor educators can design training programs which will better prepare counselors to work more effectively with elementary-aged children and their parents.
Limitations of Study

The following limitations are acknowledged to exist when considering the results of this research:

The study examined a small, homogeneous group of primary-aged children and mothers within a relatively stable, middle-class school and community. There were few minorities represented and only one age group included. Any results obtained would not necessarily be applicable to populations in large urban centers, in lower socioeconomic areas, with less homogeneous populations, or with other age groups.

A second limitation concerns the fact that the researcher in the study was also the counselor who carried out the intervention. The halo effect has to be considered as possibly impacting the results to some degree. As the school counselor, the researcher was available to all students and parents throughout the school year. The only service she did not offer parents of the control group members, prior to completion of the study, was the MCCT. Since the researcher had contact with a large number of parents and children throughout the year and a half she had been employed as counselor at the school, she had developed a reputation of being a helpful resource by many. How much the results of the study were impacted by the expectational factor is uncertain.

Another limitation of the study was the acknowledgement that the study was not designed to include fathers and other siblings. From a family systems perspective, any changes which mother and/or child made could have created resistance in other family members which, in turn, may have impacted the target child's and/or the mother's behavior. This impact
could have had varying effects, depending somewhat on the quality the relationships within the family at the time the training program took place.

A final limitation concerns the longevity of any changes in behavior which occurred as a result of participating in the MCCT. Because the length of time between intervention and posttesting was only two weeks, any longer-term effects of the MCCT would only be speculative. To determine whether initial effects were stable and ongoing, a longitudinal follow-up would be necessary. Since this was an exploratory study, future research will be required to answer this question.

Definition of Terms

Mother-Child Communication Training (MCCT): a training experience designed by the researcher to assist mothers and children in developing responsible behavior through improving communication skills with each other

Responsibility: accountability for one's actions, feelings and thoughts (Foster, 1953)

Communication: verbal and non-verbal exchange of information.

Social competence: ability to meet the demands of everyday living and to handle responsibility for one's own welfare and one's interaction with others

First-grade children: children who were between the ages of 6.2 and 7.2 when the study began, all of whom were experiencing first grade for the first time

Adlerian Parental Assessment of Child Behavior Scale (APACBS): a 32-item scale which measures children's responsible and irresponsible behavior using a seven-point Likert-type scale
APACBS: acronym for Adlerian Parental Assessment of Child Behavior Scale, definition above

Walker-McConnell Scale of Social Competence and School Adjustment (Walker-McConnell Scale): a 43-item scale which measures children's socially competent behavior and school adjustment behavior using a five-point frequency of occurrence rating format

Walker-McConnell Scale: the abbreviated name of the Walker-McConnell Scale of Social Competence and School Adjustment utilized in this dissertation document

This chapter introduced the research subject, stated the purpose of the study, detailed the hypotheses to be tested, and discussed the significance and limitations of the study. A list of terms utilized in the study was defined. A review of the literature, which explores the research in this field and which supports the need for and relevance of this study, follows.
CHAPTER 2
REVIEW OF THE LITERATURE

The general task of this chapter is twofold. First is to explore the current literature regarding strategies which have been utilized in the elementary school to bring about changes in children's behavior. Second, this chapter will provide documentation, through the literature, to support the development of a new strategy, Mother-Child Communication Training (MCCT), to assist mothers and children in developing greater responsibility for self.

Specifically, the literature review is divided into four sections. The first section contains a review of the strategies applied in the elementary school to negotiate change in children's behavior, particularly those approaches which include the role of parents in the process. In the second section, the relevance of developing responsible behavior with children is documented. The third section reviews the significance of communication skills in relationships, particularly the communication of affect. The last section is devoted to the role of the elementary school counselor as a facilitator of the change process.

Two assumptions have been made before beginning the review of the literature. First, it is assumed that research studies which have focused on behavioral change with elementary-aged children are basically preventive strategies. As James Barclay (1984) stated, "Embedded in the concept of prevention are some values about what constitutes effective human behavior in our society, such as responsibility in personal and social behavior" (pp. 475). It can be assumed that preventive strategies and approaches to behavioral change in elementary school have as their
unspoken goal to help children develop skills to handle problems early in life so that the negative effects of crisis situations, when they do occur, may be lessened.

A second assumption is that behavior-change strategies discussed in the literature were designed as attempts to develop responsibility in children, although they are not stated as such. According to the definition of responsibility employed in this study, which is "accountability for one's actions, thoughts and feelings" (Foster, 1953), any intervention could be seen as an underlying effort toward that goal, e.g., decreasing aggressive behavior, increasing social skills, improving attitudes. Developing responsibility for one's self is an appropriate goal for all children (Educational Policies Commission, 1991; Phillips, 1991), not just for those who might be considered at-risk.

**Intervention Strategies with Elementary-Aged Children**

Numerous studies have been conducted with elementary-aged students in attempts to facilitate changes. Various studies assessed changes in a number of areas, e.g., children's self-concept, attitudes, behavior, interpersonal skills. In order to narrow the field and for purposes of this study, only strategies which have been designed to initiate changes in children's behavior will be included in the literature review.

Three general approaches to working with elementary-aged students to bring about behavioral change have been noted in the literature. These approaches include: 1) directly intervening with children, in small groups with identified students, in classroom groups or individually; 2) indirectly intervening by working with parents, and 3) a combination approach of intervening with parents and children simultaneously. The latter
approach includes intervention processes structured to produce changes with parents and children at the same time, though separately, and those carried out with parents and children together, as in family counseling.

Although the strategies explored in the literature are limited to those which measure behavioral change in children, it is acknowledged that a reciprocal process is occurring. Behavior does not take place in a vacuum. Children's behavior has an effect on their self-concept and parents' attitudes, just as children's self-concept and parents' attitude and understanding of their children affect their children's behavior.

**Direct Interventions**

Direct interventions are those which attempt to change children's behavior by working solely with the child/children. Types of direct intervention are varied. They include strategies for intervening with children individually and with children in classroom groups and small groups. Few empirical studies which assessed behavior change in children as a result of individual counseling interventions have been reported in the literature (Crabbs, 1984; West, Sonstegard, & Hagersman, 1980). In one study of 430 referred students, fifty-eight percent of the parents, teachers and children themselves rated behavior changes as positive following counselor intervention (Crabbs, 1984). In another study which attempted to assess the effectiveness of general counseling services for elementary students, the researchers reported that an individual counseling intervention proved to be effective in changing children's behavior and academic performance (West, Sonstegard, & Hagerman, 1980).
Working with classroom groups to produce behavior change with elementary students was effective in a number of instances (Cobb & Richards, 1983; Gerler & Anderson, 1986; Kern & Haskins, 1977; Lewin, Nelson, & Tollefson, 1983; Myrick, Merhill, & Swanson, 1986). In one of the more extensive studies conducted with fourth-grade students in 67 elementary schools, Myrick and associates (1986) found that there was a significant behavior change in students who took part in the guidance instruction when compared to students who did not.

A number of research studies employing direct intervention strategies with small groups of children with specified needs have documented changes in the behavior (Bleck & Bleck, 1982; Bowman & Myrick, 1987; Chandler, Weissberg, Cowen, & Guare, 1984; Downing, 1977; Lockman, Lampron, Gemmer, Harris, & Wyckoff, 1989; Myrick & Dixon, 1985). The strategies carried out with elementary students focused on behavior change in children with school adjustment problems and/or aggressive or disruptive behaviors.

Direct interventions, such as programs to improve children's social skills, produced mixed results. No significant behavioral change was noted with the following studies: learning disabled students receiving social skills training (Klein, 1989); fourth, fifth, and sixth graders receiving conflict-management skill training (Benenson, 1988); fifth graders receiving social skills or problem-solving training (Imao, 1990); disruptive second-through-sixth-grade students taught Adlerian confrontation techniques (Myer, 1987); or fifth-graders referred by the teacher to receive intervention based on a variety of modalities and approaches (Bullock, 1987). Withdrawn children did benefit significantly from social skills training in one instance (Lyman, 1990). Intervention strategies
implemented solely with elementary children were effective in changing children's behavior in a limited number of cases.

Possibly the fact that problem behaviors displayed by children in the school setting reflect more serious problems existing in the families explains the mixed results in children-only interventions. Family patterns are a powerful force that maintains the family members' ways of behaving (Framo, 1981). Families are the most powerful socializing influence on children (Dinkmeyer & Dreikurs, 1963; Wendt & Zake, 1984). Palmo, Lowry, Weldon, and Scioscia (1984) stated that working solely with the child is much like "spitting in the wind"; it has little significant, long-term effect on children's behavior at the elementary-age level.

Parental Involvement and Indirect Interventions

America's educational system is in a state of flux. Established practices are being challenged and changes are taking place in the schools. A large part of school reform literature suggests the importance of parents' involvement in their children's education (Davis, 1991; Epstein, 1991; Greenberg, 1989) and substantiates the positive impact of such involvement on children's functioning (Henderson, 1987; Swick, 1988). Christopher Cross, assistant secretary for research in the U.S Department of Education, stated that major reform can not take place without parents being part of it (Bacon, 1990). One significant means for parents to become involved is through increasing their own parenting skills and enhancing their relationship with their children. Parents can thus send their children to school ready to learn.

With the more intense concerns and issues facing children and families now than in the past, it is particularly relevant that parents
participate in the change process. The importance of parents in children's lives is undisputed. Since the parents are the primary influence in children's early years, parents' skills and ability to parent will highly impact their children (Goldenberg & Goldenberg, 1981; Simpson & Poplin, 1981). Since the child is part of a family unit, problems which children exhibit are likely an expression of some needs they have within their families. Thus, getting to the root of problems requires parent involvement in order for significant change to occur (Williams, Robison, & Smaby, 1988).

Indirect intervention is an effort to make use of the parent's importance to the child as a means to bring about changes in children's behavior. Parent education/training is based on the belief that teaching parents better skills in relating with and managing their children will positively influence parent-child interactions and, thus, impact children's behavior (Goodyear & Rubovits, 1982). The literature abounds with studies which attempt to substantiate the effectiveness of parent education/training in facilitating changes. These changes are in areas of parents' attitudes toward children, parents' confidence in parenting abilities, children's self-concept/self-esteem, and children's behavior. This literature review is narrowed somewhat by focusing only on parent-training interventions which are associated with schools, as opposed to those carried out in clinical settings, and to those which purport to measure changes in children's behavior, as opposed to other identified outcomes, e.g., changes in parental attitudes, children's self-concept.

Two popular approaches to parent education, Adlerian parent groups, e.g., Systematic Training for Effective Parenting (STEP) (Dinkmeyer & McKay, 1976), and communication training groups, e.g., Parent Effectiveness Training (PET) (Gordon, 1970), have reported mixed
results in initiating change in children's behavior as perceived by parents. According to Cedar and Levant's meta-analysis (1990), Adlerian approaches appear to produce more significant behavior changes (Bauer, 1978; Cronauer, 1981; Grosvenor & Steele, 1984; Fears, 1986; James & Etheridge, 1983; McKay, 1976; McKay & Hillman, 1979; Misja, 1981; Moline, 1979; Nolan-Stenseth, 1983) than do PET approaches. Their findings describe PET's effectiveness in producing behavior change in children as "low to nil" (p. 378). Parents trained in PET significantly increased their knowledge, however this advance did not translate into perceived behavior change in their children. A number of Adlerian studies also failed to report change in children's behavior (Croake & Burness, 1976; de Sherbinin, 1982; Dodley, 1981; Frazier & Matthes, 1975; Gordon-Rosen & Rosen, 1984; Jackson, 1983; Latson, 1986).

Other approaches to parent training have not demonstrated a significant change in children's behavior as a result of parent participation (Bernal, Klinnert, & Schultz, 1980; Graybill, 1986; Palmo & Kuzniar, 1972). Although parenting approaches are not always successful in producing behavioral change in children, several researchers have concluded that indirect intervention involving parents is more effective in bringing about behavioral changes than those which offer direct service to the child only (Hayes, Cunningham, & Robinson, 1977; Palmo & Kuzniar, 1972; Taylor & Hoedt, 1974).

Combination Intervention, Direct and Indirect

Sources have suggested that an effective way of helping children make changes would be to combine parent education techniques along with direct intervention with children (Jackson & Brown, 1986; Meredith &
Benninga, 1979). Focusing on the role of parents in the change process, a small number of studies have attempted to incorporate interventions for both parent and child at the same time. All of these various approaches noted were Adlerian-based. Wantz and Recor (1984) conducted a study in which parents received Adlerian training at the same time that their children participated in a group using Developing Understanding of Self and Others (DUSO) (Dinkmeyer, 1970). Posttest results indicated significant change had occurred in children's behavior as perceived by their parents. Other studies designed to intervene with parent and children simultaneously have evidenced significant change in parents' perception of children's behavior (Clarkson, 1980; Platt, 1971; Taylor & Hoedt, 1974).

A final approach to working simultaneously with child and parent comes through the school-sponsored family counseling literature. Nicoll (1984) advanced a model suggesting appropriateness of school counselors (with additional training) becoming family counselors. The subject of family counseling within the school setting is not a new idea, having been proposed by various authors (Amatea & Fabrick, 1981; Golden, 1983; Williams, Robison, & Smaby, 1988) and practiced in some school settings (Carnevale, 1990). With the increasing number and intensity of problems existing in families and with the known relationship between dysfunctional patterns in families and children's school difficulties (Boike, Gesten, Cowen, Feldner, & Frances, 1978; Green & Fine, 1980), it may be important to address concerns where they likely originate, within the family system.

Empirical research studies to determine the effectiveness of such an approach have not been carried out, however the approach does show promise. Goodman and Kjonaas (1984) informally evaluated a pilot
program in which nine families completed a school-based family counseling intervention. When parents and teachers were asked following the intervention to report the degree to which problems had been resolved, they reported "resolution" or "progress toward resolution" of original "problems behaviors" in 64% of the cases. Although the project was discontinued because of funding considerations, school sponsorship of family counseling was accepted by parents as a legitimate school service. The authors believed that the strength of the intervention was not only the process but was also the fact that parents acted as "allies" in helping their children.

Intervening with children need not involve the whole family for it to be considered a family approach. Subsystems of the family, i.e., child and mother, child and father, two siblings, are part of a family-systems approach. Mothers, in particular, are most influential in the child's life (Lightfoot, 1978; Lytton, 1980). American culture still sees role of the mother as primary. Mothers usually spend more time with the children than do fathers. Including mother and child in an intervention strategy is a point of beginning in the process of change.

With a base of support in place for including mother and child in strategy for change, the specific techniques and skills which children need to develop will be discussed. The following two sections will focus on the central components of the MCCT, which are the development of responsibility and the enhancement of communication skills with children, particularly the communication of affect.
Developing Responsibility

Responsibility can be defined in everyday language as being accountable for one's thoughts, feelings, and actions (Foster, 1953). A responsible person accepts what happens or the results of his/her actions as arising from the choices/decisions he/she has made (Poplin & Garcia, 1986). The importance of children (and parents) developing a sense of responsibility seems evident in light of the present problems being manifested by youth and children in the society.

Learning responsible behavior needs to begin when the child is very young (Foster, 1953; Phillips, 1991), therefore, parents are the first persons to assist in this learning process. Parents' warmth toward their child has a significant effect on the child's ability to accept responsibility for self (Becker, 1964). Along with a sense of warmth, Dinkmeyer and McKay (1973, 1989) suggest that parents help children assume responsibility by applying the techniques of natural and logical consequences, rather than punishment, when children make mistakes.

Rudolf Dreikurs (Dreikurs & Soltz, 1964) first introduced the concept of natural and logical consequences. Consequences are tools to help children learn to make more responsible decisions through their experiencing the results of irresponsible choices they have made. Natural consequences is a technique which parents may employ when children make irresponsible choices. In this case, parents need take no particular action, rather they let the natural course of events unfold for the child without interference and allow the child's experience to be his/her teacher. For example, the child who won't eat breakfast may experience hunger pangs before it's time for the next meal. Logical consequences involve the parent constructing a logical action for the child to experience which
follows and is connected to the child's irresponsible choice, e.g., the child leaves his/her bike in the middle of the driveway and does not put it away at the end of the day. The child knew the rule regarding the place to keep the bike, therefore the parent locks the bike up until the child is ready to take care of it and put it away in its proper place.

To teach responsible behavior parents need to have an understanding of the concept of responsibility and of the child's level of readiness to assume responsibility for self. Important concepts in teaching a sense of responsibility include knowing who owns the problem, not feeling sorry for the child, acting more and talking less, and encouraging independence by not doing for the child that which can be done for self. (Dinkmeyer & McKay, 1989; Dreikurs & Soltz, 1964; Poplin & Garcia, 1986). Although parents initially have the opportunity to teach responsible behavior, it may not be possible for them to model responsible behavior when they lack the skills to do so (Clemes & Bean, 1980; Foster, 1953). Assisting parents in learning skills to help their children develop a sense of responsibility may be an important first step in the process.

A sense of responsibility is closely akin to having a sense of social competence (Gresham & Elliott, 1987). Socially competent children are able to function in everyday life. Competence and responsibility appear to be tied to increases in altruism or the ability to offer aid/help to others (Peterson, 1983). Responsible persons are able to be cooperative, considerate of self and others, and meet the needs of a given situation (Dinkmeyer & McKay, 1989; Foster, 1953).

No empirical studies have been carried out which specifically measure the development of responsible behavior in children, per se. Studies have been conducted in areas of social competence, self-esteem,
prosocial behavior, task completion, parent-child relationships, parenting behaviors and attitudes and numerous other areas connected to child development. It is possible that responsibility is a construct which is difficult to define and one which has not been included in studies as an outcome variable in and of itself.

**Developing Communication Skills**

The importance of effective communication skills in relationships, particularly within the family system, is evident throughout the literature. Faulty communication patterns in families affect the members. More severe consequences of these patterns are evident in cases of mental illness and substance abuse. Mental illness, particularly schizophrenia, revolves around disturbed family communication patterns (Bavelas & Segal, 1982). These faulty patterns appear to maintain the disturbed behavior. Steier, Stanton, and Todd (1982) found that dysfunctional families with drug addicted members had communication patterns which were significantly more rigid and inflexible than were patterns in functional families.

Marital systems in which poor communications exist are usually marriages which are dysfunctional to some degree (Lindahl & Markman, 1990; Satir, 1972). Children in these families are affected by the communication patterns they experience between the parents. Ineffective communication creates problems in the parent-child relationship (Durrett & Kelly, 1974; Terkelson, 1976).

Ways in which families communicate distinguish various styles of parenting. In the authoritative style, as opposed to authoritarian style, parents use open communication (Baumrind, 1971). Authoritative parents are able to listen and be responsive to the child's point of view, rather than
forcing their own view on their child, which is more an authoritarian pattern. Open communication is important when teaching responsible behavior. Parents need to speak clearly when setting limits and at the same time have the ability to listen to their child's feeling regarding parental limits. Once children are heard, they can explore choices regarding future actions which they might take to feel better.

Most parent training programs include techniques for improving communication skills (Dinkmeyer & McKay, 1989; Gordon, 1970), although communication skills are seldom an emphasized part of the curriculum for children in elementary schools (personal experience). PET's major emphasis is on communication (Gordon, 1970). Faber and Mazlish (1980) also emphasize the importance of communication between parent and child in their approach which is based on the work of Haim Ginott (1965). Dinkmeyer and McKay (1976) added strategies for improving communication to the democratic parenting techniques which they developed from the work of Rudolf Dreikurs (1964).

PET strategies (Gordon, 1970) stress the importance of "I" messages and "Active Listening" in parent-child relationships. A study using single-subject design failed to reveal significant behavioral changes in a child following her mother's training in the use of "I" messages and "Active Listening", however the research did show that as the mother used these skills with her seven-year-old daughter, her daughter increased her "Expression of Feelings" with her mother (Chant & Nelson, 1982).

Communication of Affect

To be effective, communication must be based not only on hearing the words children say but also on attending to the feelings children have
regarding an experience or event being shared (Faber & Mazlish, 1980; Ginott, 1965). Children's world is a feeling world. As Dreikurs and Soltz (1964) concluded, children are expert observers and poor interpreters. In other words, children experience the actions (and feelings) of adults, particularly their parents, and then create their own meaning for the situation and their own feelings about it. Unless parents and children communicate, children are likely to misinterpret parents' actions. For example, parents may have a hard day at work and come home to yell at their child. The child may interpret the yelling to mean the parent is angry with them, when in fact, the parent may still be angry about the work situation. When parent and child can communicate effectively about their interpretations of events and their feelings, misperceptions and misunderstanding can be resolved (Dunn, Bretherton, & Munn, 1987).

One of the most difficult feelings children (and adults) have to handle is anger. Parental anger is particularly difficult for the child. Cummings and associates (Cummings, Zahn-Waxler, & Radke-Yarrow, 1981) found that children as young as 12 months of age were distressed when experiencing angry conversations between parents. Children react both emotionally and physiologically to hearing angry interactions between adults (El-Sheikh, Cummings, & Goetsch, 1989). Children witnessing angry interactions between adults did not appear to be negatively affected when the adults resolve their anger with each other (Cummings, Vogel, Cummings, & El-Sheikh, 1989). Because of the importance of the parent in the child's world, it may be assumed that unresolved anger displayed between parents would have more impact on the child than would an experience of observing unresolved anger between strangers.
Because their world is so small, children often believe that they have caused the adult anger. Five- and six-year-old children attribute their mother's anger to themselves while children under the age of eight often cite themselves as the only cause for mother's anger and as the ones able to change mother's anger to happiness (Covell & Abramovitch, 1987; Lindahl & Markman, 1990).

It has been suggested that children need to be encouraged to communicate about their feelings (Blechman, 1990; Lewis, Wolman, & King, 1971). Adults who have not yet developed the skill, need to be encouraged to do so (Keys, Jacobs, & Celotta, 1990). Both children and parents need to improve listening skills in order to hear the feelings that are expressed. Blechman (1990) proposed that effective communication creates a good mood in families.

Several studies have focused on the development of communication skills. Three studies conducted in the schools which have attempted to link communication skill training with increases in self-esteem did not yield significant results (Altmann & Firnesz, 1973; Calsyn, Quicke, & Harris, 1980; Eldridge, Barcikowski, & Witmer, 1973), however in each study the communication skills of participants did improve. One study found a significant increase in parent's ability to communicate with their behavior-problem children following training (Durrett & Kelly, 1974), and in another instance, children's behavior did improve as perceived by parents following the parents' completion of communication training program (Anderson & Nuttall, 1987). Terkleson (1976) found that training parent and child in improving their communication skills with each other led to improvement in both parent's and child's behavior. Although the latter study was flawed, there was no control group, the results from this and other studies
suggest improving the communication process between parent and child has relevance.

The development of responsibility and the improvement of communication skills have a foundation in the literature as relevant techniques to include when designing strategies to bring about behavior change. Communication skill development and assumption of responsibility go hand-in-hand. Responsible behavior includes the ability to communicate feelings and the willingness to make the necessary changes in order to feel better. Keys, Jacobs, and Celotta (1990) developed and tested a curriculum which assisted children in recognizing and expressing feelings. The program had a positive impact on children. To develop responsible actions, children need to be able to think for themselves (Meredith & Evans, 1990). Children's ability to make decisions and solve problems depends in large part on their ability to communicate their feelings (Keys, Jacobs, & Celotta, 1986).

Elementary School Counselor’s Role

According to a nationwide survey of 96 elementary school professionals, "prevention" was listed as a major emphasis in 85% of the elementary counseling programs (Gibson, 1989). How elementary counselors conduct prevention activities varies. According to the literature, working with the family system in the school setting is believed to be an intervention which can effectively facilitate the process of change (Amatea & Fabrick, 1981; Golden, 1983; Nicoll, 1984). With the increasing number and intensity of problems existing in families and with the known relationship between the quality of family interaction patterns and children's school difficulties (Boike, Gesten, Cowen, Felner, & Francis,
1978), the school counselor will need to expand their role to serve the needs of students at the point where concerns likely originate, within the family system.

With limited time and resources, the school counselor needs a prevention strategy which would make the greatest possible impact with children. Such a strategy needs to be easy to use, time efficient, meaningful, and within the scope of the elementary counselor’s role. Working with the family system would seem to fit these requirements. Ideally, a prevention strategy would include both parents since both parents have an impact on the child. When it is not possible to include both parents, a place to begin would be to involve mothers in the intervention process with their children.

In summary, research indicates that school-based interventions which work directly with children or indirectly with parents to bring about behavioral changes have proved to be effective in varying degrees. Developing responsible behavior and improving communication are important skills for children and parents. It is within the scope of the elementary school counselor’s role to work with both children and parents in the school setting. Since the parents are the most significant persons in the young child’s life, it would be beneficial to design an intervention strategy which involves parents and children working together to develop responsible behavior and to examine the effectiveness of such an intervention.
CHAPTER 3
METHODS AND PROCEDURES

This study was designed to examine the efficacy of a Mother-Child Communication Training (MCCT) program as a strategy to develop responsible behavior with first-grade students through improving communication skills. A randomly selected group of first grade subjects and their mothers participated in the training experience together.

This chapter will define the sample population and discuss the procedures utilized in selecting the sample, describe the instrumentation for gathering the data, outline the dependent and independent variables, discuss the training intervention and procedures, state the research hypotheses, and describe the method for statistically analyzing the data.

Sample

Subjects for the study were sixty first-grade students at Wilson Elementary School in Corvallis, Oregon, whose mothers volunteered to participate in the program to develop responsibility and improve communication skills. The MCCT was developed by the researcher/counselor. The researcher who conducted this study was employed six-tenths time as the Wilson school counselor. Before coming to Wilson the preceding year, she had served ten years as a fulltime counselor in various elementary schools in the district. From this time forward, the term researcher will be used to refer to the researcher/counselor.
Wilson School is one of ten elementary schools in Corvallis, Oregon, a middle-class, university community. The enrollment at Wilson is relatively stable throughout the school year and the population is predominately Caucasian. Included in the Wilson population is a small number of minority students whose families are in the community on a temporary basis from various foreign countries. A percentage of these students were non-English speaking at the beginning of the school year.

Sample Selection Procedures

To recruit participants for the study, a letter was sent through the mail to mothers of all seventy-six first grade students enrolled at Wilson School on October 10, 1991. The letter (Appendix A) invited the mother and her first-grade child to participate in an innovative program designed to assist children in developing greater responsibility for themselves and in improving their communication skills. Mothers were strongly encouraged to take advantage of this unique opportunity. Those interested in participating were asked to complete an attached consent form (Appendix A) and return it to the researcher. Follow-up calls to answer any questions and encourage participation were made by the researcher to mothers who had not returned the permission slip by the designated date.

Sixty-seven (67) mothers returned permission slips to form a pool of first-grade subjects for the study. Twenty-nine of the subjects were girls and thirty-eight were boys. Twenty-eight were oldest children in their families, six were only children, twenty-two were youngest and eleven were middle children. Thirty-one mothers of the first-grade subjects were employed outside the home, four were college students. Four first-graders
could be considered minority students. A total of four first-grade subjects qualified for free or reduced lunches, according to level of family income.

Mothers of nine first-graders chose not to participate. Of the nine non-participants seven were boys and two were girls. Two of non-participants would be considered minority students, another non-participant was a first-grader who qualified for free or reduced lunch. The mothers of non-participants gave the following reasons for not participating: two mothers of minority students declined because they "did not speak English" with sufficient fluency to feel comfortable communicating; three mothers were working and "too overloaded" to take on another project; four mothers did not agree with the philosophy of the study and felt that they were meeting their child's needs in the home.

Prior to selection of subjects, the researcher determined that mothers, who had had experience with the training process the preceding year with an older sibling of their first-grader, would not be eligible for the study; however they would be included in the training program, if they so chose. In other words, their data would not be included in the statistical analysis. By this criteria, a total of four students were considered, ineligible. It is interesting to note that all four of the mothers of these ineligible students did volunteer to participate. Three additional subjects were lost to attrition during the course of the study leaving a total n of 60.

At the beginning of the 1991-92 school year, the researcher approached the three first-grade teachers to explain the study and ask for their cooperation (Appendix A). All three teachers, experienced teaching first grade, agreed to participate. The first task requested of the teachers was to complete the pretest, the Walker-McConnell Scale of Social Competence and School Adjustment (a.k.a Walker-McConnell Scale)
(Walker & McConnell, 1988), for each child in their class with a signed permission slip. According to the authors of the Walker-McConnell Scale, teachers need to know the children in their class for two months before they are prepared to accurately assess the child using their instrument (Walker & McConnell, 1988). Therefore, teachers were requested to complete the scale during the first week of November. Simultaneous to teachers completing the Walker-McConnell Scale, the mothers were sent by mail the Adlerian Parental Assessment of Child Behavior Scale (a.k.a APACBS) (McKay, 1976), to complete and return to the researcher within a specified time frame.

The researcher stratified groups by gender prior to randomly assigning subjects to treatment groups. Total scores on the Walker-McConnell Scale were used to rank-order students in each group. Using the scores on the Walker-McConnell Scale, students in each gender group were yoked according to score and were randomly assigned, by a coin flip, to a treatment group. For example, the girl with the highest score was yoked with the girl having the second highest or the same score on the Walker-McConnell Scale. By a flip of the coin, one was assigned to the experimental group, the other went automatically to the control group.

The control group became a waiting group whose members would have an opportunity to participate in the training program following completion of the posttesting procedure for both experimental and control groups. The waiting group members received the training in the late spring of 1992.

**Instruments**

The following instruments were used in the study: the Adlerian Parent Assessment of Child Behavior Scale (McKay, 1976) (Appendix B) and the
Walker-McConnell Scale of Social Competence and School Adjustment (Walker & McConnell, 1988) (Appendix B). The mothers in the treatment groups completed the APACBS while the teachers assessed the subjects using the Walker-McConnell Scale. Experimental group mothers and teachers completed an evaluation scale designed by the researcher following completion of posttesting, as did the school principal (Appendix B).

**Adlerian Assessment of Child Behavior Scale**

Author Gary McKay (1976), originally designed the APACBS to be used to assess the effectiveness of Systematic Training for Effective Parenting (STEP) (Dinkmeyer & McKay, 1976). STEP is an Adlerian-based parent education program which helps parents better understand and work with their children. The APACBS, which measures the parents' perceptions of their child’s behavior, employs a 7-point Likert scale, with a frequency range from (1) "always" to (7) "never". The scale contains both positive and negative items distributed in a random order to control for response set. Seventeen items are reversed when the scale is scored. A score of seven (7) on this 32-item scale indicates the parent perceives their child’s behavior to be positive. A score of one (1) on the scale means the parent’s assessment of the child’s behavior on that particular item is negative. The possible range of scores is from 32, the lowest score, to a possible high score of 224.

Content validity of the APACBS was initially determined in McKay’s pilot study by three judges familiar with STEP and other Adlerian-based programs (McKay, 1976). The reliability of the scale was examined with the Cronbach’s alpha test for internal consistency. Alpha levels ranged from
.90-.91 in the pilot study. A Pearson r test for stability over time yielded a coefficient of .97. The Cronbach's alpha range during the research study was .81 to .89. The author attributed the drop in reliability, while yet remaining at a high level, to the treatment intervention during the research (McKay, 1976).

Instructions accompanying the scale made no specific mention of the scale being a measurement of responsible behavior. However, in a later published article, the author refers to the scale as containing both responsible and irresponsible items (McKay & Hillman, 1979). At the time of the study, no more appropriate instrument was available to measure "responsible behavior of first-grade children, 6- and 7-year olds." Since the MCCT is based, in part, on Adlerian principles, the APACBS was determined to be a suitable instrument for the study.

It is important to note that two changes were made in the original form of the APACBS. The content of the questions remained the same as the original on pretest and posttest instruments. The original directions read:

Identified Child*

* One of your children with whom you want to improve your relationship.

Directions: Please circle the number for each item which best describes your identified child's behavior as you see it. Please try to respond to every item. This information is for the purposes of research only. Your responses will be held in strictest confidence.
Another modification was made in the directions on the APACBS from pretesting to posttesting. The pretest directions were modified on the posttest to include reference to a limited period of time in which the mothers observed their child's behavior. For the pretest version of the Adlerian Parental Assessment of Child Behavior Scale, see Appendix B. The posttest version of directions were:

Directions: Please circle the number for each item which best describes your first-grade child's behavior as you have observed it during the past three week's time only. Please try to respond to every item. This information is for purposes of research only. Your responses will be held in strictest confidence. Please do not place your name or your child's name on this form.

Walker-McConnell Scale of Social Competence and School Adjustment

The Walker-McConnell Scale (Walker & McConnell, 1988) is a 43-item scale which measures social competence and school adjustment. The scale includes three subscales which reflect adaptive behavior and interpersonal social competence domains, namely, teacher-preferred social behavior, peer-preferred social behavior and school adjustment behavior. The scale is based on a 5-point Likert frequency dimension ranging from (1) "never" to (5) "frequently."

According to the authors, content validity of the Walker-McConnell Scale was obtained using factor analysis procedures, sampling specific items of social competence and school adjustment. Factor analysis resulted in three subscales being extracted in the areas of students' social behavior toward peers, the social behavior within peer relations and the student
behavior which indicates a satisfactory adjustment to instructional tasks (Walker & McConnell, 1988).

Test-retest analyses using the ratings of school personnel over a two-to four-week periods were conducted (Eisert, Walker, Severson, Block, & Todis, 1987; Hops, 1987). All yielded coefficients which ranged from .67 to .92 on the subscales and total scale.

Cronbach's alpha for internal consistency from the norm sample of 1,812 cases yielded the following levels for the total score and the three subscales, respectively: .97, .96, .95, and .96. Alpha levels were computed for grades kindergarten through sixth, with all levels exceeding .90. Age is not related to performance on the Walker-McConnell Scale (Walker & McConnell, 1988).

The Walker-McConnell Scale measures social competence, not responsibility, however there is a connection between the two as stated by Gresham and Elliott (1987). A socially competent person assumes personal and social responsibilty. The scale does contain numerous items which could be interpreted as delineating responsible behavior, for example, item 3, "uses free time appropriately" and item 23, "responds to conventional behavior management techniques (e.g., praise, reprimands, timeout)." At the time of the study, no instruments were available which were specifically designed for teachers to assess first-grade children's responsible behavior.

A modification was made in the directions on the Walker-McConnell Scale posttest instrument; however the content of the scale remained unchanged. (For the pretest version of the Walker-McConnell Scale, see Appendix B) The following sentences were added on the top of the front page of the posttest instrument:
When completing this scale, please consider this child's behavior as you observed it during approximately the past three week's time only and mark the scale accordingly. Please also include the date on which you completed the scale for this child.

**Evaluation Measures**

Evaluation instruments, designed by the researcher, were administered post hoc to the mothers and teachers of the experimental group subjects (Appendix G). Mothers responded to sixteen items on a six (6) point Likert scale ranging from (1) "Not at all" to (6) "Very often/Very much." The evaluation form also included four discussion questions and a space for additional comments. Discussion questions attempted to ascertain from mothers the degree of helpfulness of the training, suggested improvements in the program, the desirability of future contact with the counselor and the feasibility of fathers and first-grade children participating in the same type of training experience in the future.

Teachers were given a seven-item evaluation and asked to rate their experience of the training on a 6-point Likert-type scale with a continuum of responses ranging from (1)"Not at all" to (6)"Very much." Additionally, teachers were requested to respond to three questions in the following areas: the helpfulness of the training, suggested improvements in the training process, and their feelings regarding recommending counselor services to parents and children as concerns arise in the future. The principal was given the same form to complete as was given the teachers following final posttesting.
The results from these instruments appear in Chapter 4 and are discussed in Chapter 5. There were no specific hypotheses relating to these non-standardized instruments; therefore no statistical analyses were conducted.

**Dependent Variables**

The dependent variables in the study were the scores on the APACBS completed by all mothers and the scores on the Walker-McConnell Scale, the total score and the scores on the three subscales, completed by the teachers of first-grade subjects. Both instruments were administered as a pretest and a posttest.

**Independent Variables**

The independent variables were the treatment factors, separated into two (2) levels, experimental and control. The 2x2 design matrix in Table 1 illustrates the positioning of the independent variables:

**Table 1**

2x2 Design Matrix of Treatment Groups

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>experimental E</td>
<td>n=30</td>
<td>n=30</td>
</tr>
<tr>
<td>control C</td>
<td>n=30</td>
<td>n=30</td>
</tr>
</tbody>
</table>

**Treatment and Procedures**

**Pretesting**

At the same time that teachers were asked to complete the Walker-McConnell Scale, mothers who had volunteered to participate were mailed the APACBS. They were asked to complete and return it to the researcher
within one week, using an enclosed, stamped, self-addressed envelope. Follow-up calls were made by the researcher after a week's time to all mothers who had not yet returned the scale in an effort to urge prompt completion of the scale.

After the scale was returned, the researcher sent the experimental group mothers a letter requesting that they indicate their preference for days and time periods they would be available to meet with their child (Appendix C). A stamped, self-addressed envelope was included for their convenience in returning their time preferences. Follow-up calls were made by the researcher to mothers who had not returned the form in the specified time. The researcher created a master schedule from the mothers' first and second choices of times and days they would like to meet.

Theory and Training Procedures

The MCCT, designed by the researcher, was carried out with the experimental group. The training process is based, in part, on Adlerian theory according to Rudolf Dreikurs (1964), Don Dinkmeyer and Gary McKay (1973) and others, who have practically applied the theory to work with children and parents. The process includes an emphasis on communication skills that have been stressed not only by Dinkmeyer and McKay but also by Thomas Gordon (1970), Adele Faber and Elaine Mazlish (1980). Included in the theoretical base are concepts from family systems literature. Family communication theorists, such as Virginia Satir (1972) have stressed the importance of effective communication in the development of satisfying family relationships. When family members feel valued, both children and adults are likely to choose responsible actions and to resolve concerns when they arise.
The researcher conducted two sets of small group meetings with five to six experimental group subjects from the same classroom in a one-week time period. Two classroom groups met for thirty minutes during two consecutive weeks. The purpose of the meetings was to establish rapport and discuss various feelings, particularly scared and mad feelings. The researcher helped children with skills in learning how to express feelings and in learning what it means to be responsibility for feelings and actions.

During the second small group meeting the researcher proposed that the child and researcher work together to teach the children's mothers these same concepts: recognizing one's feelings, expressing those feelings, and learning how to be responsible for feelings and actions (Appendix D). The children were asked to write a letter to invite their mother to school to meet with them and the researcher (Appendix D).

Each child agreed to write and invite her/his mother to come to school at the individually assigned time. The children delivered the letter to their mothers. The researcher asked the child the following day for the mother's response to the child's invitation. Approximately five days before the first meeting a note confirming the appointment time was sent to the mother via the mail (Appendix D).

The mother and child met two times, approximately one week apart. Each meeting lasted approximately 45 minutes. The focus of the meetings was on teaching mother and child to communicate clearly and to assume greater responsibility for self. Communication particularly focused on the expression of feelings in relation to concerns each expressed. Through the communication process mother and child had an opportunity to learn to be more responsible for self. (For a complete description of the intervention process with mother and child, see the manual in Appendix E.)
During the first meeting the child and mother were specifically asked to tell each other one thing each liked about her/his mother or mother liked about her son/daughter. Following the expression of a positive attribute, the child and mother were asked to suggest one thing each would like for the other to change which would make things better at home. In the discussion process, child and mother explored how she/he felt and what each might do to change self, in order to feel better in future situations. Emphasis was placed on the ability of both mother and child to listen and speak clearly with each other. Although the format was the same for each mother-child meeting, the particular issues discussed were unique to the mother-child situation/relationship. A second meeting was scheduled as the first meeting concluded. The child and mother then left to apply skills which they had learned.

Approximately a week later mother and child returned for a second meeting. During this time, the mother and child had an opportunity to discuss how each had done on the specific task of being more responsible for self. They explored what went well during the week and what each might like to change in the future to make the situation better. To assist in the process of assuming responsibility and improving communication skills, the researcher offered the mother and child four one-page handouts containing ideas discussed during the meetings (Appendix E). The handouts were entitled: Suggested Home Responsibilities for 6- and 7-year old Children, Suggested Ongoing Weekly Chore Chart, Allowance, and Responsible Communication Skills.
Posttesting

Two weeks following the second training meeting (meetings were staggered over a five-week period), the posttest instrument, the APACBS, was mailed to the mother of the subject who participated in the intervention and to the mother of the yoked control-group member. Each mother was asked to complete the instrument and return it as soon as possible in the enclosed, self-addressed, stamped envelope. Follow-up calls were made by the researcher to ensure completion and return of the instrument.

An evaluation form requesting a personal reaction to the training program was mailed to experimental group mothers after the mothers had completed and returned the posttests (Appendix G).

At the same time that mothers received the APACBS posttest, teachers were asked to complete the posttest for the child who had completed the MCCT two weeks previously. The appropriate teacher also completed a posttest for the yoked control-group member from her classroom. Teachers were given an evaluation form to complete after all posttests were returned. The school principal was asked to give his reaction to the training program following completion of all posttesting.

The training intervention, consisting of two meetings each for 32 mothers and children (two mothers and children who were considered ineligible participated in the training), took approximately 5 weeks to complete.

Research Hypotheses

The following are the null and alternative hypotheses which were examined in this study:
There is no significant difference between first-grade experimental and control group subjects' responsible behavior, as assessed by mothers on the Adlerian Parental Assessment of Child Behavior Scale, following Mother-Child Communication Training.

Symbolically expressed as $\mu_e - \mu_c = \phi$

If the null hypothesis is rejected, then the alternative hypothesis is accepted.

Alternative:

First-grade experimental group subjects' responsible behavior will be significantly higher following participation in the Mother-Child Communication Training when compared with control group subjects' behavior, as assessed by mothers on the Adlerian Parental Assessment of Child Behavior Scale.

Symbolically expressed as $\mu_e > \mu_c$

And,

There is no significant difference between first-grade experimental and control group subjects' responsible behavior, as assessed by teachers on the Walker-McConnell Scale of Social Competence and School Adjustment, following Mother-Child Communication Training.

Symbolically expressed as $\mu_e - \mu_c = \phi$

If the null hypothesis is rejected, then the alternative hypothesis is accepted.
Alternative:

H₂ First-grade experimental group subjects' responsible behavior will be significantly higher than that of the control group subjects' behavior, as assessed by teachers on the Walker-McConnell Scale of Social Competence and School Adjustment, following Mother-Child Communication Training.

Symbolically expressed as $\mu_e > \mu_c$

**Statistical Analysis**

Since the sample population was drawn from the same classroom in the same elementary school, the sample was assumed to be homogeneous, with little disproportionate variance. Random assignment was employed to designate the experimental and control groups. With the assumptions of homogeneity and normality are met, the repeated measures analysis of variance was chosen as an appropriate statistical tool for analyzing the data (Courtney, 1986).

The analysis of variance utilizes the "F" statistic. The hypotheses are rejected when the computed "F" value equals or exceeds the tabulated "F" value at the designated alpha level. The alpha level for all statistical analyses in this study was established a priori at $p < .05$.

The independent variables for both hypotheses are the treatment conditions, experimental and control. Univariate analysis of variance with repeated measures was carried out for each of the following five (5) dependent variables: scores on the Adlerian Parental Assessment of Child Behavior Scale (APACBS); the three (3) subscale scores and the total score
on the Walker-McConnell Scale of Social Competence and School Adjustment.

This chapter has outlined the methods and procedures used in the study, including the sample and sample selection procedures, instruments utilized, dependent and independent variables, the treatment procedure, the research hypotheses, and the method of analysis. Results obtained in the study will be detailed in the following chapter.
CHAPTER 4
RESULTS

The purpose of this study was to examine the efficacy of MCCT as a strategy to develop responsible behavior with first-grade children. A randomly selected group of first-graders (n=30) who received communication training along with their mothers was compared with a comparable group of first-graders (n=30) from the same classrooms who formed a waiting group control.

The primary purpose of the data analyses was to determine the effect of the MCCT in changing behavior of first-grade children as assessed by mothers and teachers. The researcher examined whether experimental group mothers perceived a change in behavior of first-graders as measured by the Adlerian Parental Assessment of Child Behavior Scale (APACBS) following participation in the training, when compared with the perception of mothers of first-grade children who had not yet received the training.

Further, the researcher assessed possible changes in teachers' perceptions of first-grade children's behavior following the training program, as measured by the Walker-McConnell Scale of Social Competence and School Adjustment, when compared with a comparable group which had not yet received the intervention. This chapter, therefore, describes the statistical analysis of each of the hypotheses in this study, along with tables illustrating the results of the analysis.

The F statistic was used to test the null hypotheses. The confidence level was set at .05, an appropriate level for evaluating a brief intervention such as this.
Analysis of Null Hypothesis One

Null Hypothesis One: There is no significant difference between first-grade experimental and control group subjects' responsible behavior, as assessed by mothers on the Adlerian Parental Assessment of Child Behavior Scale, following Mother-Child Communication Training (McKay, 1976).

Table 2

Pretest and Posttest Obtained Mean Scores and Standard Deviations on the Adlerian Parental Assessment of Child Behavior Scale (n=60)

<table>
<thead>
<tr>
<th>Treatment Conditions</th>
<th>n</th>
<th>Pretest Means*</th>
<th>SD</th>
<th>Posttest Means</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>30</td>
<td>147.717</td>
<td>20.751</td>
<td>161.274</td>
<td>13.946</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>143.133</td>
<td>19.615</td>
<td>144.267</td>
<td>20.479</td>
</tr>
</tbody>
</table>

* range=32 to 224; some items reverse-scored

As can be seen in Table 2, randomization of yoked pairs of subjects successfully produced comparable groups at the pretest. Subsequently, there was a significant difference in posttest scores on the APACBS.

2x2 univariate analysis of variance with repeated measures produced statistically significant group differences on the APACBS at the .003 level. Therefore, the first hypothesis was rejected. The results appear in Table 3. Mothers of the experimental group subjects perceived a significant increase in their first-grader's behavior following participation in the MCCT.
Table 3
Comparison of Experimental and Control Groups on the Adlerian Parental Assessment of Child Behavior Scale (n=60)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>1184.408</td>
<td>1</td>
<td>1184.408</td>
<td>9.695</td>
<td>0.003*</td>
</tr>
<tr>
<td>Within groups</td>
<td>7085.883</td>
<td>58</td>
<td>122.170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8270.291</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .01

With significance achieved, the null hypothesis was rejected in favor of the alternative hypothesis. The alternative hypothesis stated that there would be a significant increase in children's responsible behavior after their participation in the MCCT, as assessed by mothers. The alternative hypothesis was accepted. See Chapter 5 for a discussion of factors which may have impacted the results.

Analysis of Null Hypothesis Two

Null Hypothesis Two: There is no significant difference between first-grade experimental and control group subject's responsible behavior, as assessed by mothers on the Walker-McConnell Scale of Social Competence and School Adjustment (Walker & McConnell, 1988), following Mother-Child Communication Training.
Table 4

Pretest and Posttest Obtained Mean Scores and Standard Deviations on Walker-McConnell Scale of Social Competence and School Adjustment, Total Scale (n=60)

<table>
<thead>
<tr>
<th>Treatment Conditions</th>
<th>n</th>
<th>Pretest Means*</th>
<th>SD</th>
<th>Posttest Means</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>30</td>
<td>151.567</td>
<td>23.042</td>
<td>158.633</td>
<td>22.950</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>150.333</td>
<td>25.665</td>
<td>157.433</td>
<td>27.103</td>
</tr>
</tbody>
</table>

*range=43 to 215

Table 4 contains the Walker-McConnell Scale of Social Competence and School Adjustment pretest and posttest means for the experimental and control groups.

Analysis of the data using the univariate analysis of variance with repeated measured revealed no significant difference in the two groups at the .05 level on the total score of the Walker-McConnell Scale; therefore the second null hypothesis was retained. Table 5 contains the analysis which compares the two groups on the Walker-McConnell Scale total score. There was no significant increase in children’s responsible behavior following MCCT, as assessed by teachers using the Walker-McConnell Scale.
Table 5

Comparison of Experimental and Control Groups on the Total Scale of the Walker-McConnell Scale of Social Competence and School Adjustment (n=60)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Squares</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>0.008</td>
<td>1</td>
<td>0.008</td>
<td>0.000</td>
<td>.993*</td>
</tr>
<tr>
<td>Within groups</td>
<td>5996.283</td>
<td>58</td>
<td>103.384</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5996.291</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* non-significant at .05 level

Further analyses were performed on the three subscales: teacher-preferred behavior, peer-preferred behavior, and school adjustment behavior. The F statistics ranged from 0.074 to 0.003. This further confirmed the lack of significant difference in teachers' perception. Teachers perceived no difference in the two groups following the MCCT for the randomly selected group of first-graders. See Table 6 for the mean score and standard deviations on the three subscales of the Walker-McConnell Scale.
Table 6

Pretest and Posttest Mean Scores and Standard Deviations for Treatment Conditions on the Walker-McConnell Subscales, Teacher-Preferred Behavior (TPB), Peer-Preferred Behavior (PPB), and School Adjustment Behavior (SAB)

<table>
<thead>
<tr>
<th>Treatment Conditions</th>
<th>n</th>
<th>Pretest Mean</th>
<th>Pretest SD</th>
<th>Posttest Mean</th>
<th>Posttest SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPB Experimental</td>
<td>30</td>
<td>56.133</td>
<td>9.526</td>
<td>58.833</td>
<td>8.137</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>55.067</td>
<td>10.352</td>
<td>58.033</td>
<td>9.023</td>
</tr>
<tr>
<td>PPB Experimental</td>
<td>30</td>
<td>60.267</td>
<td>8.804</td>
<td>62.267</td>
<td>9.195</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>59.733</td>
<td>9.773</td>
<td>61.833</td>
<td>10.996</td>
</tr>
<tr>
<td>SAB Experimental</td>
<td>30</td>
<td>35.167</td>
<td>9.498</td>
<td>37.533</td>
<td>9.992</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>35.533</td>
<td>8.649</td>
<td>35.567</td>
<td>8.955</td>
</tr>
</tbody>
</table>

Summary of Analyses

The analysis of data indicates there was a significant difference between experimental and control groups on the APACBS as reported by mothers. There was no significant difference in treatment groups as assessed by teachers using the total scale or subscales of the Walker-McConnell Scale of Social Competence and School Adjustment.

$H_01$ rejected

$H_1$ accepted

$H_02$ retained
Results of Mothers' Evaluation

Mothers determined the extent to which new knowledge or skills were gained following MCCT. The following are mean scores and standard deviations for each item on the evaluation.

Table 7

Mean Scores and Standard Deviation of Items on the Mother's Evaluation of the Program to Develop Responsibility with First-Grade Children (n=26)

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean Scores</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother gained new information</td>
<td>4.615</td>
<td>1.235</td>
</tr>
<tr>
<td>Child assumes greater responsibility</td>
<td>4.423</td>
<td>.945</td>
</tr>
<tr>
<td>Communication has improved</td>
<td>4.154</td>
<td>1.084</td>
</tr>
<tr>
<td>Child expressing feelings more</td>
<td>3.923</td>
<td>1.197</td>
</tr>
<tr>
<td>Mother listening more</td>
<td>4.308</td>
<td>1.010</td>
</tr>
<tr>
<td>Mother expressing feelings more</td>
<td>4.346</td>
<td>.846</td>
</tr>
<tr>
<td>Child listening more</td>
<td>4.000</td>
<td>.913</td>
</tr>
<tr>
<td>Child not interrupting as much</td>
<td>4.154</td>
<td>1.156</td>
</tr>
<tr>
<td>Child more responsible/care for self</td>
<td>4.384</td>
<td>.941</td>
</tr>
<tr>
<td>Mother overly remind child</td>
<td>3.653</td>
<td>1.231</td>
</tr>
<tr>
<td>Handout-home responsibilities</td>
<td>4.615</td>
<td>1.169</td>
</tr>
<tr>
<td>Handout-chore chart</td>
<td>4.385</td>
<td>1.472</td>
</tr>
<tr>
<td>Handout-allowance</td>
<td>4.231</td>
<td>1.423</td>
</tr>
<tr>
<td>Handout-responsible communication</td>
<td>4.769</td>
<td>.908</td>
</tr>
<tr>
<td>Overall training experience for mother</td>
<td>4.846</td>
<td>1.045</td>
</tr>
<tr>
<td>Overall training experience for child</td>
<td>4.577</td>
<td>1.206</td>
</tr>
</tbody>
</table>

*range=1 (not at all) to 6 (very much/very often)
Mean scores ranged from 3.653 to 4.846. All mean scores fell above the midpoint (3.5) on the six-point scale. The highest mean scores were on the items indicating the degree of mothers' satisfaction with overall training experience and the helpfulness of the handout on developing responsible communication. The lowest mean score was on the item regarding mother's need to overly remind.

**Results of Teachers' Evaluation**

Table 8 illustrates the mean scores for each item along with the standard deviation on items on the teacher's evaluation measure administered post hoc to three first-grade teachers who participated in the study.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean Scores*</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience of child leaving-small group</td>
<td>5.000</td>
<td>1.000</td>
</tr>
<tr>
<td>Convenience of child leaving-mother meeting</td>
<td>5.333</td>
<td>1.158</td>
</tr>
<tr>
<td>Kept informed-small group meetings</td>
<td>6.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Kept informed-mother-child meetings</td>
<td>6.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Ease of completing pretest instrument</td>
<td>5.000</td>
<td>1.000</td>
</tr>
<tr>
<td>Ease of completing posttest instrument</td>
<td>5.667</td>
<td>.577</td>
</tr>
<tr>
<td>Training helpful to student</td>
<td>5.333</td>
<td>1.158</td>
</tr>
</tbody>
</table>

*range=1 (not at all) to 6 (very much)
Mean scores ranged from 5.0 to 6.0 on a six-point scale. The highest scores were on the items regarding the researcher keeping the teachers well informed about small group meetings and mother-child meetings. The lowest score related to the ease in completing the pretest instrument, the Walker-McConnell Scale.

In summary, all mean scores on items on the mothers' evaluation fell above the midpoint on a six-point scale. The mean scores on the teachers' evaluation were all above the midpoint on the six-point scale.

This chapter has reported the results of the data analyses and has summarized the results of the evaluation measures. The findings will be discussed in Chapter 5.
CHAPTER 5
SUMMARY, CONCLUSIONS, RECOMMENDATIONS

This chapter will summarize the research, discuss the results, draw conclusions based on the results, explore the implications arising from this research and present recommendations for further study in this area.

With the number of problems and concerns facing children and youth in our society, educators are focusing on changes which need to be made in order to better prepare young people for life in the 21st century (Educational Policies Commission, 1990). Effective preventive strategies need to be devised to assist the younger generation in developing skills necessary to be more responsible for their lives so that they can see themselves as worthwhile, capable persons. With a strong sense of worth, young people may have little need to engage in self-destructive or other destructive behaviors.

Since most problems have their roots in the family system, it is vital that any prevention strategy be designed to include family for significant change to occur. Schools, as institutions of learning, are the appropriate place for prevention strategies to be carried out since school is one place to gain skills needed for life. Elementary school counselors would be appropriate facilitators of the process of children's skill development.

Research indicates that various strategies for bringing about behavior change in children in the elementary school have been effective to varying degrees (Ceder & Levant, 1990; Gerler, 1985). Only one research study has included both parents and children working together to bring about changes in behavior (Goodman & Kjonaas, 1984).
The present study has been an effort to determine the effect of a preventive approach to change through use of the MCCT. The training program utilizes the school counselor to assist mothers and children in making behavioral changes which lead to children assuming greater responsibility for self and enhancing their communication skills during the early stages of the child's school career.

Summary of Research

The purpose of this empirical study was to determine the possible effects of the MCCT on the behavior of a randomly selected group of first-grade children who participated in the training program for developing responsible behavior as compared with the a group of first-grade children who had not received the training. The children's responsible behavior was assessed by mothers and teachers of the children before and following treatment, using the Adlerian Parental Assessment of Child Behavior Scale and the Walker-McConnell Scale of Social Competence and School Adjustment, respectively.

Thirty first-graders and their mothers who completed the training were compared with a similar group of thirty first-grade subjects who formed the control group. The data were analyzed using the univariate analysis of variance with repeated measures. It was determined prior to beginning the study that an achieved alpha level of .05 would indicate significant results were achieved.
Discussion of Results of Standardized Measures

Two hypotheses were proposed. The first hypothesis examined whether participation in the MCCT led to significant increases in first-grade children's responsible behavior, as assessed by mothers. Significant differences at the .003 level were found between levels of responsibility in experimental group children and that in children who had not yet received the training. Compared to control group mothers, on the posttest experimental group mothers believed that their children were more responsible after participation in the training program.

The second hypothesis examined whether first-grade children would increase their responsible behavior following participation in the MCCT, as assessed by teachers. This hypothesis was retained as teachers observed no significant changes in their children's behavior when compared with a group of first-graders who had not experienced the training.

Initially, it can be concluded that mothers observed their children being more responsible at home following the MCCT experience. The intervention impacted the mothers, not only as indicated through statistical analyses of the data but also according to the results of the follow-up evaluation. The evaluation on results are discussed at length later in the chapter. From the mothers' enthusiastic response to the question on the evaluation regarding fathers' participation in the training with their child, it was evident that the training experience is a practical change strategy which appears to be useful within the family system. Based on the researcher's clinical experience, the most effective way for children to learn skills in being responsible for self and in communicating more
clearly is by working with their own parent. The results obtained in this study appear to substantiate this clinical observation.

As significant as children's behavior change was according to mothers, some explanation of the results obtained is warranted. The fact that mothers saw children being more responsible at home could be the result of an expectational factor. When the mothers were initially informed of the purpose of the MCCT, "to develop responsible behavior and improve communication skills with first-grade children," those in the experimental group may have entered the training experience with their child anticipating a positive change would occur in their children's behavior, therefore, they saw it when asked to assess the child's behavior following the training. Whereas, mothers who had not participated may have subconsciously expected no change in their children's behavior, since they and their child had not yet had an opportunity to "develop responsible behavior or improve communication skills."

Teachers were unable to observe the same significant changes in children's responsible behavior following participation in the MCCT as mothers did at home. There are several explanations for the differences in mothers' and teachers' observations. The first explanation could be the effect of method. Since two separate instruments were used to measure change, parents completing the APACBS while teachers assessed children's behavior using the Walker-McConnell Scale, it is possible that one instrument was more sensitive than the other to measuring the responsibility construct. The APACBS is known to measure responsibility (McKay & Hillman, 1979) while the Walker-McConnell Scale basically measures social competence and school adjustment. Although a connection exists between social competence and personal responsibility
(Gresham & Elliott, 1987), this connection is not clearly defined. It would be of value to develop a new instrument which assesses responsible behavior in children, one that would be useable by both parents and teachers. It was beyond the scope of this study to accomplish that task.

A second consideration regarding effect differences arises from the disparity of the task. Mothers observed their child in a context of the family, while teachers observed children in the context of the classroom. Families consisted of no more than four or five children, often as few as one or two. Teachers were asked to observe and assess one child's behavior among that of 24 or 25 other students, while at the same time focusing on the task of teaching academic subject matter.

Time is also a factor to consider. The period of time allotted for observing behavioral changes in children was only three weeks for both mothers and teachers. Mothers might more easily see change in that length of time. For teachers to recognize significant change in that brief period of time, a more dramatic difference in the child's behavior would be necessary. Change usually doesn't take place that quickly or in that degree of strength. Teachers may have a perceptual set regarding students' behavior (James & Etheridge, 1983), which has been developed over the course of the year. Perceptions, once formed, may be resistant to change.

Mothers have more at stake with their own child and may be more receptive to changing/improving the relationship with their child. The teacher's task is more diverse. He or she must focus on many aspects of the child's learning, not just on behavior. Although caring for children they teach, teachers have a life outside of school where other relationships may take priority, such as, their own family. Teachers were asked to assess behavior of students who may not be the highest priority while mothers
were asked to assess the behavior of their own child, a relationship that is likely a higher priority.

Another factor to consider is that the training program was directed toward mother and child and did not directly involve the teacher. There was no attempt to train teachers in the techniques the researcher used with mothers and children during the study. Therefore, the focus of the intervention was strictly with the mother-child relationship and at-home behavior and not with the teacher-child relationship. Skills and techniques used with mothers and children may, however, be applicable with teachers and children.

Although the APACBS purports to measure children's behavior, acknowledgement needs to be made that it does so through measures of mothers' perceptions. Changes in perceptions do not necessarily mean that the child's behavior has changed. Although this may be the case, the significance of results remains meaningful. When mothers believe that children's behavior has changed, there is a higher likelihood the behavior will ultimately change. This concept refers to the power of a self-fulfilling prophesy or the Rosenthal effect (Rosenthal & Jacobson, 1968).

Although the parent assessment of child behavior did change significantly following training, the question remains to what extent this change was due to the intervention and what extent was it the result of other factors, e.g., special attention given to the child when mother came to school to meet with him/her. Recommendations will be made later in this chapter which will address the issue.
Discussion of Results of Evaluation

Mothers' Evaluation

All mothers returned the APACBS and eighty-seven percent of the mothers (26 of 30) completed and returned the evaluation. The evaluation, designed by the researcher to assess mothers' perceptions of the training program, consists of a six-point Likert scale ranging from "not at all" (1) to "very much/very often" (6). An analysis of the evaluation data found that sixty-nine percent of mothers rated the overall training for them a "5" or "6" on the six-point scale. Sixty-two percent of the mothers believed the overall training experience was a "5" or "6" for their child.

Additionally, mothers seemed to find the handouts a helpful resource, particularly the one discussing responsible communication. This handout basically detailed the communication process taught during the MCCT. The process consists of three questions which a mother might ask when her child expresses a concern/problem. They are: "how did you feel when _____ happened?", "do you like that feeling?", and "what is one thing you might do to feel better?"

A summary of the responses to the question regarding the helpfulness of the MCCT program indicated that the training was helpful in various ways. The most frequently mentioned reference was the helpfulness in communication (10), particularly the expression of feelings (6). Mothers additionally felt that the training assisted them in identifying "who owns the problem" and in "ways to work out conflicts" (8).

Apparently mothers felt that the MCCT had offered them more effective ways to communicate with their child and listen to their children's feelings. One mother was surprised that her child could "express feelings so well," while another mother was happy her daughter could speak for
herself regarding scared feelings and find a solution for them. Some mothers seemed to see their child in a new light, not realizing previously that their child is as capable as he/she is or that the things happening at home were "bothering him so much."

Twelve mothers did not answer or answered "none" to the question regarding suggested improvements in the training program. The most-mentioned change was for "more meetings" with mother and child (8). A few logistical changes and changes in format were suggested (6), such as, a longer time period between meetings (one week was too short) or meeting times set during lunch or after school (meetings were scheduled at the mother's convenience and took place at time periods throughout the day). From the lack of response or the suggestion for more meetings, it seems the mothers found the training to be useful and would like additional opportunities to continue to learn skills with their child.

The favorable response to the question regarding the desirability of further meetings between mother and child with the counselor (twenty of twenty-six mothers said yes) further substantiates the positiveness of the training in the eyes of the mother. This is a particularly important finding since part of the rationale for conducting the study with first graders, as opposed to upper elementary students, was to initiate parents and children to the counseling services available in the school. If the parent and child are aware of the service and comfortable with receiving counselor assistance in the early grades, they are more likely to seek help as new challenges arise in their lives in the future. The fact that the four ineligible first-graders' mothers willingly volunteered to take part in the study would suggest that they were apparently satisfied with services they had received the previous year.
Twenty-one mothers felt that the training would be helpful for father and child, with two responding "possibly" or "probably" and one expressing "doubt that he (father) would come." From the number of exclamation marks punctuating their responses or the strength of the response, e.g., "yes, yes, yes," to the question (12), most mothers seemed to believe firmly that fathers could benefit from participating in the training experience with their son or daughter. The overwhelmingly positive reaction seems to indicate that strengthening the relationship between father and child would be an additional avenue to explore in future research. From the strength of the mothers' response, it also gives pause to wonder whether parents might also benefit from opportunities to improve their communication skills with each other.

In the space on the evaluation for other comments, eleven mothers expressed appreciation or stated that the training was enjoyable and helpful. This further attests to the positive reaction of mothers to the opportunity to work with their child and their willingness to participate in a new experience.

One note of caution needs to be exercised when interpreting the results of the evaluation. Although the evaluation form was completed anonymously, there was a research number in the corner of the form used for tracking purposes. It is possible that mothers were reserved in expressing less positive reactions for fear that their comments could be identified. Since the researcher is also the school counselor, the mothers may have chosen to say things which they believe would please the researcher whom many parents seem to like.

Taken at face value, the results of the evaluation by mothers appear to validate the results obtained on the APACBS. The majority of mothers
believed the training program was helpful for them and for their child. 
(For verbatim comments of each mother, see Appendix G.)

Teachers' Evaluation

Teachers, although not directly involved in the training, expressed a generally positive response to the helpfulness of the experience for their students. On the six-point scale, two teachers said it was a "6" or very helpful, one teacher rated the experience a "4."

Student's "coming and going from the classroom" presented some minor inconvenience, however teachers believed they were kept well informed by the researcher regarding schedules. Each teacher received twenty-five dollars for completing the pretest and again when she completed the posttest. Even with compensation all teachers expressed some reservation regarding the ease in completing the pretest. Teachers may have found the task of completing over twenty forms at one time arduous and time-consuming.

The first-grade teachers responded to three additional questions: one regarding the helpfulness of training to students, another asking for any improvements they might suggest for training procedure, and a third ascertaining the teacher's opinion regarding the desirability of recommending further contact with counselor as needs arose. With regard to helpfulness of the program, various teachers made comments regarding their children having more control of lives and problems, more problem-solving ability, and better self-worth. One teacher expressed her uncertainty as to whether the change in problem-solving could be attributed to the training program or just the "time of the year." All teachers believed that some children and mothers could benefit from more follow-up or continued contact with the counselor. One teacher suggested that some of
her children who needed the program most (2) did not get to participate because their mother had not "signed up." (For verbatim teacher comments, see Appendix G.)

**Principal's Evaluation**

The principal was given the teacher's form of the informal evaluation to which he responded that, in his opinion, teachers were pleased with the parent-child involvement and that the program was of little disruption to the classroom. He believed the mother-child contact with counselor was helpful (Appendix G).

**Summary of the Observations from the Mother-Child Meetings**

It was interesting to observe the child's behavior in the mother's presence. These observations give rich substantiation for the family systems theory. Patterns of behaving and concerns in interactions which are part of in the family interchange appear to be evident in the two brief meetings between children and mothers. The researcher will note some logistical framework in which the interactions occurred and summarize the types of changes which mothers requested of children and children requested of mothers.

Mothers and children met with the researcher for two meetings. No single meeting lasted more that one hour; some meetings were completed in as little as 30 minutes; the average time being 45 minutes per meeting. Total time spent with the mother-child meetings was no more than two hours.

During the MCCT, mother and child each expressed one thing they liked about each other and one thing they would like to have change. At
each meeting mother and child had an opportunity to express their feelings
and to learn to be responsible for their own changes.

Each request of mother/child for change was unique to the two
persons involved, however some general themes did emerge. Changes
which mothers desired children to make fell into two categories, requests to
follow directions given by mother, e.g., clean room, pick up clothes/toys first
time asked to do so, get dressed/ready for school/ready for bed promptly,
and improve way of speaking, e.g., complaining, arguing, whining,
interrupting, demanding.

Children, on the other hand, had the most difficulty with mothers
yelling, screaming, reminding, hitting. Nearly half of all children (12)
expressed concern about their mother's way of speaking. It is only
speculation that it may not be the yelling that is a problem for children as
much as it is the anger which mothers may be expressing in a stressful
situation. The example of the yelling incident often was connected to the
request for change that the mother made of the child, e.g., picking up room,
going to bed. It appears that mothers may resort to yelling when children
do not follow through on their responsibilities. Additional changes
children requested centered on more time with/attention from mothers,
e.g., play games with him, without sister around; more privileges, e.g., go
to visit friends; and more chances to do things for self, e.g., decide where to
keep own toys.

Along with a summary of the changes, it is important to comment on
the process that was used during the MCCT. Two processes occurred with
some regularity. Some children tended to talk in a younger-sounding voice;
others attempted to lean on mother when the two came together; some
scooted his/her chair closer to mother's chair or attempted to sit on
mother's lap. It is interesting to speculate on the meaning of these actions. One possibility might be that children were feeling uncomfortable or less adequate and were depending on mothers for feelings of strength. Another may be that children may feel they need to please their mother. Moving closer may be an attempt to meet his need.

Another behavior noted in a number of cases was the interrupting that went on during the meetings. When "talking on top of each other is occurring," it brings into question the degree of listening that is taking place between mother and child. The interrupting actions were addressed most of the time when they occurred and mothers appeared to learn new ways to address the issue. See the manual in Appendix E for more complete details.

**Conclusions**

Highly significant results on the APACBS measuring first-grade children's responsible behavior indicates that a change occurred following mothers' and children's participation in the MCCT. It can be concluded that mothers who participated in the training saw their child differently. The ramifications of this change are unknown; however seeds of change were planted which may give rise to further increases in responsibility in the future.

The results of the study seem to indicate that intervening with mothers and first-grade children in an effort to assist children in making behavioral changes has an impact of the way mothers perceive their child, however the types of changes which mothers observe were not apparent to teachers, at least at the time the behavior was measured by the instrument used in this study.
The study attempted to measure behavioral change; however in essence, the instruments measured mothers' perceptions of their children's behavior and teachers' perceptions of behavior. It is assumed that the APACBS more closely measured responsible behavior according to its operational definition than did the Walker-McConnell Scale. Instruments may need to be revised so that teachers and parents more closely measure the same construct. The inclusion of an observational tool might further validate perceptions of mothers and teachers.

There are some noteworthy considerations regarding teachers' perceptions of children's behavior. Training institutions seldom provide education in family systems theory and the family's influence on the child's behavior. Teachers have long taken more responsibility for the behavior children display at school than is warranted (personal observation). Teachers need to develop a greater understanding of the system in which the child lives. Considering the child's place in a family system might help raise teachers' awareness of the behaviors which children have learned in order to meet their needs. Counselors may be useful in providing this education. Counselors may also assist teachers and children in communicating with each other and in being more responsible for self, which may ultimately impact teachers' perceptions regarding children's behavior.

Further investigation needs to take place to determine if the change in mothers' perceptions is relevant to children's behavior and learning at school or if the behavior change mothers observe is isolated in significance only in the home setting. Conclusions cannot be drawn at this time regarding any possible carry-over effect to children's behavior at school, even with additional training of teachers.
Implications

If the MCCT does indeed assist first-grade children in changing their behavior and in becoming more responsible as this study suggests, the MCCT may be useful to elementary counselors as they work with children and parents. It is evident, from observation of the problems of children and youth today, that intervention strategies are needed to assist in the change process. An important aspect of this change is the child's willingness to accept greater responsibility for self and the parent's willingness to assist children as early as possible in becoming aware that they are responsible for their lives.

Further, in light of present budget constraints in most school districts and the limited time school counselors have to work with students, the MCCT may be a useful brief intervention to assist children, with the help of their parent, to accept greater responsibility for self. In two hours time spent with parent and child, counselors can plant seeds of change as they assist children and parents in developing skills. When children come to school feeling good about themselves and prepared to learn, teachers can do a better job. One of the chief ingredients of self worth and preparedness to learn is the willingness to be responsible for self and one's tasks. Effective communication skills will be vital to success in relationships both in the workplace and at home.

This study, which demonstrates the effectiveness of the MCCT, has possible implications for counselor education in relation to training school counselors to work with families. Although the number of family counseling programs which prepare counselors for work in settings, such as mental health, private practice, and hospitals, continues to grow
(Gladding, Burggraf, & Fenell, 1987), a review of the literature failed to reveal counselor education programs which focus on preparing school counselors to deliver direct family counseling interventions, specifically parent-child communication training, within the elementary school setting. The results of this study warrant further investigation into the value of developing the MCCT as a model to train school counselors to work within schools to assist children and parents in improving communication skills and in developing greater responsibility for self.

This research is a beginning step in the effort to provide strategies for elementary counselors to use in their work with children and parents in the school setting. Focusing on responsibility for self and communication, the MCCT appears to be a useful strategy in developing skills in these areas. The sooner children develop these skills, with the help of their parent, the better. Elementary school counselors may be on the cutting edge in facilitating the process of change in society as they support children and parents in learning skills that are necessary for life.

**Recommendations**

The data support the use of the MCCT as a strategy with first-grade children and mothers; however the program's effect is limited to the defined population. Further research would be necessary to determine the effectiveness of the MCCT with other populations, e.g., various socioeconomic groups, ethnic groups, children with special needs and with various age groups.

To determine the long term effect of the intervention, follow-up studies need to be conducted three to six months after completion of the training. As one mother said, "I tend to go back into my old ways." Follow-
up studies would be valuable to determine ways the intervention could be improved to support the new patterns of behavior. Improvements might include the follow-up meeting at specific intervals until mothers/children have solidified changes they want to make.

It would be useful to conduct studies with the MCCT using revised instruments and additional observational assessments which would more clearly assess children's behavioral changes. An instrument needs to be created which would clearly measure responsible behavior in children. Additionally, a naturalistic observation of the child in the home setting via videotaping, and on the playground and in the classroom by a trained observer could be included to further substantiate behavioral changes measured on a standardized instrument.

It would be interesting to provide fathers with the same opportunity to take part in a program similar to the MCCT. Considering the mothers' evaluation feedback regarding possible father-son/daughter meetings, a study involving fathers might prove interesting. Future research could explore the effect on the child of having both mother and father involved in an intervention to determine strength and longevity of any change.

To determine the extent of any halo effect, a placebo group could be formed in future studies. A group of mothers might be selected to meet with the counselor two times to discuss health issues or educational issues unrelated to behavior. In essence, the first-grade children in this study did participate in a placebo-type effect. The researcher, as school counselor, met with the majority of first graders throughout the school year as children worked to solve problems with peers. It is common in the school for children to make their own appointments with the counselor when concerns arise and most first graders took advantage of this service. These
meetings with the researcher and children in both treatment groups did not appear to impact the children's behavior, until the component of the MCCT was added to the experimental group's experience.

To further validate the significant results obtained in this study, the training program might be implicated by different counselors using the same methodology to ascertain if the same results would occur. This would reduce the interaction effect of a particular counselor and treatment.

Finally, it is recommended that counselor educators consider creating additional opportunities to train counselors in effective ways of working with children and families within the school setting. As evidenced by the results of this study, school counselors trained to conduct brief parent-child interventions which assist children in learning to be more responsible for self would perform a service to families. As children accept greater responsibility for self, they may be better able to carry out school tasks. Preparing school counselors to conduct direct family interventions within the school setting may possibly be the wave of the future in counselor education.


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APPENDICES
APPENDIX A

Teacher's Consent Form
Letter to Mothers Explaining Study
Mother's Consent Form
Consent Form
(teachers)

As a first grade teacher at Wilson School, I am willing to participate in the study which focuses on developing responsibility with first-grade children which is being undertaken as part of a graduate thesis project at Oregon State University by our school counselor, Monne Smith, during the 1991-92 school year. I understand that the project has been approved and has the support of the Corvallis School District. I also understand that all first graders, along with their mothers, are invited to participate in the study.

As part of the project, I willingly agree to participate in the following ways:

1) to complete the Walker-McConnell Scale of Social Competence and School Adjustment as a pretest and posttest assessment measure for each first grader in my class who has a signed consent form for his/her participation in the study. The pretest measure will be completed in November and the posttest, in either January or February.

2) to allow the first grade participants to leave the classroom to meet with the school counselor in a small group two times for 30 minutes each. The time of the meetings will be scheduled with my input.

3) to allow the participant to meet with her/his mother and the school counselor two times for 45 minutes each during the school year (in either January or February or in April or May). I realize that the meeting times with mother and child will need to be arranged to accommodate the mother's schedule.

I understand that all information on the assessment forms will be strictly confidential and all names of participants will be coded by number to maintain anonymity.

Signed____________________________________

Date____________________
Dear Mother of a Wilson First-Grade Student,

Have you ever wondered how you could help your child learn to be more responsible or how to help your son/daughter improve his/her ability to communicate with you?

During this school year you have an unique opportunity to take part in a new program which has been designed to help children develop more responsible behavior. The program focuses on assisting children in developing greater responsibility for self and improving their ability to communicate through participating in a skill-building process with their own mother and the school counselor, Monne Smith. All Wilson first graders and their mothers are asked to take part in this study. We believe the program, which is based on sound research, should be of benefit to your child and to you.

Participation in this program and your assistance with a study to determine the program’s effectiveness will require a relatively small amount of your time and that of your child. You will be asked to 1) complete an assessment scale in November and again in January or February and 2) come to school two times to meet with your child and the counselor. The date and time of the meeting with your child will be arranged at your convenience. Before you and your son/daughter meet with Mrs. Smith, she will meet with your child in a small group with other first-grade participants in order to get better acquainted. As part of the study, first-grade teachers will complete a rating profile for each of their first-grade participants as a means of determining skill-needs.

Although all children and mothers will have an opportunity to take part in the responsibility-development training program, not all will participate at the same time. Children (along with their mothers) will be randomly assigned to one of two groups. The first training times for group one will be in January and February, the second training times for group two will be in April and May.

All information gathered on the assessment scales will be strictly confidential and used for research purposes only. The study, which is part of a graduate thesis project through Oregon State University, has the approval and support of the Corvallis School District. If you have any questions, please call Monne Smith at 757-5783 (Mon., Wed., or Thurs.) or Bob Mittleider at 757-5987. You have the right to withdraw permission for your child’s participation at any time during the study.

To be a truly representative program, we hope to have full participation. If you and your child would be willing to assist in this specific effort, please complete the attached consent form and return it in the enclosed envelope by October 18th, or as soon as possible.

We look forward to working with you and your child on this important project to gain valuable information regarding ways to effectively assist all children in gaining a greater sense of responsibility and improved communication skills. Thank you for your interest and willingness to participate.

Monne Smith
School Counselor

Bob Mittleider
Principal

Corvallis School District 509J • Thomas D. Wogaman, Ed.D., Superintendent
Administration Building • 1555 SW 35th Street • Corvallis, Oregon 97333 • (503) 757-5811
Consent Form
(mothers)

I am willing to participate and I give consent for my child
___________________________(child's name) to participate in the program and study
which focuses on developing responsibility with first-grade students conducted by Monne
Smith at Wilson School during the 1991-92 school year. I understand that all information
obtained during this study will be strictly confidential. I am aware that my child and I have the
right to withdraw from the study at any time.

Mother's signature______________________________

Date______________________________

Mother's address______________________________

Home phone________________________Work phone________________________

Please return to:
Monne Smith (757-5783)
Wilson School

by October 18, 1991, or as soon as possible
APPENDIX B

Pretest Letter of Instruction to Mother
Adlerian Parental Assessment of Child Behavior Scale
Letters Requesting Permission and Granting Permission to Include Walker-McConnell Scale in Dissertation
Pretest Instructions to Teachers
Walker-McConnell Scale of Social Competence and School Adjustment
November 1, 1991

Dear Mother of a Participant in the Program to Develop Responsibility,

Thank you for your willingness to participate with your child in the program to develop responsibility with first-grade students!

Before we begin the program, we would like your help with the enclosed assessment scale. As you may notice, the scale is numbered. The number will be used for research purposes. We ask that you complete the information at the top of the scale, however, that you NOT put your name or your child’s name on the form in order to insure confidentiality.

The scale asks how you see your child in various experiences in daily living. After reading the instructions, please consider your first-grade child as you see him/her at this time and mark the scale to reflect your perception. We would appreciate it if you would complete the scale and return it in the enclosed envelope by November 8, or as soon as possible.

If you have any questions, please contact me at 757-5783. All information you provide will be strictly confidential, used for research purposes only.

Thank you for your cooperation.

Sincerely,

Redacted for Privacy

Monne Smith
Adlerian Parental Assessment of Child Behavior Scale (APACBS)

Your first-grade child's birthdate_________________________ Sex_______

Date you, as child's mother, completed this scale__________________Research number_______

Directions: Please circle the number for each item which best describes your first grade child's behavior as you see it at this time. Please try to respond to every item. This information is for the purposes of research only. Your responses will be held in strictest confidence. Please do not place your name or your child's name on this form.

<table>
<thead>
<tr>
<th>Your first-grade child:</th>
<th>ALWAYS</th>
<th>VERY OFTEN</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>SELDOM</th>
<th>VERY SELDOM</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has to be called more than once to get out of bed in the morning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. Gets dressed for school without being coaxed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3. Remembers to take lunch money, books, etc. to school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. Leaves for school without being coaxed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5. Makes helpful suggestions during family discussion.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6. Involves you in resolving verbal arguments with other children (for example: brothers or sisters, or children in the neighborhood).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7. Involves you in resolving physical fights with other children (for example: brothers or sisters, or children in the neighborhood).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8. Does chores without being reminded.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>9. Figures out solutions to his/her own problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>10. Changes behavior when told that it bothers you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11. Puts dirty clothes in hamper without being reminded.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>12. Argues with you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>13. Leaves belongings scattered around the house.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>14. Interrupts you at inappropriate times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tbody>
<tr>
<td>15.</td>
<td>Is on time for meals.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>16.</td>
<td>Eats most foods offered without being coaxed.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>17.</td>
<td>Has table manners which are acceptable to you.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>18.</td>
<td>Tattles on other children (for example: brothers or sisters, or children in the neighborhood).</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>19.</td>
<td>Throw temper tantrums.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>20.</td>
<td>Shares problems (s)he is facing with you.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>21.</td>
<td>Is considerate of your feelings.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>22.</td>
<td>Requests help on tasks (s)he can do independently.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>23.</td>
<td>Cleans up after snacking without being reminded.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>24.</td>
<td>Behaves in such a way that you find yourself feeling hurt.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>25.</td>
<td>Behaves in such a way that you find yourself feeling annoyed.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>26.</td>
<td>Behaves in such a way that you find yourself feeling discouraged, believing that your child cannot improve.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>27.</td>
<td>Behaves in such a way that you find yourself feeling angry.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>28.</td>
<td>Stays with difficult tasks until they are completed.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>29.</td>
<td>Disturbs you when you are driving.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>30.</td>
<td>Remembers where (s)he puts personal belongings.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>31.</td>
<td>Has to told more than once to go to bed.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
<tr>
<td>32.</td>
<td>Is quiet after going to bed.</td>
<td>VERY</td>
<td>OFTEN</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>NEVER</td>
</tr>
</tbody>
</table>

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Loretta Scott  
Pro-Ed, Inc.  
8200 Shoal Creek Blvd.  
Austin, TX 78758-9965

Dear Ms. Scott  

I am writing to request permission to include a copy of the Walker-McConnell Scale of Social Competence and School Adjustment in my doctoral dissertation. The instrument will appear as an appendix in the dissertation. A permanent copy of the document will be placed in the library at Oregon State University.

I used the scale as a pretest/posttest in my research study which was recently completed. Including the instrument in my dissertation will be assistance to those who may choose to replicate my study in the future.

If my request meets with your approval, I would appreciate a written confirmation as soon as possible. I will presenting my research document to my committee on April 15, 1992. If you have further questions, please contact me at (503) 757-5987 or (503) 757-9329.

Thank you for your assistance.

Sincerely,

Monne Smith  
Doctoral Student

Redacted for Privacy  

James Firth Ph.D.  
Professor of Counseling

Redacted for Privacy
The following instructions were placed on the outside of a large manilla folder containing the Walker-McConnell Scale of Social Competence and School Adjustment pretest for teachers to complete. The packet was given to the first-grade teachers who were participating in the study on November 2, 1992, approximately two months after school began.

____________________(teacher's name),

Please complete the enclosed Walker-McConnell Scales for each child whose form is included in the packet. (These students all have completed consent forms signed by their mothers.) The only other information you need to include on the form is the date which you completed it for that particular child. Please respond to each item on the scale according to the way you see the child at this time.

I would appreciate it if these forms could be completed by November 8. If this date isn't possible, it would be fine to have them completed and placed in my box by November 12. I will pick them up on that day.

Thank you for your assistance.

Monne
PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

The Walker-McConnell Scale of Social Competence and School Adjustment

95-98

University Microfilms International
The Walker-McConnell Scale of Social Competence and School Adjustment

Profile/Rating Form

Hill M. Walker
Scott R. McConnell

I. Student Demographic Information

Date Administered: ___________________ Classroom Type: □ Regular □ Resource
□ Self-contained □ Other ___________________

Student Name: _____________________

Sex: □ Male □ Female

Teacher: _____________________

Age: Years _____ Months _____

Grade: _____________________

II. Rating Instructions

Please read each item below carefully and rate the child's behavioral status in relation to it. If you have not observed the child displaying a particular skill or behavioral competency defined by an item, check 1, indicating Never. If the child exhibits the skill at a high rate of occurrence, check 5, for Frequently. If the child's frequency is in between these two extremes, check 2, 3, or 4, indicating your best estimate of the rate of occurrence of the skill.

Please answer each item. DO NOT MARK BETWEEN THE NUMBERS ON THE RATING SCALE. Check one of the numbers from 1-5 to indicate your frequency estimate.

III. Items and Rating Formats

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Item</th>
<th>Rating Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td>1. Other children seek child out to involve her/him in activities.</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>(2)</td>
<td>2. Changes activities with peers to permit continued interaction.</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>(3)</td>
<td>3. Uses free time appropriately.</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>(2)</td>
<td>4. Shares laughter with peers.</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>(1)</td>
<td>5. Shows sympathy for others.</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>(2)</td>
<td>6. Makes friends easily with other children.</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>(3)</td>
<td>7. Has good work habits (e.g., is organized, makes efficient use of class time, etc.).</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>(2)</td>
<td>8. Asks questions that request information about someone or something.</td>
<td>□ □ □ □ □ 1. . . . 2 . . . 3 . . . 4 . . . 5</td>
</tr>
<tr>
<td>Subscale</td>
<td>Item</td>
<td>Rating Format</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(1)</td>
<td>9. Compromises with peers when situation calls for it.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>10. Responds to teasing or name calling by ignoring, changing the subject, or some other constructive means.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>11. Spends recess and free time interacting with peers.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>12. Accepts constructive criticism from peers without becoming angry.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>13. Plays or talks with peers for extended periods of time.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>14. Voluntarily provides assistance to peers who require it.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>15. Assumes leadership role in peer activities.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>16. Is sensitive to the needs of others.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>17. Initiates conversation(s) with peers in informal situations.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>18. Expresses anger appropriately (e.g., reacts to situation without becoming violent or destructive).</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>19. Listens carefully to teacher instructions and directions for assignments.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>20. Answers or attempts to answer a question when called on by the teacher.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>21. Displays independent study skills (e.g., can work adequately with minimum teacher support).</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>22. Appropriately copes with aggression from others (e.g., tries to avoid a fight, walks away, seeks assistance, defends self).</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>23. Responds to conventional behavior management techniques (e.g., praise, reprimands, timeout).</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>24. Cooperates with peers in group activities or situations.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>25. Interacts with a number of different peers.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Subscale</td>
<td>Item</td>
<td>Rating Format</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>(1)</td>
<td>26. Uses physical contact with peers appropriately.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>27. Responds to requests promptly.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>28. Listens while others are speaking (e.g., as in circle or sharing time).</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>29. Controls temper.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>30. Compliments others regarding personal attributes (e.g., appearance, special skills, etc.).</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>31. Can accept not getting her/his own way.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>32. Is socially perceptive (e.g., reads social situations accurately).</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>33. Attends to assigned tasks.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>34. Plays games and activities at recess skillfully.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>35. Keeps conversation with peers going.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>36. Finds another way to play when requests to join others are refused.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>37. Is considerate of the feelings of others.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>38. Maintains eye contact when speaking or being spoken to.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>39. Gains peers’ attention in an appropriate manner.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(1)</td>
<td>40. Accepts suggestions and assistance from peers.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(2)</td>
<td>41. Invites peers to play or share activities.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>42. Does seatwork assignments as directed.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(3)</td>
<td>43. Produces work of acceptable quality given her/his skills level.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>
IV. Walker Mc-Connell Scores

<table>
<thead>
<tr>
<th></th>
<th>Teacher-Preferred Social Behavior (Subscale 1)</th>
<th>Peer-Preferred Social Behavior (Subscale 2)</th>
<th>School Adjustment Behavior (Subscale 3)</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw Scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentile Ranks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. Narrative Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX C

Control Group Mother's Letter Informing of Child's Selection to Waiting Group

Experimental Group Mother's Letter Explaining Procedure

Form Requesting Mother's Preferred Meeting Times
November 25, 1991

Dear Mother of Participant in the Responsibility-Development Program,

Your first-grade child has been randomly selected as a member of the second group to participate in program for developing responsibility. Since your child is a member of the second group, the next letter you receive will arrive in January or February. At that time, we will request your assistance with the next part of the project. More specific details about your child’s and your participation in the program will be coming in late March.

If you have any questions, please contact me on Monday, Wednesday or Thursday at 757-5783. Thank you for your cooperation and patience.

Sincerely,

-Redacted for Privacy
November 25, 1991

Dear Mother of Participant in the Program to Develop Responsibility,

Your child has been randomly selected as a member of the first group to participate in the program to develop responsibility. The first activity for your child will be two small group meetings with the school counselor. The purpose of these meetings is for the children and Mrs. Smith to get acquainted and for the children to learn more about being responsible for self and communicating well with others.

Each small group will
--have five or six members.
--meet with the school counselor for 30 minutes, one time a week for two consecutive weeks.
--be scheduled at a "least disruptive time" during the school day as suggested by your child's teacher.
--begin on ____________________.

After the small group meetings, you will receive a written invitation from your child asking you to meet with him/her and the school counselor. The purpose of the meetings will be to apply skills in being responsible for self and in communicating.

These two meetings will be
--- approximately 45 minutes in length.
--- scheduled one week apart during the months of January and/or February.
---scheduled at your convenience.

In order to know which times are good for you, please indicate on the attached form the best days of week/times for you to meet. If you can come "anytime", please check that space. If none of the stated times are convenient, write in the space, "other times", a time that would be possible. The written invitation from your child will have the time you have suggested as convenient. Please complete the form and return it by December 2, or as soon as possible.

Although we realize that this opportunity for mothers to assist their children in developing responsibility may be a program which could be equally well-designed to include fathers, it is not possible to extend the project to do so at this time. The results of this study may suggest the usefulness of including both parents in the program in the future.

If you have questions or concerns regarding these next steps, please feel free to contact me at 757-5783 on Monday, Wednesday or Thursday. Your cooperation has been and is much appreciated. Hopefully, all our efforts will support the best interests of your child.

Respectfully,

Redacted for Privacy
Program to Develop Responsibility

First grade child's name_____________________________________

The mother-child meetings will take place during the months of January or February. (Because of the large number of mothers and children participating, meeting times for the entire group will be staggered over a six-week period.)

Day(s) of the week I prefer to meet: (circle choices)

Mon. Tues. Wed. Thurs. Fri. Any day is fine

Times of day which are best for me are:
(Place a "1" on the line for your 1st choice, a "2" for your 2nd choice)

<table>
<thead>
<tr>
<th>Time</th>
<th></th>
<th>Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30</td>
<td></td>
<td>12:15</td>
<td></td>
</tr>
<tr>
<td>8:15</td>
<td></td>
<td>1:00</td>
<td></td>
</tr>
<tr>
<td>9:00</td>
<td></td>
<td>1:45</td>
<td></td>
</tr>
<tr>
<td>9:45</td>
<td></td>
<td>2:30</td>
<td></td>
</tr>
<tr>
<td>10:15</td>
<td></td>
<td>3:30</td>
<td></td>
</tr>
</tbody>
</table>

Generally, any time is fine_______

Other times (If during the school day isn't possible, please consider a time before school as early as 7:00 a.m. or any time after school as late as 6:00 p.m. Saturdays are also an option.)

________________________________________________________________________

Signed__________________________________ Date________________

PLEASE COMPLETE THIS FORM AND RETURN IN THE ENCLOSED ENVELOPE BY November 27, 1991, or as soon as possible.

Please note: Times which you have suggested on this form can be changed if you later find that they are not convenient for you.
APPENDIX D

Dialog to Gain Children's Consent for Mother-Child Meetings with Sample of Children's Invitation to Mothers
Letter Confirming Mother-Child Meeting Time
The following is the script of dialogue to be used by the counselor when meeting with children in small group in order to explain the program and to ascertain their willingness to participate:

Counselor: "We have been discussing feelings we all have, such as angry feelings, scared feelings, sad feelings, happy feelings. We have talked about who is the only one in charge of our feelings and who is the only one that can make us feel better when we don’t feel good. Do you know who that is?"

(check with children to see that they know who is responsible for own feelings)

Counselor: "All of us, children and adults, need to learn better ways to talk to one another. Many adults when they were growing up did not have a chance to talk to their parents about their feelings and to learn how to feel better, therefore they may not know how to do it today. I believe that children can help adults learn how to talk things over. Would you be willing to help your mother learn to do that better?"

(I will check with children for their initial reaction. If there is agreement I will continue with the next statement. For any who are hesitant about the idea, I would need to talk about their feelings about having their mother come. Children are sometimes scared to have their mother come for various reasons. After exploring any fears they might have, they may be ready to participate. If they still refuse, I would contact the mother and let her know of the situation. I will respect any decision child and/or mother make.)

Counselor: "Here is what we can do to help her learn. You can invite her to come here and meet with you and me. We will teach her how to talk over things over so that you can have more good feelings and fun together. How do that sound to you?"

(children's response)

Counselor: (I will give each child a time to meet) "This is the best time for me to meet with you and her. Will you write her a note and ask if she can come?"
Each child will take part in writing the following invitation to his/her mother:

Dear Mom,
    Will you come and meet with me and Mrs. Smith on ___? (day and time mother had previously suggested she could come)
    Love, ___ (child signs own name)____

Counselor: "You may decide at any time to change the plan we are making about having your mother and you meet with me. You just need to tell me if you want to do that."
Dear ______________________,

We are ready to begin the meetings with you and your child. I would like to confirm your meeting time on __________ at __________. The meeting will last approximately 45 minutes.

If there is any problem with the scheduled meeting time or if you have questions, you can reach me at 757-5783 on Monday, Wednesday or Thursday. If not, please come and enjoy this time with your child. I am looking forward to seeing you soon.

Sincerely,

Redacted for Privacy
APPENDIX E

Mother-Child Communication Training Manual

Handouts: Suggested Home Responsibilities for 6- and 7-year olds; Example of an On-Going Chore Chart; Allowance; Developing Responsible Communication Skills
The purpose of the Mother-Child Communication Training (MCCT) is to assist children and mothers in developing greater responsibility for self by increasing their ability to communicate more effectively with each other and explore changes each can make to feel better. The manual contains a brief overview of the theoretical orientation used in the MCCT, along with intervention techniques, suggested dialog and the rationale for including specific counselor interventions.

**Theoretical Orientation**

The Mother-Child Communication Training (MCCT) is basically a process designed for counselors to use to facilitate communication and develop greater responsible behavior within the family, particularly with mothers and children. The theoretical base for the MCCT was created from a number of sources. It is partially based on Adlerian theory according to Rudolf Dreikurs, Don Dinkmeyer and others, who practically applied Adlerian theory and techniques to work with children and parents. Adlerians basically believe that all persons are equal in worth and dignity; that children can learn best by being held responsible for their behavior; that consequences are an appropriate method of learning; that it is important to build on strengths of children, rather than emphasize mistakes.

The theoretical base for the MCCT approach includes an emphasis on communication skills, the importance of which have been stressed not only by Dinkmeyer and McKay (1976, 1989), but also by Thomas Gordon (1970), Adele Faber and Elaine Mazlish (1980), and others. Family systems
theorists, such as Virginia Satir (1967, 1972), also stress the importance of family communications in the development of satisfying family relationships. When family relationships work, both children and adults are more likely to choose responsible actions and, in the process, to feel good about self.

Incorporating these ideas into a whole, the MCCT focuses on assisting mothers and children in being more responsible for self by expressing feelings each has regarding incidents/experiences in daily living. With feelings expressed, mother and child can explore changes each can make to feel better.

Techniques and Rationale

Two meetings between mother and child are scheduled with the counselor. Each meeting lasts approximately 45 minutes. In the right hand column below is the suggested counselor dialog used during the MCCT to facilitate communication along with the specific techniques and rationale which are explained in the left column.

One technique used throughout the meetings needs explanation. Since this is a model to learn to improve communication skills, the counselor acts as a coach when suggesting specific words for mother or child to use with each other. For example, the counselor directs the mother and child to specifically say these words, "I feel . . . (identify own feeling and say the feeling word, e.g., angry, upset) when you . . . (finish sentence with the action that took place which brought up the feeling)." By speaking directly to one another, both mother and child take greater responsibility for self.
The first meeting between mother and child will begin with a request by the counselor to the child, "Think of one thing you like about your mother. If you have more than one thing, you'll have to tell her later." Turning to the mother, the counselor says, "Think of one thing you like about your son/daughter. If you have more than one thing you like, you'll have to tell her/him at home, because we only have a short time together.

An additional statement is made along with the first request and that is, "When you think of the one thing you like, tell your mother/son or daughter directly." Say, for example, 'I like the way you . . . (whatever you like)' rather than speaking about Brett to me, such as 'I like the way Brett does . . .' 

The rationale behind this initial focus is twofold. The first is that far too often mothers tell children what they are doing "wrong" and neglect to tell them what they "like" about the child/child's actions. Likewise, children seldom tell mothers things that they appreciate about them. This request and the response brings the positive aspects of the relationship into focus.

The second rationale is that hearing positive comments gives mother and child courage to discuss necessary changes that are needed in relationships and creates a willingness to cooperate with those changes. Virginia Satir states that change is very difficult and courage is needed to engage in the change process (Satir, 1972). This initial task is exercise in looking for the strengths within families and building on those strengths, an Adlerian principle.

The rationale behind this approach comes from techniques in effective communication. Communication is often less direct, particularly when reporting things appreciated about one another. Talk may be "about" another person to a third party, rather than "to" another. Persons may not state directly how they feel using eye contact with the
The counselor says to both, "Who would like to go first?"

The counselor verifies with the other person the decided choice of who goes first by saying, "Is it all right with you that your (mother/child) goes first?"

As the first person tells one thing she likes, the counselor acts as a facilitator. Whatever is said during the interchanges may need to be clarified so that no assumptions are made. In family relationships, assumptions or guesses are often made about what is meant by what is being said or not said, without the receiver asking for clarification of the message. Incomplete or inaccurate assumptions or guesses are often made about what is meant by what is being said or not said, without the receiver asking for clarification of the message.

This question allows the mother and child the first opportunity to communicate and focuses on a decision-making task. Between them, they must decide who will begin. It is important to observe the interaction between mother and child during this first assigned task. How do they decide who will go first? How do they speak? What tone do they use? During the entire meeting it is important to notice: Does anyone interrupt? Do they have feelings about what they say? What is their body language?

It is often more difficult, yet more powerful, to speak directly "to" another using eye contact, than it is to speak "about" another to a third party, especially in close relationships.
After the child has stated what she/he likes that the parent does, the counselor asks the following question, "What does your child specifically do that makes you want to cooperate with... (whatever she/he likes)?"

The counselor asks mother, "What do you like about your son/daughter?"

Communication can produce problems in relationships. "Mind Reading" can become the mode of interacting.

The purpose for this discussion is to delineate the particular actions of the child which enlist cooperation from the mother. For example, when the child says, "I like it when my mom takes me to the park," it is important to talk about how the child behaves in that setting which makes the mother want to take her/him there. Oftentimes, behavior is only discussed in general terms, such as "good" or "bad." Mothers need to give direct feedback to the child regarding the specifics of the child's behavior, which the mother appreciates rather than assuming the child knows through implicit means how his/her behavior affects others.

What the mother "likes" about her child needs to be spelled out in specific terms, not in generalities. For example, "I like your smile" does not give the child a context for the meaning of a smile. For greater clarification, the child may ask for an example of a time when the mother noticed her/his "smile." In this way, a specific incident can be discussed and the child's positive actions
After the "likes" have been explored, the counselor moves on to the second part of the intervention which focuses on change. The counselor makes the following request to the child: "Think of one thing you would like your mother to change that would make things better for you at home." To the mother, the counselor says, "Think of one thing you would like your son/daughter to change that would make things better for you at home." In addition, the counselor suggests to both mother and child, "Before we finish, you need to ask your mother/son or daughter, 'Will you work on . . . (the request)?' and each of you has the right to say 'yes' or 'no'." Again, mother and child are asked to decide which of them will go first on this portion of the task.

The rationale behind this process of requesting only one change is twofold. The first is that changing one specific concern has a greater likelihood of meeting with success than would a request to change several things or change a general behavior, e.g., "change your attitude," which could feel overwhelming to child or parent. One area of behavior change can also be fully explored in the meeting in order to ascertain where the process breaks down. When focusing on one process change, it is possible that that particular change can also apply to other areas where change is needed. In other words, mother and child are learning the process of communicating effectively with each other, a process they can choose to apply in various other situations they may encounter.

The second emphasis in this intervention is on the importance of the request for cooperation. Requesting cooperation implies respect for the persons engaged in the interaction. Mother shows respect for child by asking for cooperation rather than demanding it. The child communicates with mother by using
After the parent or child has completed his statement, the counselor asks, "How do you feel when . . . (incident) happens?"

The counselor asks the mother, "Do you think your child listened to what you said?"

For example, if the parent is wanting the child to pick up the toys which were left in the living room, the counselor would ask the mother, "How do you feel when your child does not put her/his toys away?" The parent may reply, "I feel angry." The counselor asks the mother to tell the child how she feels in this specific manner, "I feel angry when you don't pick up your toys and put them away when I ask you to do so."

The rationale behind this question lies in the belief that the problem belongs to the person who experienced it and that showing empathy and respect can help in resolving the issue.
said?" Following the mother's reply, the counselor suggests that we "check with the child to see if she/he listened." The counselor asks the child, "How does your mother feel when this happens?" When child listens to mother's feelings, the counselor gives him/her credit by saying, "It seems as though you have a child who listens to your feelings." After the child replies, the counselor asks, "Whose problem is this?"

The counselor would state, "Your child now knows how you feel. When he/she continues doing the same behavior which you have said upsets you, what is more important to your child, the actions he/she continues to do or your feelings?" After the mother responds, the counselor says, "The continued actions seem to mean that the child cares more has the feeling regarding it. Mothers may have different feelings regarding the same type of actions. For example, some mothers may not be particularly bothered by toys not put away, while another mother may be enraged by that same action of her child. Changing actions of another person is impossible while changing one's own feelings and actions regarding the event is always possible to do. If a person's feelings are to be changed, the change must come through the efforts of the person, herself/himself. The emphasis here is on being responsible for one's feelings and changing one's own actions in order to feel better. In other words, mothers need to do the job which they can do, and let the child do his/her job.

The mother then focuses on changes which are within her power to make, rather than focusing on how to change her child. The counselor and mother explore the options for changes that are possible or those she would like to make. The rationale is to develop self-responsibility particularly in the arena of feelings and actions. Again, when one focuses on changing one's own feelings, anything is possible. When
about continuing the behavior than about how you feel." The counselor then adds, "Since your child doesn't seem to care about your feelings, who will have to care about your feelings and make some changes so you can feel better?" The apparent answer seems to be that the mother will have to do it herself. The counselor will then ask the mother, "Do you want to continue feeling . . . (whatever the mother feels)?" If the answer is "no," the counselor continues, "What is one thing you could change so that you would feel better in the future?"

The counselor asks the child, "How would you feel about . . . (whatever mother decides she is going to do)?"

one focuses on changing another's behavior, one's hands are tied. The mother decides on the change she will make, e.g., she will pick up all toys left in the living room at a given point in time and put them in the Saturday box, from which the child may purchase them using his/her own allowance on Saturday.

"Unpurchased items" may be given to a local charity organization.

When the child is angry or upset with the anticipated action of the parent, the counselor asks the child to express to his/her mother how he/she feels, using an "I" statement, e.g., "I feel angry when you would put my toys away in a box and charge me to get them back on Saturday."

(The "Saturday box" is an idea to teach children responsibility using Dreikursian principles.) Since the
The counselor asks the child, "What is one thing you'd like your mother to change that would make things better for you at home?"

The counselor then asks the child, "Tell your mother how you feel when she ___ (does the particular action)." The second question is, "Do you like the feeling you have?" If the child says "no", the counselor asks, "What is one thing you might change about you so you would feel better?"

Child, not the parent, is now the one with the feelings (angry feelings in this case), it is the child's problem to solve, the child's decision regarding actions she/he can take. Changing the mother's actions is NOT one of the child's choices.

Following the solving of the parent's original concern, the child expresses a concern or request for change from his/her mother. The child will be asked how she/he feels when the mother does what it is she does. For example, if the child wants the parent to not yell at him/her, the counselor asks if the mother would like an example of a time when she yelled. The mother asks the child for an example so that everyone knows the same information.

The focus is on being responsible for self and taking some action to feel better, not in changing another person. Regarding the yelling example, the child might ask the mother to tell him/her when she is angry instead of yelling. Counselor may help to explore options for change with mother or child.
After the concerns have been fully explored and both mother and child have asked each other, "Will you work on/cooperate with . . . (the request)? the responses given, the counselor asks mother and child to work on their concerns and return in a week to "see how it is going."

Several incidents may arise during the mother/child meetings. At times during the meetings, a question may be asked of the child or a response sought and the child doesn't answer or is hesitant in responding. This resistant action may have two meanings. Silence may be used to manipulate. When it becomes apparent that the pause in answering is manipulative on the child's part, it is important to focus one's attention away from the child "to give the child time to think." If eyes focus on the child, it draws attention to the manipulative behavior and also makes it more difficult for the child to choose to answer. The counselor might break the chain of manipulation by nonchalantly looking away (brushing lint, cleaning eye glasses, etc.) or by talking to the mother about a different subject entirely ("nice weather we're having" or "how's your job?"). The counselor may also inquire about whether this action of the child's ever happens at home. These actions of the counselor give the child space to answer without undue attention.

The child may not answer for fear of making mistakes, or not pleasing the mother. When the child doesn't answer because of a genuine fear that it isn't all right to tell the mother of concerns and feelings he/she has, the counselor may inquire about what, if anything, makes it difficult for the child to answer. With no answer, the counselor might ask if the child is "scared to answer." If the answer to that question is positive, the counselor might ask to guess what is the worst thing that might happen if the child answers and inquire whether the child will tell her if her guess is
right or wrong. The counselor might guess, "Is the worst thing that might happen, if you answered the question, that someone (your mother) might get mad at you?" or "is the worst thing that might happen, if you answered, that your mother would be hurt by what you say?" or "is the worst thing that might happen, if you answered, that your parent wouldn't listen?" or "is the worst thing, you might make a mistake and not please your mother?" These four concerns seem to be what children fear in their reluctance to give their opinion. The counselor might also explore what the best thing would be that would happen if the child decided to answer the question. The response which the child makes will tell more about the interactions between mother and child. The counselor can facilitate any blocks in the communication process by asking the mother if she will listen to the child's opinion/feelings, as long as the child speaks in a polite manner. Mothers generally respond in a positive manner.

Another incident which often occurs during meetings is interruptions. The child interrupts the parent (at times the parent does the same). When the child interrupts, the counselor might ask the mother if she noticed it had happened. When she is aware of the interruption, the counselor asks how she feels about the child's interrupting. When she is bothered by the action, she is asked to tell the child her feelings. She may say, "I feel angry when you interrupt." The counselor checks to see if the child listened. After the child responds, saying how the mother feels, the counselor asks what the mother would like to do so she'll feel better. "Do you want to pay attention to the child's interrupting or pay attention when your son/daughter waits until you have finished with your sentence?" If she wants the latter, the counselor suggests that the mother keeps her eyes on the person she is speaking to or listening to until she is finished, then
turns to her son/daughter and listens to him/her 100%, not letting others interrupt while she is focusing her attention on her child.

If the child doesn't like it when the mother doesn't listen to him/her, counselor might ask the child to express his/her feelings about it and decide what he/she will do to feel better. For example, if the child wants the mother to listen, he/she might wait until the mother finishes. It is important for the child to ask what the mother thinks about his/her idea (of waiting) so the child can get the credit (not the counselor).

The second meeting is scheduled to take place one week after the first meeting. The discussion at this meeting focuses on the events and feelings of the mother and child during the previous week. Both mother and child have an opportunity to discuss their successes and their goofs. The counselor will facilitate the discussion and expression of the feelings of both mother and child.

A second focus at this meeting is on the child's contribution to the family's welfare. The rationale behind this focus is that children feel important/valuable in the family when they contribute to the family's welfare (Dreikurs, 1964). The counselor may offer ideas to assist mothers in helping child and self be more responsible. Handouts (Appendix E) given at this time include a list of chores which children of six and seven are capable of doing to assist the family, and a handout explaining an example of a chore chart which might be used to organize the carrying out of the home tasks.

Helping with chores develops responsibility and helps children know they are capable as they learn to take care of themselves. Another handout given at the second meeting is information regarding allowance. Having some money at the child's disposal assists the child in gaining a sense of
independence and encourages decision-making skills. A final handout is one which addresses the communication process. The sheet includes specific communication techniques for encouraging the development of responsibility.

The support of the counselor during the two meetings allows mothers and children to gain skills in communicating and to develop understanding of the meaning of assuming greater responsibility for self. With increased skills and a willingness to use them, children and mothers can feel better about self. Thus, the seeds for change are planted. The degree to which they take root will depend, for the most part, on the soil on which they fall.
Suggested Home Responsibilities for 6- and 7-year-olds

The following suggested chores, which are appropriate for 6- and 7-year-old children, may assist children in learning to be responsible and to care for self:

1. Have own alarm clock to set and wake up self in the morning
2. Choose clothes to wear and dress self
3. Make own bed
4. Clean own bedroom
5. Put own toys/things away
6. Put clean clothes in drawer
7. Care for and feed own pet
8. Clean up own spills/messes
9. Prepare own after-school snack
10. Make own sandwich for lunch or cereal for breakfast
11. Pour own beverage
12. Make phone call to arrange for playmates
13. Brush teeth, comb hair
14. Serve self at table and pass serving dish
15. Buckle own seat belt in car

The following are suggested chores which can be done by 6- and 7-year-olds which contribute to the welfare of the family and which help children know that they are important, contributing members of their family:

1. Set table for meals
2. Clear table
3. Wash dishes, dry dishes and/or empty dishwasher
4. Take turns helping with meal preparation
5. Make simple meals for family (a favorite of some children might be macaroni and cheese or pizza)
6. Clean bathroom--scrub toilet, sink, bathtub
7. Help with laundry--fold clothes and towels, sort socks
8. Take out garbage
9. Yardwork--pull weeds, rake leaves, water flowers
10. Mop/sweep floors
11. Vacuum rugs
12. Dust furniture
13. Shake small rugs
14. Prepare items, such as cans and newspapers, for recycling
15. Help with grocery shopping
16. Answer telephone and take simple messages
An Example of an On-Going, Weekly Chore Chart

The following chore chart can be drafted and used for an indefinite period of time, as opposed to a weekly change of chores. To begin the chore chart it is helpful to determine, with your child's input, the jobs that need to be done in the family and list those jobs on the left-hand column of the chart. Across the top of the chart are the days of the week. Each child in the family, along with the parents, "sign up" for chores which they are willing to do on the appointed day/time. (A suggestion--it might be better to begin the chart with only a few chores to be done on a weekly basis in order to determine how the system works for you and your family.)

Parents may sign up for fewer jobs than children because parents generally have other responsibilities which contribute to the welfare of the family. By signing up for 2 or 3 slots on the chore chart, the parents demonstrate their willingness to contribute to the family welfare by taking a turn with daily chores.

There may be younger children in the family who do not read. In that case "pictures" of jobs could be substituted for words in the left-hand column. Since older children can handle more responsibilities (chores), they might sign up for more turns on chart; younger children may take fewer turns.

Have fun working together!

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set table</td>
<td>Mary</td>
<td>Mom</td>
<td>Jim</td>
<td>Dad</td>
<td>Jim</td>
<td>Mary</td>
<td>Jim</td>
</tr>
<tr>
<td>Clear table</td>
<td>Dad</td>
<td>Jim</td>
<td>Mary</td>
<td>Mary</td>
<td>Jim</td>
<td>Mom</td>
<td>Jim</td>
</tr>
<tr>
<td>Take out garbage (or a picture)</td>
<td>Jim</td>
<td>Mary</td>
<td>Jim</td>
<td>Mary</td>
<td>Mary</td>
<td>Jim</td>
<td>Mary</td>
</tr>
</tbody>
</table>
Allowance

Six- and seven-year-old children can benefit from receiving a small amount of money each week which they can spend as they choose. This experience helps them begin to learn money management. The amount of the allowance can be determined through a discussion with the child to determine expenses for which the child her-/him-self will be responsible. For example, if the child likes special treats when going shopping with mother, the child may need an amount which would allow her/him to purchase the treat, and from that point on, not expect mother to buy it for her/him. (When the child might ask for a pack of gum. Mother could reply, "Do you have your money to buy it?" If the answer is "no", a mother might suggest s/he bring her/his money to the store next time in order to make the purchase.) On occasions when the child forgets her/his money, the mother might loan her/him the amount, as long as the child repays the money upon returning home.

Some parents give their child an allowance of ten cents for each year that the child is old. (For example, a 7-year-old would receive 70 cents a week). Another suggested amount might be one dollar per week.
Developing Responsible Communication Skills

In the daily experiences of life you are, no doubt, aware of times when your child is upset about situations she/he experiences. If you would like your child develop greater skill in solving concerns for her/himself (rather than relying on others for the answer), you might consider the following process to assist your child in improving her/his communication skills and in developing greater responsibility for self.

When you are aware that your child has an upset feeling/concern, begin by asking, "How do you feel when ________ happened?" (For example, "How did you feel when I said you weren't ready to watch t.v. until your room is cleaned?" or "How did you feel when your friend wouldn't play with you today?")

She/he may respond by saying she/he feels sad or angry. Listen for the feeling word, i.e., sad, angry, upset, unhappy, left-out, scared, and ask, "Do you like that feeling?"

The usual response is "no." With that response, ask, "What is one thing you might do so that you will feel better?" Notice the emphasis is on what the child can do to feel better, which is always possible, and not on changing another person's actions, which is never possible.

In some cases your child might say she/he likes feeling sad or angry or may refuse to come up with an idea of way she/he could change to feel better. In this case, you might want to end the discussion because you can't help someone who is not ready to help her-/himself. You could let your child know that you will be glad to hear her/his idea to solve the problem/concern when she/he comes up with one.

When your child comes up with an idea, she/he is likely to follow through with her/his own answer. Inner strength is built when a child discovers she/he is a capable person, who is able to solve her/his concerns and to be responsible for self.
APPENDIX F

Cover Letter With Posttest Instructions to Mothers for Completing APACBS

Posttest Instructions to Teachers for Completing Walker-McConnell Scale
Dear Mother of Participant in the Program to Develop Responsibility,

We would appreciate your cooperation once again in completing the enclosed scale. Please respond to the statements according to the way you have experienced your child's behavior during approximately the past three weeks time only, and mark the scale accordingly. Again, we ask that you not place your name or your child's name on the form, in order to protect confidentiality. The number on the form will be used for research purposes only.

It would be most helpful if you could complete the scale immediately and return it in the enclosed, stamped envelope by _______________.

If you have questions, you may contact me at 757-5783 on Monday, Wednesday or Thursday. Again, all information you provide will be strictly confidential.

Thank you for your cooperation with this part of the program. We believe that the information gained will be helpful in our efforts to better support all children in their ability to develop greater responsibility.

With sincere appreciation,

Redacted for Privacy

Monne Smith

Enclosure
The following instructions for completing the Walker-McConnell Scale of Social Competence and School Adjustment posttest were placed on the outside of a large manila folder given to the first-grade teachers participating in the study. The scales for each experimental-group member and his/her yoked control-group member were given to the teachers approximately two weeks after the experimental-group member and his/her mother had completed the MCCT. The envelopes contained a posttest for each child. On each form was the date it was to be completed by the teacher. During the posttesting period the teachers were given packets once a week for three weeks.

_____________________(teacher's name).

Enclosed in the envelope are the Walker-McConnell Scales for students in your classroom. On the form beside your name is a date. It would be helpful if each form could be completed as close to that date as possible. Please include the date on which you completed the scale on the appropriate place on the form.

Consider each student's behavior as you have observed it during approximately the past three weeks only, and mark the scale accordingly. Place the completed forms in this envelope and return the packet to my box.

Thank you for your cooperation. I truly appreciate it.

Monne
APPENDIX G

Cover Letter and Mother's Evaluation Form
Mother's Evaluation Form
Verbatim Responses on Mothers' Evaluation
Teacher's Evaluation Form
Verbatim Response on Teachers' Evaluation
Principal's Evaluation
Dear Mother of Participant in the Program to Develop Responsibility,

Thank you so very much for participating in the program with your child. It is important to have your reaction to the experience. Please complete the evaluation form and return it as soon as possible in the enclosed envelope.

It is important to have a complete evaluation from each participant. The number in the corner of the form will be used as a means of tracking returns and eliminating the need to bother you with a second evaluation form, when it is unnecessary to do so.

Your cooperation and that of your child has been most helpful in our effort to gather information regarding ways to more effectively assist children in developing responsible behavior and in improving communication skills. Again, thank you for your assistance. I hope the experience has been useful.

Please call me if you have further questions or if I can be of assistance to your child or to you. I am available on Monday, Wednesday, and Thursday at 757-5783.

Most sincerely,

Monne Smith

Enclosure
Evaluation of the Program to Develop Responsibility with First-Grade Children

Please respond to each item by circling the number which best indicates your opinion regarding the communication and responsibility-building experience (two meetings) with your child.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Very much/Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent, if at all, did you gain some new information/skills to use in working with your child through participating in the training experience?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How often, if at all, have the following situations improved with your child—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---your child's expressing his/her feelings in an acceptable manner?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>---your listening to your child's feelings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>---your sharing your own feelings with your child using &quot;I&quot; statements?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>---your child's listening to you when you make requests/express feelings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>---your child's waiting a turn to speak without interrupting?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>---your child's assuming greater responsibility and care for self?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>---your needing to overly remind your child of his/her chore duties/responsibilities?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How much, if any, do you feel this experience has helped your child assume greater responsibility for her/his actions and feelings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How much, if any, has communication between your child and you improved since participating in the meetings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How helpful, if at all, were the following handouts, which were given to you and your child at the second meeting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home responsibilities for 6-7-year olds?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Example of On-going Chore Chart</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Allowance</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>Responsible Communication Skills</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>
How helpful, if at all, was the overall training experience for you, as a mother?  
1 2 3 4 5 6

How helpful, if at all, do you believe the training experience was for your child?  
1 2 3 4 5 6

Please respond to the following questions.

What, if anything, did you find most helpful about the communication/responsibility building experience with your child?

What changes, if any, would you suggest to improve the training experience (mother/child meetings)?

Do you believe it would be helpful for you to meet with your child and the counselor again in the future as new challenges arise?

Do you believe it would be of benefit for your child and his/her father to have an opportunity to participate in this type of experience to develop responsibility and improve communication?

Other comments?  
(You may use back of this page)
Summary of Evaluation of Program to Develop Responsibility
with First-Grade Children
(mothers' form)

What, if anything did you find helpful about the meetings with your child to
develop responsibility and communication skills?

*M1 The meetings helped ____ to realize that other people besides Mom and Dad will come into his life. ____ has very warm feelings toward you Mrs Smith, he really likes you.

M2 I learned effective ways to communicate.

M3 ____'s becoming able to see problems as hers or others' responsibility--identifying who problems belong to. Also--using her "6-year-old voice," speaking up for herself, being "bigger than her scared feelings!" We're still using her calendar to record ____ for carrying out responsibilities--it even generalized to her brother (11 years old) who needed this as much or more than she did.

M4 It somewhat removed me as the authority figure and allowed ____ and I to talk with each other as equals. We started the development of mutual respect.

M5 She spoke more freely--and mostly it helped to have the uninterrupted time focused on communication.

M6 Review of communication skills, I have used with others, but not with child. Watch my child in stressful situation.

M7 the feelings expression. . . . scared feelings for ____ ---a way to address the issue when she is so afraid that she won't talk

M8 listening to each other and hearing solutions to what I thought were unresolvable conflicts

M9 I found out that family/sibling problems my child is having are very serious and important to him. I did not realize they were bothering him so much. In fact, they seemed very minor/small to me--but indeed they are very important to him.

M10 That there are other and better ways to communicate with my child, and that he can be responsible.

* M indicates a specific mother's verbatim response
M11 1. learning to take turns for each to fully express feelings
2. learning to identify what problem(s). were whose
3. learning to restate & clarify my child's feelings and visa versa

M12 Listen to mother's feelings more. She needed to know that I need to get things across to her also and she should pay attention and listen. Also for her to think on her own

M13 It was helpful learning that we could find out each others feeling by asking just a few questions. I think we are both more attentive to one another and act without reacting.

M14 I think it was apparent in the discussions at school that my daughter realized that she was responsible for some things, and that she couldn't always blame it on someone else.

M15 Discussing feelings and who owns the problem

M16 Learned more effective and positive ways to voice anger over behavior and responsibilities

M17 I was surprised that my child could express feelings that well.

M18 Having the third person as a trained, competent counselor was extremely valuable for me and my child to attempt this improvement in our communication and in helping him/her in developing the sense of responsibility for himself. The information may not have been 'new' to me professionally, but implementing in my personal life with my own child.

M19 Identifying how to work out conflicts

M20 to keep lines of communication open "Mom this is how I feel when.." I liked how you asked "Let's see if_____ was listening." So often we don't really listen but say "yes/no" etc.

M21 Made me aware that my child is old enough to do more for himself. That I was holding him back. He is proud of his accomplishments and so are we. He does pout as hard but not as long as he use to when things don't go him way.

M22 The one on one time with my child, who could see I cared about him and was interested in how he felt.

M23 Time set aside for ____ to think about his needs.

M24 I found it interesting to see that procedures are already in use in our home. It just confirmed that we're doing a good job with our children.
M25 Realizing the control issue. I can't control my son. He needs to modify his behavior according to the consequences that occur as a result of his actions. I liked learning that I'm actually trying too hard & it's ok for me to back off a little & let go.

M26 The opportunity for one on one communication.

What changes, if any, would you suggest to improve the training experience (mother/child meetings)?

M 11,12,14,19 --(blank)

M1 One more visit, this training really helped us with ____ waiting his turn to speak! this was new information & very helpful at home for the whole family! Thank you.

M2 I don't know of any changes I would suggest.

M3 They were great!

M4 You really need a longer time period between the first and second meeting. One week, for working mothers, is inadequate to implement new ideas and skills.

M5 More of them!

M6 try not to remove from class time --possible lunch or break or after school

M7 nothing other than another meeting of just Monne and Mom

M8 can't think of a thing

M9 Probably more sessions would help. It seemed we just got started and then it was over.

M10 A follow-up meeting, say a month later, to help keep us on track. I tend to go back to my old ways.

M13 Maybe to have an idea about format, I didn't realize how much interaction you had with the children. Just learn more about you style.

M15 More meetings

M16 none
M17 none

M18 I can't think of any--I was impressed with M. Smith's skills.

M20 have one for sons (a kindergartener) and moms

M21 Can't think of any

M22 Activities to occupy child so counselor and moms could talk more without kids getting to restless

M23 I would have preferred knowing about the chore charts and allowance idea beforehand. I felt my choice of whether to use them or not confrontive since they were presented to both my child & myself at the same time.

M24 Maybe have small groups. It is easier for the kids to criticize their moms if they hear other children do so.

M25 I would love more meetings!

M26 None

Do you believe it would be helpful for you to meet with you child and the counselor in the future as new challenges arise?

M 1, 3, 4, 10, 14, 15, 16, 17, 18, 19, 21--Yes

M2 If there were some sort of problem, I believe the counselor would be helpful.

M5 Yes—it always helps to have a 3rd uninvolved person to "guide" the conversation.

M6 If needed

M7 people can always use assistance in parenting

M8 Sure!

M9 Absolutely. Monne is very helpful. She is able to make the child comfortable and she gives excellent advise to the mom.

M11 Yes, I would like to meet again with Monne—perhaps before the end of the year as I implement these ideas & see how they are working on a daily basis.

M12 If the problem is out of control
Sure. It's nice to have an objective viewpoint and children trust you.

Yes--it was enjoyable

Possibly. Counselor seems to work well with my child who responds well to her requests & questions.

Sure

Not necessary

Yes- I felt it was very helpful to work on specific problems together with a counselor & would love to know it is available as "challenges" arise.

Possibly

Do you believe it would be of benefit for your child and his/her father to have an opportunity to participate in this type of experience to develop responsibility and improve communication?

Yes, 9, 10, 15, 17, 19, 21, 22, 23--Yes

No

Yes--can we set them up??!

Yes, very much so!

Yes-very much so-especially to improve communication.

I doubt he would come

absolutely!

most definitely

Yes, that training/experience would be especially useful as our child has a closer relationship developing with Dad.

She listens to her father and obeys better. I don't think it would benefit them.

I think it would be good for fathers to sit one on one with their child.

Possibly.

Yes, very much so.
M18 Yes, yes, yes

M20 (stepfather) I believe so

M24 definitely!

M25 Most definitely!

M26 Probably

Other comments?

M 2, 6, 8, 9, 10, 12, 14, 17, 19, 20, 21, 22--(blank)

M1 _____ already has used this for expressing his feelings a few weeks ago.

M3 I've told people you are a miracle worker, Monne. THANKS!

M4 I really enjoyed working/meeting with Ms. Smith. Both of my children really look up to her. Thank you for this experience.

M5 We both enjoyed the experience!

M7 I would like to see the small groups of children meeting with the counselor on an ongoing basis... working on communication: and then follow-up groups for parents.

M11 I was just beginning a letter to you, Monne, to let you know how much I appreciate your efforts in the counseling sessions. I just really have seen such a positive impact this has had on our whole family--& it has come at a much needed time in our family's life. Thank you so much.

M13 I believe you do a very good job. All the children seem to enjoy and trust you and that's the biggest hurdle to climb! Keep up the good work.

M15 I felt that the counselor communicates well with students and that she enjoys them.

M16 All in all, a fun experience!

M18 Thank You! Thank You!! It may have been the good fortune for us that the timing for this project was perfect in our lives.
M23 I really like how well Mrs. Smith has gotten to know each child, and they know they can turn to her and feel comfortable getting her help. You are so much appreciated!

M24 We enjoyed participating.

M25 when? (arrow drawn to previous response regarding father coming with child)

M26 Thank you.
Evaluation of Program to Develop Responsibility with First-Grade Children (teacher's form)

Please circle the number which best describes from experience of the training program from a teacher's point of view. The number "1" indicates "not at all"; the number "6" indicates "very much", with the numbers in between indicating a place in between the two points.

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>How inconvenient, if at all, was the participant's leaving the classroom to attend the group meetings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How inconvenient, if at all, was the participants leaving the classroom to attend the mother-child meetings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How informed, if at all, did the counselor keep you regarding the scheduling of the meetings small group meetings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>mother-child meetings?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How burdensome, if at all, was the task to complete the Walker-McConnell Scales the first scale?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>the second scale?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>How helpful, if at all, do you believe the training was for your students who participated in the series of meetings recently completed?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>
Please complete the following questions:

What, if anything, did you find helpful to your students who participated in the recently completed training, from a teacher's point of view?

How, if at all, might you suggest that the training procedure be improved?

From what you know of the training procedure, would you recommend that your students and parents have further contact with the counselor in the future?

Other comments?
Summary of Evaluation of Program to Develop Responsibility with First-Grade Children (teachers' form)

What, if anything, did you find helpful to your students who participated in the recently completed training, from a teacher's point of view?

*T1 It is very difficult to tell if there was a carry over. The children are problem solving better but if it is this time of the year or the result of the training, I honestly don't know.

T2 I feel a definite benefit was experienced from the mother-child meetings--I believe it made the child feel a better self-worth--that he/she was being listened to--the same for counselor/child conferences.

T3 The children appear to feel they have more control over their lives, particularly problems that inevitably come up during the school day.

How, if at all, might you suggest that the training procedure be improved?

T1 1) Ideally, if all children could be involved. I know parent permission is needed but those who had no permission were those who needed it most (2 children). 2) Longer term with parents. This may be the only parent training they get. If they are open to it, I believe we should take advantage of that opportunity.

T2 I feel it went very smoothly with the least interruption possible.

T3 I'm wondering if there should be more follow-up--(not sure, yet)

From what you know of the training procedure, would you recommend that your students and parents have further contact with the counselor in the future to explore concerns as they arise?

T1 Yes, it sounded to me that the parent-child meetings were "informative" and that in order for there to be success more than one training session would be needed.

T2 Yes--for some, the need may be greater for continued contact.

T3 I have a feeling there should be further contact with the counselor, especially for those children/mothers that are insecure or need more support.

* T indicates specific teacher's verbatim response.
Other comments?

T1 I did not find this to be inconvenient at all. Somehow for me, as a classroom teacher, I hope there will be some feedback.

T2, 3(blank)
Principal's Evaluation of Mother-Child Communication Training Experience

I cannot respond to most of these questions with any certainty. From what I did observe teachers were glad to have the children and parents involved with the counselor. I was kept informed of the events in the program before they took place. A real effort was made to make everyone comfortable with what was happening and to disrupt classrooms as little as possible. From what I have observed, I believe both parent and child nearly always found the counselor contacts helpful.