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THE USE OF BRIEF FAMILY COUNSELING WITH MIDDLE SCHOOL STUDENTS EXPERIENCING DISCIPLINE PROBLEMS

by

Kenneth W. Simington

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Approved by

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The purpose of this study was to investigate the use of brief family counseling with middle school students experiencing discipline problems. Participants were 29 middle school students and their families. The study consisted of two experimental treatment groups and a control group. The Behavior Rating Profile-2 was administered pre-and post-treatment.

The results are summarized below:

1. Brief family counseling participants had significantly fewer suspensions than the brief individual and comparison treatment groups.
2. Brief family counseling participants had significantly fewer discipline referrrals than the brief individual and comparison treatment groups.
3. No differences were found between the pre-and post-treatment behavior ratings of students by parents in the brief family counseling group.
4. The control group received higher post-treatment behavior ratings by teachers than the brief family and individual counseling treatment groups.
5. No differences were found between the brief individual and family counseling groups on ratings of behavior by student participants.

Overall, brief family counseling was found to be an effective intervention with students experiencing discipline problems. This school counselor intervention holds promise for working with students experiencing discipline problems.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of The Graduate School at the The University of North Carolina at Greensboro.

Dissertation Advisor William W. Purkey

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TABLE OF CONTENTS

Page

APPROVAL PAGE ii

ACKNOWLEDGEMENTS iii

LIST OF TABLES. vi

CHAPTER

I. INTRODUCTION 1

Statement of the Problem. 6
Purpose of the Study 8
Need for the Study. 9
Significance of the Study 10
Research Questions. 10
Definition of Terms 11
Organization of the Study 12
Summary 12

II. REVIEW OF THE LITERATURE 14

Middle Schools 14
Middle School Students. 16
Middle School Discipline Problems. 18
General Systems Theory. 20
Family Systems Theory 24
Family Counseling. 27
Brief Counseling 33
Solution-Focused Brief Counseling 38
Single-Session Brief Counseling. 43
School Counselors and Family Counseling 48
Summary. 51

III. METHODOLOGY. 53
Outline of the Study 53
Hypotheses 54
Participants 54

Instrumentation 58
Procedures 61
Data Analysis 64
Limitations of the Study 65
Pilot Study 67
Summary 67

IV. RESULTS 69
Research Question One 69
Research Question Two 72
Research Question Three 75
Research Question Four 77
Research Question Five 80
Additional Analysis 82
Summary 83

V. DISCUSSION AND CONCLUSIONS 85
Major Findings of Study 85
Discussion of Results 86
Recommendations for Further Study 93
Implications 95
Conclusions 98
Summary 101

REFERENCES 103

APPENDIX A Informed Consent Form 117

APPENDIX B Administrator's Script for Project Referral 118

APPENDIX C RandomTreatment Assignment Procedure 119

APPENDIX D Brief Individual Counseling Protocol 120

APPENDIX E Personal Information Sheet 123

APPENDIX F Brief Family Counseling Protocol 124

APPENDIX G Counselor Survey 127

APPENDIX H Counselor Training 132

LIST OF TABLES

Table Page

1. School Suspensions 70

2. Pre-treatment and Post-treatment School Suspensions 71

3. ANCOVA Summary Table for Post-treatment School Suspensions 72

4. Discipline Referrals 73

5. Pre-treatment and Post-treatment Discipline Referrals. 74

6. ANCOVA Summary Table for Post-treatment Discipline Referrals 75

7. BRP-2 Parent Rating Scale (PRS) Means and Standard Deviations 76

8. BRP-2 Parent Rating Scale Standard Scores 77

9. BRP-2 Teacher Rating Scale (TRS) Means and Standard Deviations 78

10. BRP-2 Teacher Rating Scale Standard Scores 79

11. ANOVA Summary Table for BRP-2 Teacher Rating Scale. 80

12. BRP-2 Student Rating Scale (SRS) Means and Standard Deviations 81

13. BRP-2 Student Rating Scale Standard Scores 82

CHAPTER I

INTRODUCTION

Schools and school personnel are often faced with decisions on how to deal with students who are experiencing problems in school. A multiplicity of factors and circumstances affect each student's situation. Problems can be placed into three broad categories: 1) issues related to community, 2) issues related to home and family, and 3) issues related to school circumstances. As society has transformed radically over the past few decades, communities in which families live and where students attend school have also been affected. For example, as society and community values have changed, so has the incidence of adolescent participation in sexual activity and drug usage. The communities of today are no longer isolated and subject to local values and mores only, they are constantly bombarded by mediums which influence its citizenry. Home and family issues are influenced greatly by the family's evolution. The home of today's student more often resembles a temporary stopping place rather than the safe haven it used to represent. Increases in divorce, single-parent families, step-families, and two working parent families have led to new dynamics in the family (Blankenhorn, 1990). The family of the 1990s is typically very different from the family of the 1950s. School issues include the lack of academic success and behavior or discipline problems. Public education is under close scrutiny as reform and restructuring occur to address academic concerns. In addition, discipline problems continue to be one of the more important issues for school personnel and parents. This study focused on brief family counseling with middle school students experiencing discipline problems.

Community Issues

Communities in the 1990s are a very different place for adolescents' from just a generation ago. Close knit, stable, and primarily two parent families have given way to highly mobile and transient communities. Esman (1990) wrote that what happens in society and culture affect adolescent development. Consequently, adolescents not only live during a developmental period of great flux. In addition, they also live in communities experiencing the same phenomenon.

Dryfoos (1990) discussed the "big four" adolescent problems: sex, drugs, depression, and violence. As societal mores have changed, a corresponding increase in sexual activity and drug usage has been noted. Hamburg (1993) indicated that during the early adolescent years, patterns of behavior that have lifelong implications for educational performance and health status are developed. Communities continue to seek solutions to these ongoing concerns.

Violence in society is an issue of paramount importance. The political debate over how to deal with criminals is constantly in the news. The social debate over whether to educate or incarcerate continues. Parents are increasingly concerned about the safety of their children whether in the community or in school. Solutions to this problem are complex and multifaceted.

Home and Family Issues

Popenoe (1990) found that the major social trends affecting families were shifting the traditional view of the family into a institution whose identity has changed drastically as its functions have changed. An increase in married working mothers, single parent families, the sexual revolution and a decline in fertility have led to what Popenoe described as a decline in the family. Never before have there been so many working mothers (outside the home) in American society (Popenoe, 1990). The need for an increased number of working mothers has been fueled in part by the increased economic needs of families. The number of working mothers also is largely impacted by the need of single parent mothers who must provide for their children.

Traditionally, the family has been the primary institution for childrearing (as well as the most influential). However, as the family changes, other institutions have begun to exert more influence on children and adolescents. Family decline, as defined by Popenoe, is related to the decreasing impact of the institution of the family on its individual members.

In addition to other factors, the family also has been affected by an increasing divorce rate. Bernard (1984) noted that the rise of divorce in American society has impacted the behavior of students in schools tremendously. No less than a generation ago, most children could expect to grow up in a household shared by two parents. Children in today's families are more likely than not to come face to face with the realities of divorce as the divorce rate has quadrupled in the past 25 years (Popenoe, 1990). The emotional toll on children whose parents have divorced varies widely. With the meteoric rise of divorce, many authors have studied the effects of divorce on children (Forehand, Armistead, & Klein, 1995; Forehand, Long, & Brody, 1988; Forgatch, Patterson, & Skinner, 1988;

Wallerstein, 1989). In the most extreme cases, children of divorce exhibit a multitude of problems which can be linked to divorce in the family. Children of divorce may begin to display behaviors that were not present prior to their parents' divorce. These behaviors present themselves in different settings and contexts, dramatically altering the affected child's family, school, and life situation.

School Issues

Duke (1978) reported that truancy was cited by school administrators as the most pressing discipline problem. At one level, if students are not in school they cannot learn the content of the school curriculum. Many students who are truant represent a group who feel alienated and are merely passing through the system called school. For them, school offers little or no incentive towards any internal or external rewards. These students, though legally required to attend school, have already dropped out psychologically. On another level, students who are truant represent troubled youth whose lives are complicated by individual, family, and community pressures (Garman, 1989). Participation in school is not seen as advantageous by this group as they fail to grasp the concept that life success can be greatly influenced by school success. Burdened by the pressures that surround them, these youth consciously or unconsciously seek to eliminate one more burdensome activity.

Duke (1978) noted that truancy begins to escalate during the middle or junior high school years. The middle or junior high school years are marked by the teen-age years or adolescence. The emerging adolescent is faced with rapid physical, emotional, and social growth. Rarely does a youth goes through this period unscathed. Faced with growing needs to be accepted by peers and belonging to a group, many adolescents find themselves engaged in activities such as truancy. It is vital that school personnel clearly understand students' reasons for truant behavior.

Physical aggression and violence on school campuses continues to escalate. The National School Safety Center found that one in seven students is affected by bullying, one in twelve students has stayed home from school out of fear of being attacked going to or from school, and one in eleven students has reported being a victim of crime at school (Malesich, 1994). These numbers suggest that schools and school personnel should identify staff members and resources to address these issues.

Safer (1986) found that nonpromotion in junior high school is directly related to suspensions and absenteeism. Suspension, which is a cornerstone of many school discipline policies, may actually be more negative than positive in shaping acting out behavior. Pinnell (1985) wrote that suspensions, 1) remove the student from the place where s/he needs to be taught, 2) may put the student behind irreparably in school work, 3) are often disproportionately applied to minority groups, and 4) teach students a sense of helplessness and builds anger. These findings suggest that suspension may create additional problems along with the problems it is intended to solve.

The need to carefully articulate its philosophy about discipline and suspension is critical for school. Smith and Rivera (1993) noted that effective discipline espouses attitudes that lead to the creation of a positive learning environment. Positive learning environments contribute to the academic achievement and self-concept of students. Effective discipline recognizes that punitive measures must be in place to handle student misbehavior. However, these authors believe that an effective discipline policy should focus on prevention. With a focus on prevention and appropriate consequences for rule violations, schools can create safe, creative, and inviting learning environments.

When it becomes obvious to administrators and teachers that some students experience great difficulty with adhering to established guidelines, the assistance of the school counselor is often requested to ascertain what personal and social problems are interfering with the student having a successful school experience. Often, unless significant changes occur in the student's behavior, long term suspension is inevitable.

Statement of the Problem

Intervening with acting-out students is a standard function and practice of school counselors (Amatea, 1988; Golden, 1983; Shields & Green, 1996; Williams, Robison, & Smaby, 1988). The charge of the school counselor is to enter into a counseling relationship with the student and identify those factors blocking a successful school experience. The counselor usually seeks to accomplish this task through individual or group counseling. While this approach can be helpful in assisting the student with the identified problem, it is oftentimes an incomplete strategy. To more completely and more accurately assess and intervene in this situation, it is imperative that the school counselor consider the range of individuals and situations that impact the student's behavior. To that end, the counselor explores with the student those relationships in and out of school that influence individual behavior. Until information relative to the problem is known and understood in the context of the student's entire existence, the counselor's view of the problem remains incomplete. Ultimately, the school counselor may conclude that the student's family may be helpful in the counseling process.

School counselors intervening with students experiencing discipline problems generally have access to student records and individuals (e.g., teachers) in the school setting who are familiar with the student. The failure to consider the problem in a larger context, such as that influenced by events in the family, restricts the counselor's knowledge of the problem given the general inaccessability to the student's world outside the school. To intervene more successfully requires inclusion of the parents in the counseling process.

Counselors typically involve the parents through conferences where they are apprised of their child's misbehavior. This step is seen as a natural and logical progression toward helping the problem student solve his or her problem (Lombana & Lombana, 1982). In this situation, the parent conference is usually held for the parents to come to the school to be apprised of their child's status.

Unfortunately, repeated need for parent conferences results in development of increasingly negative attitudes by the school and the parents. Little latitude is allowed to use the session to explore the family's involvement or maintenance of problem behavior. If in fact the child's school behavior problems are related to family dysfunction, conferencing with parents may be an insufficient intervention. While conferencing brings the family into the process, it does little to shift the emphasis from the individual child to the family and how it functions. Lombana and Lombana (1982) wrote that if the counselor is able to discern that a different approach is warranted, strategies such as parent education or parent counseling may be indicated.

Educators in general, and counselors in particular, have often said that if they could change the family/parents, they could change the students. The previous statement highlights the importance of the parental and family influence on students. In practice though, counselors have been reluctant to pursue interventions that involve parents in an intense manner in the school setting. This reluctance is due in part to a lack of training to do family counseling, time considerations generally associated with family counseling, and the view held by many that family counseling is beyond the scope of services which should be provided by school counselors. The study here compared the use of brief family counseling with that of brief individual counseling with middle school students experiencing discipline problems.

Purpose of the Study

The purpose of this study was to test brief counseling interventions in resolving student discipline problems. School counselors often provide brief individual or group counseling services for students experiencing discipline problems. This study also integrated the parents/family into the counseling process in an active though time-limited basis. This study sought to involve parents by recognizing that changes in the family can bring about changes in students. It is hoped that factors related to participation or nonparticipation (of school interventions for problem students) by parents will be more clearly understood. Lastly, the feasibility of school counselors incorporating a brief family counseling component into their comprehensive counseling services was addressed.

Need for the Study

Research on family counseling has grown tremendously over the last two decades (Amatea, 1988; DeWitt, 1980; Gurman & Kniskern, 1978; Peeks, 1993; Stone & Peeks,1986; Woodard, Santa-Barbara, Levin, & Epstein, 1978). This research has focused primarily on settings outside the school. Due to the limited practice of brief family counseling in school settings by school counselors, the research and literature in this area is limited. The research that does exist is primarily descriptive in nature. This study sought to add empirical data to the existing research on family counseling in schools. Moreover, practicing school counselors conducted the treatment sessions for the study. The importance of this component of the research is considerable. The majority of the writings and research pertaining to school counselors and family counseling has been conducted by individuals outside the school setting. Findings from this study also provide descriptive information obtained from the counselors participating in the study.

Significance of the Study

This study sought to validate the use of brief family counseling as an effective means of intervening with school discipline problems. The validation of brief family counseling as a school-based intervention by school counselors also was a primary objective. If the intervention presented here was effective in reducing the incidence of school discipline problems, school counselors could consider implementing this intervention in their practice.

Research Questions

The purpose of this study was to determine whether or not the incidence of school discipline problems could be positively effected by brief family counseling. To pursue this purpose, five research questions were posed:

1. Will the incidence of school suspensions be effected by brief family counseling?
2. Will the incidence of school discipline referrals be effected by brief family counseling?
3. Will the behavior ratings by parents of student participants be improved through the use of brief family counseling?
4. Will the behavior ratings by teachers of student participants be improved through the use of brief family counseling?
5. Will the behavior rating of student behavior by the student participants be improved through the use of brief family counseling?

Definition of Terms

This study includes variables which are operationally defined as they apply to this study:

Family - a minimum of one parent/guardian and child who participate in the assessment and treatment component of this study.

Family Counseling - an approach to the intervention and treatment of individuals and families' presenting problems using a contextual or systemic frame of reference (Levant, 1984).

Brief Family Counseling - is a method of intervention involving the parent and child which emphasizes the resolution of presenting family problems or issues in a time-limited manner (single session) and where the solution-focused approach to the initiation of change in identified behavior is viewed as critical in the process (de Shazer, 1988; Talmon, 1990).

General Systems Theory - an organization of principles, constructs, and assumptions used to describe regularities and redundant patterns observed between people and other phenomena (Becvar & Becvar, 1982).

Middle School Students - early adolescents, age 10 to 13, who attend schools specifically designed to address their educational, developmental and social needs (Hechinger, 1993).

Discipline Problems - students identified as being repeat and chronic offenders of major infractions involving established school behavior guidelines and policies; where the student has more than one disciplinary referral, the infraction is of the disruptive/disrespectful/profanity category, and the student has one out-of-school suspension or two in-school suspensions.

School Discipline Referrals - a reporting of rules infractions to administrators by teachers of students who violate classroom, school, and systemwide rules. School discipline referrals occur after teachers have exercised other strategies to correct student rule violations.

School Suspensions - disciplinary actions taken against students by administrators for violating classroom, school, and systemwide rules. School suspensions can be in-school or out-of-school.

Organization of the Study

The remainder of the study is presented in the following manner. Chapter Two presents the review of the literature. Chapter Three presents the hypotheses, participant information, instrumentation, procedures, data analysis, and limitations of the study. Chapter Four presents the results of the study. Chapter Five contains a discussion of the major findings and results, recommendations for future research, implications, conclusions, and a summary of the study based on the results obtained.

Summary

In this chapter a general overview of the study was presented. Community, home and family, and school issues were presented to describe the situation as it exists for middle school students experiencing discipline problems. This study was designed to investigate the use of brief family counseling by school counselors in the school setting. One brief individual counseling group and one comparison group were used to measure the relative efficacy of brief family counseling.

This chapter also focused on the currently limited use of family interventions by school counselors. In the statement of the problem it was noted that sometimes it is necessary to include a student's family to more effectively address school problems. In addition, the purpose, need, and significance of the study emphasized how brief family counseling interventions can assist the school counselor in providing comprehensive counseling services. The organization of the study was included to provide an overview of the chapters to follow. Finally, terms were defined to assist the reader with their review of the study.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter presents literature related to topical areas pertaining to the present study. The areas reviewed include middle schools, middle school students, middle school discipline problems, general systems theory, family systems theory, family counseling, brief counseling, single-session counseling, solution-focused brief counseling, and school counselors and family counseling.

Middle Schools

The concept of middle schools in the American educational system represents a relatively new idea for meeting the needs of students ten to thirteen years of age. Prior to the 1970's, the educational needs of students in this age group were accomplished primarily through the junior high school format. Junior high schools came into existence during the first decade of this century (Hechinger, 1993). To a certain extent, junior high schools were developed to look much like high schools but were built for younger students. In fact, junior high schools were originally called introductory high schools (Hechinger, 1993).

By the mid-1970's, a new philosophy for meeting the needs of the early adolescent was gaining momentum - the middle school concept. The middle school concept sought not only to meet the academic needs of this age group, but to develop particular components of its curriculum to address the unique developmental characteristics of the early adolescent (Hechinger, 1992). Emphasis on the physical, social, emotional, and intellectual development of its students is a cornerstone of the middle school philosophy.

Weldy (1995) described middle schools as the transition stage between elementary and high schools. As the early adolescent develops from childhood to adulthood, middle schools serve as the educational transition to parallel the early adolescent stage of development. These transitions include 1) moving from a small elementary school where there is primarily one teacher to the departmentalized concept where the student learns from several teachers, 2) a daily schedule that is more complex, complicated by the increase in teachers as well as necessary classroom change, 3) a school that has a larger population, as larger schools are able to provide more comprehensive programs and services, 4) buildings that are typically larger and more confirming (but necessary to accomodate larger populations), 5) rules and policies which are more involved to ensure a safe and positive learning environment, and 6) student responsibility is increased, dictated by the structure of middle school.

Middle school transitions require that teachers, parents and students come together to share divergent viewpoints that will assist in successful middle school experiences for all. To attain this goal, several key elements should be considered. Weldy (1995) identified communication, cooperation, consensus, and commitment as the key elements.

The first critical element is communication. Regardless of the situation, successful outcome is often contingent upon open and continued communication between home and school. Failure to keep communication lines open inevitably leads to discord along the way. A second critical element to middle school transitions is cooperation. Middle school is a two-way process. Teachers need the cooperation of parents, parents need the cooperation of teachers, and schools need the cooperation of families. A third key element for successful transitions is consensus. Consensus and consensus building allow for the development of middle school programs that have obtained the support of its public. A final element needed for middle school transition is commitment. Schools which establish high expectations for students evidence a commitment to the success of all.

White-Hood (1994) indicated that effective middle schools have programs that raise standards for their students. Parents with concerns about the academic program in middle schools want to ensure that their children are being challenged to achieve at a high level. White-Hood also discussed that effective middle school programs prepare students for the future by connecting academics to work. Career education and exploration through speakers are just a couple of ways that schools accomplish this goal.

Middle School Students

Students in middle school are experiencing the most rapid developmental growth since birth (Adams & Gullota, 1983). During the middle school years, early adolescents enter puberty where their bodies experience phenomenal growth and change. The adolescent is often very confused as they struggle with the change of the physical and emotional self, one minute desiring to be treated like the young adult they are becoming and moments later seeking the structure and security that adults provide to children. In addition, social pressures increase as students attempt to find their place in a world that seems to be in constant flux. The desire to belong to a group and fit in is paramount. All of these issues occur during an educational period often described as turbulent.

Takanishi (1993) wrote that the traditional view of adolescence is that of the "nightmare years." Parents whose children have performed exceptionally well in elementary school are at a loss to explain a sudden decline in academic success. Even though their children are experiencing the changes of adolescence, most parents still work diligently to assist with their academic success. Many parents experience a great deal of frustration as they attempt to maintain parental control during their child's adolescence. Matz (1994) believed that parents need information to help understand their children during this important developmental stage.

The middle school student is constantly facing increasing peer pressure to be and act like others around him or her. Failure to succumb to the pressures of peers may lead to ostracization and isolation. Rejection by peers is a constant concern. Commensurate with Erickson's adolescent stage of psychosocial development, the middle school student is intimately involved with attempting to stake out a definable identity, the primary goal of adolescence (Brodzinsky, Gormly, & Ambron, 1986; Corey, 1991). Takanishi also noted that the behavior of middle school students is extremely risk oriented. Hechinger (1993) noted that at the heart of the middle school concept is that an effective middle school addresses the issues associated with early adolescence.

Faced with many new decisions and situations, middle school students need help in successfully mastering this life stage. Hamburg (1993) described middle schools as the pivotal institutions in the lives of early adolescents. He also felt that a developmental approach was needed to be most helpful to the middle school student. Hamburg's approach included three components. Information is the first component, and it emphasizes the need to give students accurate and timely information regarding the issues of adolescence. The second component is skill-building. Skill building is intended to provide students with training and skills to handle a variety of life situations, including decision making, social skills development, and conflict resolution. The third component is motivation. Motivating middle school students to use the information and skills they have acquired in a positive manner. Motivation is very important, as we know that many adolescents have been provided information and skills but have chosen not to use their knowledge in applying it to life situations. The middle school student faces many challenges. While the challenges are great, assistance from parents and school personnel can help them navigate this period of life.

Middle School Discipline Problems

School discipline occupies a central role in most discussions on public education (Gallup & Elam, 1988, Malesich, 1994). Students who did not evidence any signs of being school discipline problems during their elementary career, become just that during their middle school years. The enormous changes associated with adolescence and puberty that affect middle school students appear to be important factors with regards to student discipline problems. Administrators, teachers, and counselors employ various strategies to assist students with solving discipline problems.

School wide discipline policies are the cornerstone for effective discipline in schools. The creation of a positive school environment and promoting school as a community are necessary school-wide practices for developing effective discipline (Smith & Rivera, 1993). Smith and Rivera also found that the philosophy of discipline adhered to by a school leads the way in establishing effective discipline. This philosophy should include ideas about what motivates behavior, how individuals react toward one another, what constitutes effective problem-solving approaches, and how to nurture the development of responsible, independent learners (Smith & Rivera, 1993).

Purkey and Strahan (1986) advocated positive classroom management strategies to obtain compliance in the classroom. Smith and Rivera (1993) highlighted several techniques that teachers employ to establish effective discipline in their classrooms. Teachers must be able to influence their students to behave in accordance with established classroom policies (Canter, 1976; Dreikurs & Grey, 1968). Teacher-student communication is extremely important in establishing effective discipline. What the teacher communicates about their expectations is critical to the implementation and maintenance of discipline. A final important component of teacher discipline is consistency. Adolescents, in particular, respond to environments that provide the same rewards on a consistent basis. Discipline that is consistent will contribute to a positive learning environment.

Nearly fifty years ago, Williamson (1949) advocated the use of counseling for student misbehavior. Williamson noted that counseling was an appropriate method of intervention for the "rehabilitation" of student behavior. More recently, Benshoff, Poidevant, and Cashwell (1994) noted that counselors use a variety of counseling services to reduce and eliminate student discipline problems. Through direct services, counselors use individual and group counseling in working with students referred for discipline problems. Indirectly, through consultation, counselors assist teachers and administrators with student misdeeds on a regular basis.

General Systems Theory

General systems theory is a scientific way of thinking developed by Ludwig von Bertalanffy, an organismic biologist (Schultz, 1984). As with many ideas used in the social sciences, general systems theory has been borrowed from the physical sciences and applied to a conceptual viewpoint in counseling.

The development of counseling and psychotherapy has primarily built and expanded upon the foundation established by Freud, who developed psychotherapy and psychoanalysis as a means to explore the dynamic unconscious strivings of the individual (Monte, 1980). General systems theory is a radical departure from the psychodynamic tradition of focusing on the intrapsychic. Systemic thinking views the individual person as a part of a larger whole rather than as a whole in itself. The behavior of the part (person) is explained in terms of its relationship with other parts and its function for the whole (Schultz, 1984). The individual then is not to be considered in isolation, but as a part of a system that impacts on the individual.

Becvar and Becvar (1982) noted that general systems theory requires a reorganization of thinking. One of the most important reorganizations involves a shift in thinking from linear causality to circular causality. Science and research are often interested with what causes behavior. One method of determining cause and effect is linear thinking. Nonsystemic or linear thinking, when applied to behavior analysis, depicts an event (B) as being caused by one and only one other event (A). An example of linear causality is given in Figure 2.1. In this example, the husband's drinking behavior (A) causes the wife to nag (B). The arrow is used to indicate the direction of causation. From a linear perspective, this would be the only viable sequence of events.

Figure 2.1 Linear Causality

A ------------------------------> B

husband drinks wife nags

That (A) causes (B), while all other factors are not considered, is limiting. What general systems theory and circular causality acknowledge is that (A) influences (B), and additionally that (B) influences (A). Systemic thinking allows for the multiple origin of cause and effect sequences. Returning to our example, circular causality would allow that while it is possible that the husband's drinking (A) caused the wife to nag (B), it is also possible that the wife's nagging (B) caused the husband to drink (A), as depicted in Figure 2.2 below.

Figure 2.2 Circular Causality

A <---------------------------------------> B

husband drinks wife nags

Circular causality is an important concept in general systems theory. Understanding its significance and how it relates in general with other systemic concepts is crucial. There are several other key concepts which enable clearer conceptualization of general systems theory, including boundaries, rules, progressive segregation, centralization, equifinality, and homeostasis.

Boundaries refer to repetitive behavior patterns of the parts of the system (Becvar & Becvar, 1982). Boundaries serve the purpose of establishing the invisible limits of a particular system. These invisible limits function to influence the other system components

Rules are the guiding principles of a system and to a certain extent determine its operation. Becvar and Becvar (1993) noted that rules "express the values of the system". What is acceptable and not acceptable is established by system rules. Rules provide a structure for what is to be expected in the system. Rules also appropriate or establish roles within the system. Each element within the system has a role and this role is partially defined by the rules established by the system. The rules of a system are also what distinguishes the system from other systems (Becvar & Becvar, 1993).

Progressive segregation is a "process whereby an organization is built up out of a uniform whole by differentiation of parts increasingly independent of one another " (Ackerman, 1984). Progressive segregation establishes that the system is comprised of many parts. Many of which, though independent, work together for the good of the system. A common example of this concept can be found in organismic development, where cells that exist individually, multiply or reproduce to form new and larger structures (e.g., tissue or organs).

Each system has certain central duties required of it. These duties are essential to the existence of the system. In turn, the central duties of the system impact the more peripheral duties of the system. In general systems theory, this concept is known as centralization (Ackerman, 1984). Centralization works to create change in the vital links of the system which then create changes in the noncentralized aspects of the system.

Equifinality is that "a given organismic state may have evolved from any of several different initial states along multiple paths (Schultz, 1984). Stated more simply, equifinality is based upon the idea that there is more than one pathway or avenue to get to the same destination. Multiple possibilities exist for the explanation of how the system became what it is. Equal endings regarding system development is important to remember (Becvar & Becvar, 1993).

Finally, homeostasis is concerned with the systems characteristic of maintaining a balanced nature (Schultz, 1984). Homeostasis occurs within the system as a self-preservation mechanism which also seeks to minimize change and instability in the system. Systems tend to be resistant to change. Ackerman (1984) noted that a system approaches a stationary state as it attempts to invoke the principle of minimum effect. Maintaining the status quo is the goal of systems, hence attempts to alter the existing system is met with great reluctance.

Family Systems Theory

When applied to the family, general systems theory focuses on the family unit or the family system. The family as system and the fundamental concepts are all applicable. The individuals in the family are seen as part of the system and their behavior is seen as being influenced by the family.

Boundaries of the family system define relationships of individuals in such a distinctive manner such that it gives a family its particular identity (Becvar & Becvar, 1982). Boundaries act as psychological limits of how far and how far not to go in the system. Boundaries assist individuals in the family with knowing what is acceptable in the system. For example, boundaries help parents define themselves as such and distinguishes them from children within the system.

Rules can be found in virtually any type of system. Rules operate as the guiding principles in a system. In a family, rules establish the set of normative behavior patterns and expectations (Becvar & Becvar, 1993). The individuals within the system use rules as points of reference to guide their existence in the family system. Rules in the family system help to define what the subsystems are, what roles individuals occupy, and what the psychological environment will be like. The powerful nature of the impact of rules on families helps in distinguishing one family system from another.

Progressive segregation in the family system originates with the formation of the basic family unit , the couple. In general systems theory, progressive segregation is related to the differentiation of the system as the system becomes increasingly complex. In the family system, this dynamic is related to the increasing complexity of the family unit following marriage, the birth of one or more children, and the necessary adjustments required to maintain the household. In the earliest stages of the family system, the couple construct, negotiate, and execute the functions of the household for themselves. Progressive segregation becomes particularly important with the birth of the first child. Parenthood brings with it the additional role of mother or father for the couple. This is an important period for the system as it begins to differentiate into smaller parts while maintaining itself as a whole (Ackerman, 1984). Where there was once husband and wife, there is now also wife and child and husband and child subsystems.

Centralization is closely related to progressive segregation in the family system. Centralization is the system's attempt to prioritize and categorize the demands on the family. Ackerman (1984) identified centralization as the "function of the system where 'leading parts' or central duties of the system form in such a way that small changes in the leading part produce large changes in other parts (p.19). The family system is in constant change. The initial centralization process occurs when the couple get married and begin their life together. The marriage becomes the central most important part of their lives. The birth of a child causes the couple to adjust their existing lifestyle to accommodate their new offspring. The couple has to centralize the additional responsibilities on the family system; a newborn requires that. With the baby comes 24 hour supervision (provided by the family or caregivers), constant demands to be met, nurturing, and the sharing of the couple's love.

Equifinality within the family system recognizes the influence of parents on children, children on parents, and spouse on spouse. While it is widely recognized that parents greatly influence the developmental behavior of their children, less often acknowledged is the effect of children on parents. Systems theory incorporates this idea into its basic principles. Boundaries and rules can just as easily be the result of the child's direct interaction with the parent versus the typical dictum that these dynamics are assumed to be handed down by parents.

Homeostasis is the family system's regulation or control mechanism. The homeostatic function in the family system is to establish an even keel that resists attempts at change. Homeostasis is the family system's desire to maintain the system as it is. Regardless of whether the system functions well or is dsyfunctional, homeostasis is desired. Ackerman (1984) noted that the homeostatic function to resist attempts at change in the family system can result in the creation of new behaviors which maintain the status quo. For example, often when one family member's problematic behavior has been treated successfully, another member may develop problematic behavior which maintains the previous patterns of interaction in the family.

Family Counseling

"Family counseling is a point of view . . . that finds its focus primarily in work with family systems. It regards problems and dysfunctions as emanating from the family rather than from the intrapsychic problems of any one individual" (Okun & Rappaport, 1980, p. 31). Family counseling is a method of intervening with individuals through the family system. Schultz (1984) indicated that family counseling is not about families at all, but rather about individuals. Schultz's point is well taken. However, the fact that individuals together make up families and are seen collectively must be accounted for when considering this statement.

Symptomatic behavior is what generally brings an individual into counseling. The development of family counseling is related to the linkage of individual symptoms to those of the family system. Symptomatic behavior of the identified client is seen as serving some purpose or function in the family. Okun and Rappaport (1980) indicated that whatever the treatment method, the family system must be included in the assessment of the identified patient's statement of the problem, and that strategies for treatment to change maladaptive behaviors must include the entire family system. Framo (1979) cited that because the family can be viewed as an interacting unit (in family counseling), those characteristics which the system exhibits such as rules, alliances and communications can be observed first hand. Direct observation gives the counselor access to family interaction which is typically not witnessed or shared with outsiders.

History

The beginnings of family counseling can be traced back to the 1940s and 1950s (Guerin,1976; Okun and Rappaport, 1980). Nathan Ackerman, a psychoanalytically trained psychiatrist, is considered by some to be the grandfather of family counseling and was one of the first to interview the family together (Framo,1979). The inclusion of the family in the treatment of individuals was implicit acknowledgement of general systems theory applied to the family. Ackerman did not completely abandon his psychoanalytic training, as he emphasized both intrapsychic phenomena and family system dynamics (Brown & Christensen, 1986).

Some of the early research on family counseling grew out of investigations of schizophrenia. Many of the most prominent theorist and practitioners in family therapy became involved with this perspective through working with schizophrenic families. The Palo Alto group, led by Gregory Bateson (Okun & Rappaport, 1980), focused on paradoxical communication in animals and humans. Out of this research came the classic work on the concept of the "double bind," (Bateson, Jackson, Haley, & Weakland, 1956). Where double bind is defined as the "situation of a person who receives two related but contradictory messages at the same time, response to either of which is inappropriate (that is, there is no escape)" (Brown & Christenson, 1986).

Multigenerational Theory

Murray Bowen also did pioneering work with schizophrenic families at the Menninger Clinic and the National Institute of Mental Health (NIMH). Bowen's work focused on the symbiotic relationship between mothers and schizophrenic children initially and then was broadened to include the entire family. In Bowen's work, entire families were hospitalized to study the effects of schizophrenia on the individual as well as other family members. (Bowen,1960; Bowen, 1961; Levant; 1984). Bowen's work with schizophrenic families led to the development of many of the foundations for his theory even as his later work was directed at more normally functioning families. Stewart and Anderson (1983) added that the multigenerational approach gives much credence to the idea that pathology is associated with unresolved issues in the family of origin.

Bowen attempted to build his family approach based on concepts that were compatible with biology. He believed that a failure to retain the scientific perspective resulted in many other psychological theories not being accepted in the scientific community. Consequently, many Bowenian concepts use terminology borrowed from the field of biology.

The multigenerational approach to family counseling consists of seven major interrelated concepts: 1) differentiation of self, 2) triangles, 3) nuclear family emotional system, 4) family projection process, 5) emotional cutoff, 6) multi-generational transmission process, and 7) sibling positions (Bowen, 1961). Differentiation of self is related to the continuum of functioning of human behavior. Differentiation is "defined as the differentiation of intellectual from emotional functioning "(Levant, 1984). Triangles form the smallest stable unit within the family. Triangles are formed as unstable dyads bring in a third person to help stabalize the relationship. Nuclear family emotional system deals with the ways individuals within the family adapt to the changing emotional dynamic in the family. Family projection process is the parent to child process of undifferentiation. This concept builds on the concept of triangles as children become the third parties in relationships with their parents. Emotional cutoff is the extent or emotional distance between children and parents. Distance can be physical or psychological. Multigenerational transmission process is related to the idea that the undifferentiation of self can be transmitted over more than one generation. Sibling position can be responsible for a child's context in the family with regard toward the other major Bowenian concepts. For example, the degree to which an oldest or youngest child is "triangulated " can account for varying degrees of differentiation by that child (Levant, 1984).

The goal of Multigenerational family counseling is differentiation of self by the individual. The therapeutic process involves the counselor engaging individual family members in extended conversations intended to assist that family member in increasing their level of differentiation.

Structural Theory

In the 1960's, the structural approach to family counseling was developed. Structural family counseling is the approach most closely associated with Salvador Minuchin (Minuchin, 1974). Minuchin's structural approach to treating families germinated out of his work beginning with the Wiltwyck project (Brown &

Christenson, 1986). The project was conducted at the Wiltwyck school for delinquent boys in New York City. The Wiltwyck project focused on the "structure and process of disorganized, low socioeconomic families that had each produced more than one acting-out (delinquent) child" (Minuchin, Montalvo, Guerney,Rosman, and Schumer, 1967, p.ix). Minuchin's work zeroed in on the participating families' structure and organization in relation to the dysfunctional behavior of individual members.

Structural family counseling embraces general systems theory to treat and intervene within the structure of the family system. Family structure is the "invisible set of functional demands that organizes the ways in which family members interact" (Minuchin, 1974, p. 51). The interactional process is maintained through the transactional patterns established by members of the system. Transactional patterns make up the "family structure, which governs the functioning of family members, delineating their range of behavior and facilitating their interaction" (Minuchin & Fishman, 1981, p. 21).

Schultz (1984) indicates that a key concept of structural family counseling is that of boundaries. Boundaries are the rules within the system by which family members maintain system structure. Boundaries represent a general aspect of structure in the family system. Boundaries exist between individual family members and between the different parts (subsystems) of the family system. Boundaries are used in assessing functioning of the family (Minuchin, 1974). Examination of boundaries enables the structural family counselor to evaluate relationships and interactions of members in the system. Enmeshment, or extremely diffuse boundaries and disengagement, or inappropriately rigid boundaries refer to opposing extremes of dysfunctional boundaries in families (Minuchin, 1974). The structural approach posits that where there is boundary dsyfunction there will be family dysfunction.

The subsystems, or parts of the system refer to the distinctive individuals, dyads, or triads who share unique characteristics in the family system (Schultz, 1984). The subsystems are identifiable primarily through relationship interaction such as husband-wife, parent-child, and sister-brother. The organization of the family can be observed through the subsystems. Moreover, through the subsystem, the hierarchy of the family can be examined. Minuchin believed that problems in the family hierarchy contribute greatly to organizational problems in the family system. Hierarchical problems are manifested primarily when the naturally most powerful subsystem or individual is displaced by another subsystem or individual (e.g., children having more power in the family than parents.)

Structural family counseling employs a class of techniques referred to collectively as restructuring. Restructuring techniques are used by the counselor to challenge the family to bring about change through the therapeutic process (Minuchin, 1974). Minuchin (1974) identifies several common and encompassing restructuring techniques: a) actualizing family transactional patterns, b) marking boundaries, c) escalating stress, d) assigning tasks, e) utilizing symptoms, f) manipulating mood, and g) support, education, and guidance.

Communication Theory

Many of the communication approaches can be traced back to Bateson's research on communication at the Mental Research Institute in the 1950s. Bateson's group is also credited with establishing the first journal in the family therapy field. Several of the major communication theorists were in some way directly involved in Bateson's research. Levant (1984) identified Don Jackson, Jay Haley, and Virginia Satir as primary espousers of the communication approach.

Jackson developed the cybernetic model of family functioning. Jackson's family-interactional approach included the central concepts family homeostasis, redundancies and rules, marital quid pro quo, punctuation, and the therapeutic double bind. Haley 's strategic or problem-solving approach is focused on two types of communication. Digital communication focuses on "bits" and messages that pertain to one thing or behavior and not anything else. Analogic communication focuses on the "metaphor" or context of other messages (Haley, 1987). Counselor directives also are an important component of Haley's approach. Satir's approach emphasized discrepant communication in the system, although Satir incorporated the humanistic perspective into her approach (Levant, 1984).

Brief Counseling

Freud's single session with Katarina can be identified as the earliest known use of the brief counseling and therapy approach (Hoyt, Rosenbaum & Talmon,1992). Though not his usual method for working with a patient, Freud was able to accomplish in one session what in the typical psychoanalytic model might take years. Until recently, it seems that the place of brief counseling has not been a consistent player on the field of counseling and psychotherapy. Gustafson (1981) wrote that the use of brief forms of counseling and psychotherapy keep getting lost. Lost in the sense that the literature is dotted with cases and examples of the successful use of this approach. However, there were no real attempts to bring the brief approach into the mainstream of counseling and its overall impact was not significant.

Milton Erickson is considered by many to be the father of the modern movement in the brief approach (Cade & O'Hanlon, 1993; Carter,1982; Haley, 1982; Van Dyck, 1982). Erickson 's paper, "Special Techniques of Brief Hypnotherapy," was pivotal in establishing many of the theoretical constructs which were to become the basis for the brief approach. Erickson believed that the counselor should use what the client brings into counseling as a means for helping solve problems (de Shazer, 1985).

Brief counseling actually refers to a school of thought and clinical approach with clients. The brief approach includes a cross-section of many popular and innovative approaches for dealing with clients. The past several years have seen an increasing number of writers and clinicians expound on existing approaches and the development of new approaches. The brief approach is not a single approach to counseling, but a school of thought that emphasizes a time-limited focus. The issue of time-limitedness or time efficiency has become increasingly important as the demands on managed care have increased (Budman, Hoyt , & Friedman, 1992).

Managed care providers are constantly challenged to produce quality services in a world where health care dollars are under tight scrutiny. The increasing popularity of the brief approach is no doubt influenced by escalating costs associated with health care. Several writers have argued that managed care is driving the rush to be brief, instead of a true clinical interest in the brief approaches. Marino (1995) noted that research indicated that clients also want brevity in the counseling and therapy process. Hoyt (1995) added that while brief approaches may be appropriate in clinical practice, managed care should not be the impetus for the dramatic increase in the use of these approaches.

The growth of the brief approach over the past fifteen years has been tremendous. Associated with that growth has been a proliferation of new models and refinement of older ones. What was once largely viewed as a highly specialized approach to be used with the "healthiest" of clients has now been become broad based and deemed appropriate for a variety of clients and issues (Budman et al., 1992). In addition to working with individuals, the brief approach has wide appeal for use with couples, families and groups.

As the brief movement has evolved so have the common characteristics of the approch. Mann (1981) identified several commonalities of brief therapy: 1) attention directed to one focal issue, 2) generally, the focal issue is posed by the patient as the reason for coming, 3) therapy directed at clarifying feelings, ideas and behavioral manifestations in the current situation, 4) transference may or may not be utilized, 5) the general atmosphere in brief therapy tends to be one of crisis, 6) duration of treatment is as little as one session to as many as one or two sessions a week for a year.

The effectiveness of brief counseling also has been investigated. Adelstein, Gelso, Haws, Reed, & Spiegel (1983) found that time-limited therapy was found not only to put "change in motion" but the change initiated in the brief treatment was maintained for a one year period. Keilson, Dworkin, & Gelso (1983) compared brief therapy, open-ended therapy and a control group. These and other authors have found that in a university setting, brief counseling was as effective as the open-ended treatment (Gelso & Johnson, 1983; Gelso, Mills, & Siegel, 1983). At the very least, Miller, Hubble & Duncan (1995) contend that brief approaches are at least as effective as longer term approaches.

Although it is practiced most widely in settings such as mental health centers, psychiatric hospitals and private practices, the brief approach holds much promise for the school counselor as well. Littrell, Malia, Nichols, Olson, Nesselhuf, & Crandell (1991) see the brief approach as an acceptable alternative to the traditional models used by school counselors. Bruce (1995) developed a four part model for school counselors using a brief format, 1) a strong working alliance, 2) recognition and use of student strengths and resources, 3) active involvement by the counselor, and 4) establishment of clear concrete goals for the counseling process. The increase in the literature on the brief approach has seen a corresponding increase in the literature for the brief approach in school settings. The impetus for this increase is not dollars but a need to provide a more efficient service delivery model. Increasing demands on the school counselor's time has resulted in overburdened professionals who are constantly in search of new methods.

Change

To create change in client behavior is a fundamental concept in counseling. In brief counseling approaches, the counselor uses the inevitable nature of change as a resource in the counseling process (Miller, 1994). Persons entering into a counseling relationship are dissatisfied with existing behaviors, thoughts, or feelings. The counselor's job is to assist the client in bringing about the desired change. The manner in which change is produced is not always easy to accomplish. Change is often thwarted by repeated attempts by clients (and counselors) to make something different happen. Oftentimes, however, common sense and "logical" behaviors often fail, while actions deemed as "illogical" and "unreasonable" succeed in producing a desired change (Watzlawick, Weakland, & Fisch, 1974). Counselor attempts at creating change may become as ineffective as the attempts by clients to solve problems. Change that attempts to be logical may be restricted by the limitations and principles of linear thinking. The general systems principle of equifinality is no more evident than when it applies to change.

Watzlawick et al. (1974) denoted two types of change. State to state or first order change occurs within a given system where the system itself remains unchanged. First order change occurs when a limited number of potential behaviors are employed to counteract a problem with the outcome being the same. In this discussion, the outcome is that circumstances about the problem change but the problem remains. Transformation or second order change involves a change of the system to something different. System transformation requires finding new solutions to the problem. In order to find new solutions, one must be willing to step outside the established box and see something different. second order change accomplishes resolution of problems by changing the rules for which solutions are developed.

Failure to create change in counseling can often be due to a reliance on first order versus second order change. Logically, we attempt change by determining the problem and employing strategies to resolve them. Oftentimes, what actually happens is counselors become stuck as they employ the same class of change procedures and "do more of the same" (Watzlawick et al., 1974). When counselors do more of the same, attempts at intervening have become a problem on top of the existing or presenting problem of the client. Continued dependence on first order change can lead to the vicious cycle of interventions doomed to fail. The failure to create change can also be attributed to the assumptions and self-imposed conditions placed on solving problems. From the brief perspective, when the blinders regarding change have been removed, counselors can approach the process of change in a new and different light.

Solution-Focused Brief Counseling

Solution-Focused brief counseling represents one of the most popular applications of the brief approach. With its focus on client solutions and strengths rather than problems and weaknesses, this approach seeks to capitalize on what the client is already doing right rather than what the client is now doing wrong (de

Shazer, 1985, 1988). deShazer and his colleagues at the Brief Family Therapy Center in Milwaukee have spent the past twenty years developing and refining this approach. The solution-focused approach includes assumptions, principles, methods, and techniques which highlight its uniqueness.

The solution-focused approach to brief counseling is based on six assumptions (de Shazer, 1985). These assumptions form the basis for how the solution-focused approach conceptualizes clients and the brief counseling process: 1) Complaints involve behavior brought about by the client's world view, 2) Complaints are maintained by the client's idea that what they decided to do about the original difficulty was the only right and logical thing to do. Therefore, clients behave as if trapped into doing more of the same because of the rejected and forbidden half of the either/ or premise, 3) Minimal changes are needed to initiate solving complaints and, once the change is initiated (the therapist's task), further changes will be generated by the client (the "ripple effect"), 4) Ideas about what to change are based on ideas about what the client's view of reality might be like without the particular complaint, 5) A new frame or new frames need only be suggested, and new behavior based on any new frame can promote client's resolution of the problem, 6) Brief therapists tend to give primary importance to the systemic concept of wholism: A change in one element of a system or in one of the relationships between elements will affect the other elements and relationships which together comprise the system. Consistent with its focus on brevity and small change, the solution-focused principles outline its philosophy of counseling. The major principles are: 1) The major task of counseling is to help the person do something different, 2) The focus on the problem is redirected toward solutions already existing, 3) Only small change is necessary because any change, no matter how small, creates the context for further change, and 4) Goals are framed in positive terms with an expectancy for change.

Defining complaints (problems) is a central concept in the solution-focused approach (de Shazer, 1985). Complaints generally fall into twelve categories: 1) a bit or sequence of behavior; the frequency with which the complaint happens, 2) the meanings ascribed to the situation; 3) the frequency with which the complaint happens; 4) the physical location in which the complaint happens; 5) the degree to which the complaint is involuntary; 6) significant others involved in the complaint directly or indirectly; 7) the question of what or who is to blame; 8) environmental factors such as jobs, economic status, living space, etc.; 9) the physiological or feeling state involved; 10) the past, 11) dire predictions of the future, and 12) utopian expectations.

Several authors have expounded on how to do solution-focused counseling (Berg & Miller,1992; Furman & Ahola, 1992; O'Hanlon & Weiner-Davis, 1989). Berg and Miller (1992) developed a five step model for doing solution-focused counseling: 1) principles and assumptions, 2) developing cooperative client-therapist relationships, 3) treatment goals, 4) orienting toward solutions, and 5) interventions. Furman and Ahola (1992) wrote that focusing on the solution facilitates change in the desired direction. Consequently, the focus is on solution-focused talk rather than on problem-oriented talk.

Strategies for intervention occupy a central position in the solution-focused approach. The miracle question is the most frequently used technique in the solution-focused approach. The miracle question is:

> Suppose tonight, after our session, you go home, go to bed, and fall asleep and, while you are sleeping, a miracle happens. The miracle is that the problems that brought you here today are solved. But you don't know that the miracle has happened because you are asleep. When you wake up tomorrow morning, what will be some of the first things that you will notice that will be different that will tell you that the miracle has happened (de Shazer, 1988).

Friedman (1992) noted that the miracle question moves the client forward to their treatment goal first and then working backward to achieve it. The solution focused approach also uses other outcome, scaling, and future-oriented questions (Miller, 1994). The emphasis again being on solutions rather than on problems.

Murphy (1994) noted that the use of "exceptions" is an integral part of solution-focused brief counseling. While many clients may verbalize behavior as always occurring, it is more likely and reasonable that there are exceptions to when the problem behavior exists. These exceptions are where solution-focused counselors concentrate their efforts. Murphy identified the 5-E method of utilizing exceptions: 1) eliciting, 2) elaborating, 3) expanding, 4) evaluating, and 5) empowering. Each step in this method seeks to destroy the myth of behavior always occurring.

Walter and Peller (1992) identified the First Session Formula Task (FSFT) as a standard homework assignment given by de Shazer and his colleagues. The first session formula task became a standard procedure for the clinicians at the Brief Therapy Center. The first session formula task instructs the client to observe and be able to describe what happens in one area of their life that they want to continue to happen (de Shazer & Molnar, 1984). Adams, Piercy, and Jurich (1991) found that clients who received the FSFT were more compliant and effective in the early stages of treatment and in developing treatment goals. Other techniques frequently used in the solution-focused approach include the secret surprise, do something different task, observation tasks, prediction tasks, and the coin flip (Selekman, 1995).

The solution-focused approach has been used with a variety of clients. Berg and Miller (1992) used this approach with problem drinkers. Berg and Miller contend that the traditional treatment of this population accounts for much of its dismal success. These authors believe that the solution-focused approach with its emphasis on client strengths and future orientation is in stark contrast to the traditional treatment approach for this client group and holds much promise. Selekman (1993) put this approach to work with difficult adolescents. Selekman advocated the use of several effective strategies for engaging the difficult adolescent; 1) humor and surprise, 2) utilization, 3) working the other side of the fence, 4) adolescent as expert consultant, 5) the Colombo approach, and 6) therapists use of self. Consistent with the approach is that even though clients may present as difficult in the therapeutic setting, focusing on the positive and solutions will assist the counselor in resolving client problems. Littrell, Malia, and Vanderwood (1995) studied the solution-focused approach with high school students. These authors found that this is a very appropriate and effective approach for the school setting.

Single-Session Brief Counseling

Bloom (1981) described focused single-session therapy as an "encounter designed to provide a significant therapeutic input in a single interview (p.187)." The goal in this model is to approach each session as if it is the first, last, and only session. Miller et al. (1995) wrote that the modal number of counseling sessions for clients is one. Flamer and Pasapane (1995) prepare to meet clients' needs with the knowledge that a significant number will not return for a second session.

From a consumer's point of view, Bloom (1981) found that planned short term therapy was the preferred mode of treatment. In earlier research, several studies indicated that short-term outpatient therapy was found equal to or surpassing long term care when compared for effectiveness (Bloom, 1980). The efficacy of documented single session successes is highlighted by Bloom as well.

Bloom identified two uniquely held beliefs by mental heath workers not shared by others in what he calls the "healing arts": 1) In order to get better it will take a long time, and 2) Once you get better you will never need to go back. This thinking contributes to public fallacy that counseling and therapy are cure-alls. Most damaging is the backlash associated with failures in counseling which perpetuate the idea that counseling is not effective.

Single-session counseling represents the briefest of brief counseling. One of the most promising single-session approaches has been developed by Talmon (1990). Conducting research to determine why clients failed to show for susbsequent appointments, Talmon discovered that many clients reported improvement in the behavior which led to their entry into counseling. In fact, Talmon found that 58.6% of the clients contacted in three to twelve month follow-ups reported that a single session had been sufficient for treating their presenting problem.

Single-session counseling is based on a set of attitudes which are designed to produce results in the counseling process. These attitudes are: 1) View each session as a whole, potentially complete in itself. Expect change, 2) The power is in the patient. Never underestimate your client's strength, 3) This is it. All you have is now, 4) The therapeutic process starts before the first session and will continue long after it, 5) The natural process of life is the main force of change, 6) You don't have to know everything in order to be effective, 7) You don't have to rush or reinvent the wheel, 8) More is not necessarily better. Better is better. A small step can make a big difference, and 9) Helping people as quickly as possible is practical and ethical. It will encourage clients to return for help if they have other problems and will also allow therapists to spend more time with clients who require longer treatments.

The counselor who adopts the attitudes posited by Talmon for single-session counseling experiences a fundamental shift in thinking regarding the counseling process. In general, counselor training emphasizes a process that occurs over an extended time period. The single-session approach contends that all you have is now. Talmon and others have validated the idea that many clients simply do not return after the first session. The single-session approach also adheres to the concept that small change is all that is necessary to help clients solve presenting problems. The single-session approach to counseling is not considered a panacea or a cure all. Certain clients are considered more suitable for this approach than others. Likely candidates for single-session counseling are: 1) Clients who come to solve a specific problem for which a solution is in their control, 2) Clients who essentially need reassurance that their reaction to a troubling situation is normal, 3) Clients seen with signifcant others or family membes who can serve as natural supports and "cotherapists.", 4) Clients who can identify (perhaps with the counselor's assistance) helpful solutions, past successes, and exceptions to the problem, 5) Clients who have a particularly "stuck" feeling (e.g., anger, guilt, and grief) toward a past event, 6) Clients who come for evaluation and need referral for medical examinations or other nonpsychotherapeutic services (e.g., legal, vocational, financial, or religious counseling), 7) Clients who are likely to be better of without any treatment such as "spontaneous improvers," nonresponders, and those likely to have a "negative therapeutic reaction", and 8) Clients faced with a truly insoluble situation, such as trying to "fix" or "cure" an aged parent's Alzheimer disease. Since a problem may be defined as something that has a solution, it will help to recast goals in terms that can be productively addressed (Talmon, 1990).

In certain settings such as the one practiced in by Talmon, single-session counseling represents a practical and efficient counseling approach. It should be noted that Talmon does not tout this approach as a panacea, but as one of many helpful approaches in counseling. In fact, Talmon provided contraindications for the use of the model with certain client types. The contraindicatons for single-session counseling include: 1) Clients who might require impatient psychiatric care, such as suicidal or psychotic persons, 2) Clients suffering from conditions that suggest strong biological or chemical components, such as schizophrenia, manic-depression, alcohol or drug addiction, or panic disorder, 3) Clients who request long-term therapy up front, including those who are anticipating and have prepared for prolonged self-exploration, 4) Clients who need ongoing support to work through (and escape) the effects of childhood and/or adult abuse, 5) Clients with long-standing eating disorders or severe obsessive-compulsive problems, and 6) Clients with chronic pain syndromes and somatoform disorders (Talmon, 1990). The contraindications make it easier for the counselor to identfy clients not suited to this approach.

To provide for a structured and coherent approach, Talmon and his colleagues developed a model for planned single-session counseling. Talmon's (1990) step by step outline is listed below: 1) Fostering readiness to change, 2) Alternative openings, 3) Focusing on pivotal chords, 4) Looking for client strengths, 5) Practicing solutions in the session, 6) Allowing for last minute issues, 7) Giving final feedback, 8) Leaving an open door for future change, and 9) Follow-up.

Single-session counseling is a very appropriate method of intervention for school counselors. Littrell et al. (1995) contend that counseling of a time-limited nature is quite valuable for the school counselor with a heavy caseload. While school counselor training continues to emphasize the classic theories such as psychodynamic, behavioral, and humanistic approaches, school counselors also need training to deal with the demands of high student-counselor caseloads.

In the Brief Counseling Project (Littrell, Malia, Nichols, Olson, Neselhuf, & Crandell , 1992), several high school counselors were trained in single-session brief counseling. This project accomplished several goals; 1) the acquisition of brief counseling skills added to the counselors' repertioire, 2) a need to satisfy staff development was accomplished, 3) the practicing counselors received supervision and feedback from the principal investigator, and 4) students receiving counseling services at the high school were better served by the counseling staff (Littrell et al., 1992).

Littrell et al. (1995) employed three brief counseling treatments, problem-focused with task, problem focused without task, and solution-focused with task in a study to determine their effectiveness in a high school setting. These authors found the brief approach to be effective and the participants in the study experienced significant change over a two week and six week follow up period. This study is quite encouraging as it implemented many of the assumptions, interventions, and goals of the brief approach which heretofore had not occurred in the school setting.

Much like other brief and single-session proponents, Littrell et al. (1992,1995) defined the limitations of single session brief counseling. The authors also noted that this approach is not appropriate for problems involving drugs/alcholol, physical, emotional, or sexual abuse or situations where support counseling is needed. Throughout this section on brief counseling, its supporters have touted its efficiency and advantages, but they have also stressed the limitations and contraindications associated with the brief approach.

School Counselors and Family Counseling

As the systems and brief approaches have gained in popularity for counselors in general, there has been a parallel increase noted with these approaches specifically for school counselors. Donigian and Giglio (1971) reported on an innovative counseling program that assigned school counselors to family units rather than the traditional grade, sex, or alphabetical assignments. This program represented one the of earliest uses of general systems theory and family counseling in the school setting. Recognition of the individual in a larger social context was critical to the development of the program.

Parent conferences have traditionally been a part of school counselor's functions. Through parent conferences, school counselors are able to impart to parents information about their child's progress. For the child experiencing severe discipline problems, this level of home and school interaction may not be sufficient. Lombana and Lombana (1982) have developed a hierarchy of intervention levels between parents and counselors. Parent involvement, parent conferences, parent education, and finally parent counseling represent the increasing levels of parent-counselor interaction. Parent counseling represents the apex of the hierarchy because of the time committment, energy , and resources required for its use. By providing information and involving parents through parent counseling, the school counselor can intervene in the system to bring about change (Scovern, Bukstel, Kilmann, Laval, Busemeyer, & Smith, 1980). These authors recommended this strategy be employed with great restraint and only in the most critical situations.

Viewing the child who is experiencing school discipline problems in the context of the family system can be quite advantageous. Kramer (1979) worked exclusively with students who had significant difficulty in finding success in school. A family counseling component of the school counseling program was initiated to intervene with students described as the most "recalcitrant, forgotten, disrespected, distrusted, and destructive students" in that school district (Kramer, 1979). For many of the students, this program represented the last chance to work out problematic areas in their school and family relationships.

With Bettie McComb as guest editor, *Elementary School Guidance and Counseling* (1981) featured a special issue on family counseling for school counselors. McDaniel (1981) wrote about the unique treatment of school problems in family counseling incorporating systemic concepts. Amatea and Fabrick (1981) presented family counseling as an alternative to more traditional counselor interventions such as individual counseling and parent conferences. McComb (1981) noted that family counseling in the school setting must be based upon 1) adaquately trained counselors, 2) judicious and timely applications of appropriate family counseling procedures, and 3) consent and cooperation of school administrators. McComb's effort was significant in that it brought attention to a sorely neglected area. Additionaly, it has sparked continued interest and writing on school counselors and family counseling (Amatea, 1988; Golden, 1983; Goodman & Kjonass, 1984; Nicoll, 1984; Wilcoxen, 1986; Wilcoxen & Comas, 1987; Williams, Robison, & Smaby, 1988).

The April 1993 issue of *Elementary School Guidance and Counseling* was also a special issue which focused on the relationship between parents and schools and the role of the school counselor. Several of the articles in that issue have particular importance to the development of the relationship between school counselors and family counselng. Hinkle (1993) wrote about a process to train school counselors to do family counseling. Hinkle indicated that there are many opportunities for school counselors to receive necessary training in family counseling. In addition, the need for counselors to include families in their work in schools continues to increase. Peeks (1993) cited a need to incorporate a "systems perspective in the schools." The systems perspective is an inclusive approach which incorporates more than the individual in the counseling. In the school setting, the systems perspective would focus on involving the parents and/or family at various levels. The level of involvement by the family would depend on the problem level of the child in school. Morrison, Olivos, Dominguez, Gomez, and Lena (1993) presented an approach to school behavior problems. This approach makes use of several established family systems models including the Structural-Communication, Strategic, and Solution-Focused. Incorporating these models, the authors have developed a discipline board to address this issue from a systems perspective.

Widerman and Widerman (1995) built on the "systems perspective" espoused by Peeks, citing that " family-oriented systemic school-based counseling replaces the individual student with entire family system as the unit of analysis, and relocates the locus of change to the classroom and the home, with the family system conceptualized as the source of learning (p.72)." Edwards and Foster (1995) caution that when strategies are employed involving the family and school systems, school counselors must be aware of their unique position and role in this process. Most notably, counselors should be keenly aware when the two systems hold different views of the problem and are committed to different solutions. The issues raised here speak pointedly to the need for counselors adequately prepared to deliver brief family counseling services. Hinkle and Wells (1995) consider training for school counselors seeking to do brief family counseling of utmost importance. Training can occur in a variety of forms including workshops, seminars, study groups, classes and clinical supervision. The possibilities for school counselors using brief family counseling are many. And while the literature continues to grow and answer many questions, many questions yet remain.

Summary

This chapter has reviewed the pertinent literature related to middle schools, middle school students, middle school discipline problems, general systems theory, family systems theory, family counseling, brief counseling, single-session counseling, solution-focused brief counseling, and school counselors and family counseling. In the last decade the rise in attention given to school counselors and family counselors has escalated tremendously. The exposure of the major schools of family counseling to school counselors has also increased significantlly. Increasing demands on counselor time has led to counselors exploring nontraditional methods for accomplishing their assigned duties. Family counseling is one of the nontraditional school counselor functions. However, with the changing dynamic of the family, counselors are hard pressed to deliver effective counseling services without incorporating some element of family intervention into their practice. In addition, the efficacy of brief counseling has been established in the literature as an appropriate service delivery model for certain types of clients.

CHAPTER III

METHODOLOGY

The current study used a quasi-experimental design to examine the effects of three treatments with middle school students experiencing discipline problems. The study included two experimental groups and a non-equivalent control group. The design was a pre-treatment, treatment, post-treatment format which allowed for a comparison of scores for participants.

Outline of the Study

Experimental group one received brief individual counseling, experimental group two received brief family counseling, and the control group received no counseling. It is noted here that while counseling services are available at the school involved in this study, counseling was not a requirement for students experiencing discipline problems.

Several sets of data were collected to compare group differences. School suspensions and disciplinary records were analyzed pre-and post-treatment to determine differences between treatment and comparison groups. In addition, parents, teachers, and students of the experimental and contol groups completed behavior rating scales (Behavior Rating Profile-2), pre-and post-treatment. Differences were measured comparing the two administrations. Further analysis was done to determine if significant differences existed between the groups following the treatment. This chapter presents the hypotheses, participants, instrumentation, procedures, data analysis, limitations of the study, and chapter summary.

Hypotheses

The hypotheses described below follow directly from the research questions posed in Chapter 1:

1. The number of school suspensions by students whose families have participated in brief family counseling will be significantly less than students participating in brief individual counseling or no counseling.
2. The number of discipline referrals by students whose families have participated in brief family counseling will be less than students participating in brief individual counseling or no counseling.
3. The rating of behavior by parents of students participating in brief family counseling will be more positive than students participating in brief individual counseling or no counseling.
4. The rating of behavior by teachers of students participating in brief family counseling will be more positive than students participating in brief individual counseling or no counseling.
5. The rating of behavior by students participating in brief family counseling will be more positive than students participating in brief individual counseling or no counseling.

Participants

The student, family, and counselor participants were selected from a middle school that agreed to participate in the current study. The pre-selected school was Hanes-Lowrance Middle School in the Winston-Salem/Forsyth County School system in North Carolina. Hanes-Lowrance provides comprehensive education (including regular, special, and gifted education) for approximately 800 middle school students in grades six through eight (Statistical Analysis, 1994; Winston-Salem/Forsyth County Schools). All participants were apprised of the full parameters of their involvement in the study. Each of the participant categories is described below.

A review of the Discipline Analysis (1992) of the Winston-Salem/Forsyth County School System identified five major infractions categories. These infractions include: 1)disruptive/disrepectful/profanity, 2) nonattendance/tardy, smoking, 3) drugs/alcohol, rule violation, 4) aggressive behavior, and 5) other. Each of the major infractions categories were considered for inclusion in this study. School administrators were consulted to determine the appropriateness of participants from the five infractions categories. Based on this consultation, several of the categories were eliminated because they contain students who are subject to laws and school system policies which would severely restrict or prohibit them from participating in this study (e.g., nonattendance is governed by compulsory attendance laws). Consequently, students identified for participation for this study were those who have accumulated two or more offenses primarily in the disruptive/disrespectful/profanity infractions area. Each participant was identified as a school discipline problem based on specific criteria established for this study. The criteria include:

1. Number of disciplinary referrals to school adminstrators (more than one).
2. Type of infraction (disruptive/disrespectful/profanity).
3. Minimum of one out-of-school suspension or two in-school suspensions.
4. Not identified as Behaviorally/Emotionally Handicapped or Educable Mentally Handicapped.

It also was expected that these criteria would eliminate the student who occasionally had discipline referrals, but was not considered a school discipline problem by administrators. These criteria were selected to reflect the participation of students identified as school discipline problems based on the number of teacher referrals to school administrators for violation of school rules. Students who continually or repeatedly break school rules are considered disruptive to the educational process.

The control group was comprised of those students whose parents declined to participate in the experimental groups. These students met the same criteria for inclusion in the study as students in the two experimental groups.

Brown (1980) found that students from one-parent homes were disproportionately associated with tardiness, discipline problems, suspensions, truancy, and expulsions. Expulsions were accounted for 100% of the time by students from single-parent homes. This author's experience supports these findings. Consequently, while not limiting the inclusion of participants to this family type, it was anticipated that students from single-parent families would be a large part of the sample. A total of twenty-nine families participated in the study. Ten families received treatment one, brief individual counseling. Nine families received treatment two, brief family counseling, and, ten families received treatment three, no counseling. Families who volunteered for the study were randomly assigned to the two experimental groups using a simple random assignment procedure.

Student participants represented sixth, seventh, and eighth grades. Twenty-seven percent (27%) of the students were 8th grade students, forty-one percent (41%) of the students were 7th grade students, and thirty-one percent (31%) of the students were 6th grade students. Twenty-three of the twenty-nine (79%) student participants were male. Six of the twenty-nine student participants (21%) were female. Nineteen participants (65%) were African-American and nine participants (31%) were Caucasian. One participant was identified as biracial. Parent participants were overwhelmingly female and mothers. Seven of the nine parents involved in the brief family counseling sessions were mothers. Mothers also completed the majority of the questionnaires used to assess student behavior.

Two school counselors participated in the data collection (counseling sessions) part of the study. The counselors responded to a survey which was developed to assess counselor attitudes regarding brief individual counseling, and brief family counseling. The counselors average over 15 years of school counseling experience. The counselor participants consisted of one black male and one white female. Individual counseling is the primary counseling intervention used by these counselors in the school setting. Each of the counselors indicated an eclectic theoretical orientation to counseling.

Instrumentation

Behavior Rating Profile-2

Parents, teachers, and students were administered *The Behavior Rating Profile-2* (Brown & Hamill, 1990) to assess student behavior. One administration was completed prior to the prescribed treatment. The second administration occured four weeks following treatment. The BRP-2 is an "ecological approach to behavioral assessment" (p.5) for student behavior. The complete profile includes five checklists and one sociogram. The checklists include the "Student Rating Scale: Home", the "Student Rating Scale: School", the "Student Rating Scale: Peer", the "Teacher Rating Scale", and the "Parent Rating Scale". For the purposes of this study, the Parent, Student, and Teacher Rating Scales were used.

The Parent Rating Scale (PRS) was completed by the parent of each participating student. Parents completed a 30 item scale with responses " Very Much Like My child", "Like My Child", "Not Much Like My Child", or "Not At All Like My Child" regarding their child's behavior. The Parent Rating Scale can be completed in five to ten minutes.

The Teacher Rating Scale (TRS) was completed by a teacher of the student involved in the study. Teachers completed 30 items with responses " Very Much Like the Student", "Somewhat Like the Student", "Not Much Like the Student", and "Not At All Like the Student" regarding the student's behavior in class and school. The Teacher Rating Scale can be completed in five to ten minutes.

The Student Rating Scale (SRS) was completed by the student. The student scale has 60 true-false items regarding behavior at home, at school, and with peers. The Student Rating Scale can be completed in ten to fifteen minutes.

The BRP scales were standardized as a large unselected sample of 1,966 students, 955 teachers and 1232 parents. Participants resided in 15 states. No students receiving special education were included in the standardization sample. Classroom teachers administered the Student Rating Scales to their classes. The Parent Rating Scales were sent home to parents, passed out at parent assemblies such as PTA, or completed at school during parent-teacher conferences.

The manual for the BRP-2 reported important reliability and validity data. Internal Consistency, Standard Error of Measurement and Test-Retest were the types of reliability reported. Internal Consistency was measured using Coefficient Alpha. The statistic was derived using the Kuder-Richardson formula number 20. The BRP-2 reports alpha coefficients ranging from .78 to .90. The test manual reported that the BRP-2 scales have high reliabilities which account for a small standard error of measurement. Test-retest reliability was established using 36 high school students. A two week interval occurred between the first and second administration of the scales.

The BRP-2 provides information and data for Content, Criterion-Related, and Construct Validity. Content validity is based on the fact that scale items were developed based on anecdotal input from parents and content reviews of popular behavior rating scales and checklists. Criterion validity for the BRP-2 was obtained by correlating the scales with those of three other widely used behavior checklists. Correlation coefficients vary from scale to scale and test to test, but range from .46 to .96. Most of the coefficients are .70 or above. Construct validity was determined using intercorrelations for four subgroup populations and their scale scores. Coefficients range from .49 to .81 (Median=.81).

The BRP-2 is intended for students 6 to 18 years of age who are in grades one through twelve. There are also scales for parents and teachers. Test administration should follow precisely written directions. Test examiners are encouraged to read and familiarize themselves with the BRP-2 prior to administration. Directions for each of the scales are found in pp. 18-21 of the manual. Scoring the BRP-2 is simple and straightforward. With the true-false answer format, raw scores are obtained easily and quickly for all scales. Raw scores are then converted to a standard score or a percentile rank. Scale scores are then entered onto the front of the booklet. If desirable, scores can be transferred from the test booklet to a separate profile sheet. Standard scores and percentile ranks are based on a nationally standardized group.

For interpretation purposes, the higher the raw score the better. Standard scores range from very poor to very superior. Lower scores lead to a test interpretation of poor to very poor. Higher scores lead to an interpretation of superior to very superior. Mid-range scores include below average, average, and above average. A score range is provided for each interpretive category on each scale.

Disciplinary Profiles

The discipline records of each student were analyzed to determine pre- and post-treatment differences. The student's disciplinary profile includes disciplinary infractions which are monitored very closely and are available for recordkeeping purposes. In addition, the infractions are coded to identify the appropriate discipline category. The data for discipline referrals and suspensions was collected following the post-treatment period.

Survey

To determine if counselors perceive brief family counseling to be an effective and efficient counselor practice, a survey was developed to measure counselor attitudes. Counselors involved in the study were asked to rate brief family counseling compared to individual counseling. Counselors were asked to rate its effectiveness and appropriateness for the school setting.

Procedures

To determine participant appropriateness for inclusion in the current study, baseline data (discipline referrals and suspensions) from the current school year was analyzed. Students who met the identified criteria for the study were eligible for participation. Students and families were referred for participation in the study by school administrators. School administrators referred participants to the school counselors involved in the study.

Participants

School administrators offered voluntary participation to potential parents by telephone or referral to the school counselor following a disciplinary referral or action where the criteria for inclusion in the study were satisfied. Parents were fully apprised of the parameters of the study by signing an Informed Consent Form (Appendix A). Administrators were given a script to invite parents to participate in the study (Appendix B). The administrator then informed the school counselor that the parent had consented to participate in the study.

Although school administrators referred students for this study, they had no knowledge to which treatment group participants were assigned. The school counselor contacted the parent by phone to schedule the treatment session and gather preliminary treatment information. The treatment session occured within three to five school days following the parent contact.

Treatment

The treatment period included a pre-treatment data collection period, treatment session, and a post-treatment data collection period. The pre-treatment period was defined as twenty school days or one school month prior to the treatment session. The post-treatment period was defined as twenty school days or one school month following the treatment session. The two treatment periods occured during the third, fourth, and fifth months of the school year. Treatment sessions were held in the middle school during the regular school day.

Prior to the initiation of the study, participants were randomly assigned to the treatment groups in a predetermined manner (Appendix C). As mentioned earlier, the research design for this study included two experimental treatment groups and one control group. Two counselors were used to strengthen the design of the study by reducing experimenter bias (Kerlinger, 1986).

Experimental group one participants received one individual counseling session based on the work of de Shazer (1985, 1988) and Talmon (1990). A protocol was developed for the brief individual counseling session and is found in Appendix D. Students completed the BRP-2 Student Rating Scale prior to the treatment session. In addition, one teacher of the student participants completed a BRP-2 Teacher Rating Scale and the student's parent or guardian completed a BRP-2 Parent Rating Scale. The counselor for the session completed the demographic information sheet (Appendix E).

Experimental group two received one family counseling session based on the work of de Shazer (1985, 1988) and Talmon (1990). The protocol for the brief family counseling session is found in Appendix F. Prior to the session, each parent completed the BRP-2 Parent Rating Scale and each student completed the BRP-2 Student Rating Scale. The BRP-2 Teacher Rating Scale was completed by one of the student's teachers. The counselor for the session completed the demographic information sheet (Appendix E).

Group three, the non-equivalent control group, received no counseling. This group was comprised of families asked to participate in the study but who declined the counseling interventions. These parents were asked to complete BRP-2 scales (parent, student, and teacher) and permission was granted by parents to use discipline profiles for comparison with the experimental groups.

All treatments were completed by the end of the fourth school month. At the end of the fifth month of school (the post-treatment period), discipline referral and suspension data, and BRP-2 ratings were collected to determine outcomes.

Parents were asked to complete the post-treatment BRP-2 rating via the mail. Teachers and students also completed the post-treatment BRP-2 ratings. Post-treatment numbers were compared with corresponding numbers from the same time period prior to treatment to determine treatment effects.

Prior to the initiation of this study, the investigator participated in intensive training in solution-focused brief counseling. The training consisted of two full days of theory, skills, and practice based on the solution-focused brief counseling model. The training was led by nationally recognized solution-focused brief counseling trainer, Dr. Scott Miller (Miller, 1994).

The two counselors involved in the study, each an experienced school counselor, received the necessary training using the previously identified protocols for brief individual and brief family counseling (Appendices D &F). The training was approximately six to eight hours and led by the investigator. After the initial and follow-up training, the counselors received regular project support and feedback from the project investigator. At the conclusion of the project, the participating counselors responded to a survey (Appendix G) designed to assess their participation with using the two treatments.

Data Analysis

Descriptive Statistics

Basic descriptive statistics including means and standard deviations are presented for the three groups in Chapter 4. Analyses of participant demographic data and treatment group results for discipline referrals, discipline suspensions, and BRP ratings are also included. Responses from the counselor survey were obtained to assess counselor perceptions regarding the treatments.

Inferential Statistics.

Analysis of Covariance (ANCOVA) for independent measures was used to examine observed differences of scores on the incidence of discipline referrals, suspensions, and BRP ratings for the three treatment groups. Additional analyses using *t* -tests and analysis of variance (ANOVA) to compare pre-and post-treatment means for each group were done.

Limitations of the Study

The first limitation of the study is related to the sample size. The original sample size was intended to be 60 participants. The actual sample size in the study was 29 participants, or almost half of the intended sample size. The smaller sample size was caused by the second school having to withdraw from participation in the data collection portion of the study. The power of the results was therefore impacted. Having secured one-half of the intended sample size, the confidence of the results has to be considered in relation to the sample size.

The second limitation involved the design. A true control group was not available for the study as the no counseling group was composed of families who declined the treatment for this study. Consequently, this no counseling group was used to compare results with the experimental groups. The non-equivalent control group families did agree to allow data to be gathered (e.g. behavior ratings, discipline profiles). An equivalent control group would strengthen the confidence of the major findings.

The third limitation deals with the fact that the middle schools used in the study were selected for participation and not randomly selected. While these middle schools may be representative of other middle schools, the selection of schools restricts generalizing the results beyond the participating schools. Given that the schools chose to participate in the study may make them different from other schools which may have chosen not to participate. Factors related to this issue include school administration or leadership, discipline practices in the school, counseling services, and counselor role.

A fourth limitation is the need to restrict these findings to the group of students identified as school discipline problems for this study. For the purposes of this study, school discipline problems were students who committed infractions in the disruptive/disrespectful/profanity discipline category (Winston-Salem/Forsyth County Discipline Analysis, 1993). An analysis of a different discipline category would have to be established separate and apart from this study. Consequently, these findings cannot be generalized to any other discipline group or category.

A final limitation concerns the selection of teachers to complete the Teacher Rating Scale of the BRP-2. In this study, teacher participation was not done randomly or systematic. Subsequent studies should develop a procedure to address this limitation. If it were possible, it would be advantageous for the teacher who is to rate the student, be one who has contributed to the student's inclusion in the study (e.g. that the teacher had referred the student to the office for misbehavior, thereby having assisted the student in meeting the criteria needed for inclusion in the study). This was not done in this study and some students were rated by teachers whom they apparently had positive relationships, while others were rated by teachers where the relationship was not as positive.

Pilot Study

A pilot study was conducted in the spring of 1995 in preparation for the current study. The pilot study was done in one middle school with a single counselor providing both experimental treatments, brief individual and brief family counseling. Parents completed the pre-and posttreatment BRP for students participants. Data was collected and analyzed for the treatment and control groups on disciplinary referrals and suspensions. Due to the small sample in the pilot study, no significant differences could be established among the groups. Completing the pilot was beneficial in preparation for the current study as many logistical questions were answered. The completion of the pilot study enhanced the methods, results and analysis of the current study.

Summary

This chapter outlined the technical components of the study. The research questions and hypotheses indicate that differences are expected between the experimental and comparison treatment groups (individual, family, and no counseling). An analysis of differences among the treatment groups for discipline referrals and suspensions will be measured pre-and post-treatment. The Behavior Rating Profile-2 was selected as the primary measurement instrument. The procedures including participants, randomization, and treatments were also discussed. Data analysis procedures include descriptive and inferential statistics. Finally, the limitations associated with the quasi-experimental design of the study were identified.

CHAPTER IV

RESULTS

This chapter describes the results of the data analyses for the research questions and hypotheses posed in this study. Pre- and post-treatment means and standard deviations for variables in the study are reported in the section where each research question is reviewed. The variables in the study included school suspensions, discipline referrals, and behavior ratings completed by teachers, parents and student participants.

Research Question One

Will the incidence of school suspensions be effected by brief family counseling? This question was investigated via Hypothesis 1: The number of school suspensions by students whose families have participated in brief family counseling will be significantly less than students participating in brief individual counseling or no counseling.

The first research question concerned the incidence of school suspensions being effected by using a brief family counseling intervention. Comparative mean score results for the three groups, brief individual counseling, brief family counseling, and no counseling were obtained. The scores include pre-treatment and post-treatment results. Table 4.1 provides the raw score data for the number of suspensions for each group, pre-treatment and post-treatment. The brief individual counseling group had a total of 12 pre-treatment suspensions and nine post-treatment suspensions. The brief family counseling group had 15 pre-treatment suspensions and ten post-treatment suspensions. The no counseling group had eight suspensions pre-treatment and ten suspensions post-treatment.

Table 4.1

School Suspensions

Treatment Group	n	Number of Suspensions PreTreatment	Number of Suspensions Post-Treatment
BIC	10	12	09
BFC	9	15	10
NC	10	08	10

BIC = Brief Individual Counseling

BFC= Brief Family Counseling

NC=No Counseling

The pre-treatment mean and standard deviation scores for school suspension are found below in Table 4.2. The post-treatment scores for school suspension also are found below. The brief individual counseling group had pre-treatment mean and standard deviation scores of 1.20 and 1.03 respectively. The post-treatment scores were .90 and .77. The brief family counseling group had pre-treatment mean and standard deviation scores of 1.60 and 1.56. The post-treatment scores were 1.10 and .77. The no counseling group had pre-treatment mean and standard deviation scores of .80 and .99, respectively. The post-treatment scores were 1.00 and .81.

Table 4.2

Pre-Treatment and Post-Treatment

School Suspensions

Treatment	n	Pre-Treatment		Post-Treatment	
Group		Mean	SD	Mean	SD
BIC	10	1.20	1.03	.90	0.77
BFC	09	1.60	1.56	1.10	0.77
NC	10	.80	.99	1.00	0.81

An analysis of covariance (ANCOVA) was done to compare group scores on the dependent variable, school suspensions, for the three groups, brief individual counseling, brief family counseling, and no counseling. Table 4.3 provides the ANCOVA results. The obtained *F* value was 6.90. This result was significant at the .05 level with a critical *F* value of 3.40. Significant results were also obtained at the .01 level with a critical *F* value of 5.61.

Table 4.3

ANCOVA Summary Table for

Post-treatment School Suspensions

Source	SS	*v*	MS	F	*p*
Between	5.64	2	2.82	6.90**	<.05
Within	10.62	24	0.40		

**p*<.05 ***p*<.01

Research Question Two

Will the incidence of school discipline referrals be effected by brief family counseling? This question was investigated via Hypothesis 2: The number of discipline referrals by students whose families have participated in brief family counseling will be less than students participating in brief individual counseling or no counseling.

The second research question concerned the incidence of school discipline referrals being effected by using a brief counseling intervention. Comparative mean score results for the three treatment groups, brief individual counseling, brief family counseling, and no counseling were obtained. Table 4.4 provides the raw score data for the number of discipline referrals for each group, pre-treatment and post-treatment. The brief individual counseling group had a total of 18 pre-treatment discipline referrals and ten post-treatment discipline referrals. The brief family counseling group had 23 pre-treatment discipline referrals and 13 post-treatment discipline referrals. The no counseling group had ten discipline referrals pre-treatment and 11 post-treatment discipline referrals.

Table 4.4

Discipline Referrals

Treatment Group	n	Number of Referrals Pre-Treatment	Number of Referrals Post -Treatment
BIC	10	18	10
BFC	09	23	13
NC	10	10	11

BIC = Brief Individual Counseling

BFC= Brief Family Counseling

NC=No Counseling

The pre-treatment mean and standard deviation scores for discipline referrals are found below in Table 4.5. The post-treatment scores for discipline referrals are also found below. The brief individual counseling group had pre-treatment mean and standard deviation scores of 1.80 and 1.13 respectively. The post-treatment scores were 1.00 and .67. The brief family counseling group had pre-treatment mean and standard deviation scores of 2.55 and 1.59. The post-treatment scores were 1.40 and 1.13. The no counseling group had pre-treatment mean and standard deviation scores of 1.00 and .88 respectively. The post-treatment scores were 1.00 and .73.

Table 4.5

Pre-Treatment and Post-Treatment

Discipline Referrals

Treatment Group	n	Pre-treatment		Post-treatment	
		Mean	SD	Mean	SD
BIC	10	1.80	1.13	1.00	.67
BFC	09	2.55	1.59	1.40	1.13
NC	10	1.00	.88	1.00	.73

An analysis of covariance (ANCOVA) was done to compare group scores on the dependent variable, discipline referrals, for the three groups, brief individual counseling, brief family counseling, and no counseling. Table 4.6 provides the ANCOVA results. The obtained *F* value was 13.09. This result yielded significant results at the .05 level with a critical *F* value of 3.40. Significant results were also obtained at the .01 level with a critical *F* value of 5.61 and the .001 level with a critical *F* value of 9.34.

Table 4.6

ANCOVA Summary Table

for Post-Treatment Discipline Referrals

Source	SS	*v*	MS	F	*p*
Between	10.07	2	5.03	13.09***	<.05
Within	10.00	24	0.38		

*p<.05 **p<.01 *** p<.001

Additional analysis was done for the brief family counseling group discipline referrals. A *t*-test for dependent or paired samples was done to determine if mean differences existed for the brief family counseling group between the pre-and post-treatment scores. A *t* - value of 1.64 was obtained. A critical *t* - value of 1.86 was necessary to reject the null hypothesis. This result indicated that no significant differences existed on the pre-and post-treatment mean scores.

Research Question Three

Will the behavior ratings by parents of student participants be improved through the use of brief family counseling? This question will be investigated via Hypothesis 3: The rating of behavior by parents of students participating in brief family counseling will be more positive than students participating in brief individual counseling or no counseling.

The third research question focused on positively impacting the parent-child relationship using a brief counseling intervention. This question was investigated using the Behavior Rating Profile-2 (BRP-2) Parent Rating Scale. Data were collected for each of the treatment groups. Less than half of the Parent Rating Scales were returned for the individual and no counseling groups. As a result, the data presented here is for the family group only. Pre-and post-treatment results are provided. The mean raw scores and standard deviations can be found in Table 4.7. The pre-treatment group mean was 56.60 and the post-treatment mean was 55.77. The pre-treatment standard deviation was 17.20 and the post-treatment score was 18.10. Table 4.8 provides the mean standard scores for the family counseling group. The pre-treatment standard score was 6.60 and the post-treatment score was 6.30. Raw and standard score results show a decline in the rating of behavior by parents of student participants.

Table 4.7

BRP-2 Parent Rating Scale (PRS)

Means and Standard Deviations

Treatment Group	n	Pre-Treatment PRS	SD	Post-Treatment PRS	SD
BFC	09	56.60	17.20	55.70	18.10

BFC= Brief Family Counseling

Table 4.8

BRP-2 Parent Rating Scale

Standard Scores

Treatment Group	n	Pre-Treatment PRS	Post-Treatment PRS
BFC	09	6.60	6.30

A *t*-test for dependent or paired samples was done to determine if mean differences existed for the brief family counseling group between the pre-and post-treatment scores for the Parent Rating Scale. A *t* - value of 1.29 was obtained. A critical *t* - value of 1.86 was necessary to reject the null hypothesis. This result indicated that no significant differences existed on the pre-and post-treatment mean scores for the Parent Rating Scale.

Research Question Four

Will the behavior ratings by teachers of student participants be improved through the use of brief family counseling? This question was investigated via Hypothesis 4: The ratings of behavior by teachers of students participating in brief family counseling will be more positive than students participating in brief individual counseling or no counseling.

The fourth research question focused on positively impacting the student-teacher relationship using a brief counseling intervention. This question was investigated using the Behavior Rating Profile-2 (BRP-2) Teacher Rating

Scale. A total of 15 teachers who were the current teachers of the student participants completed Teacher Rating Scales for the study. Data were collected for the brief individual counseling, brief family counseling, and no counseling treatment groups. Post-treatment results are provided. The BRP-2 post-treatment mean raw scores and standard deviations can be found in Table 4.9. The brief individual counseling group had post-treatment mean and standard deviation scores of 36.28 and 15.60 respectively. The brief family counseling group had post-treatment mean and standard deviation scores of 42.42 and 15.37. The no counseling group had pre-treatment mean and standard deviation scores of 54.57 and 10.04 respectively.

Table 4.9

BRP-2 Teacher Rating Scale (TRS)

Means and Standard Deviations

Treatment Group	n	Post-Treatment TRS	SD
BIC	10	36.28	15.60
BFC	09	42.42	15.37
NC	10	54.57	10.04

Table 4.10 provides the pre-and post-treatment standard scores for each treatment group. No pre-treatment scores are presented for the no counseling

group due to procedural problems in collecting the data from participating teachers.

Table 4.10

BRP-2 Teacher Rating Scale

Standard Scores

Treatment Group	n	Pre-Treatment TRS	Post-Treatment TRS
BIC	10	4.70	4.40
BFC	09	5.40	5.70
NC	10	N/A	7.10

An analysis of variance (ANOVA) was done to compare group scores on the dependent variable, teacher rating scale, for the three groups, brief individual counseling, brief family counseling, and no counseling. Table 4.11 provides the ANOVA results. The obtained *F* value was 3.50. The critical *F* value was 3.40. These results indicated significant differences at the .05 level.

Table 4.11

ANOVA Summary Table

for BRP-2 Teacher Rating Scale

Source	SS	*v*	MS	F	*p*
Between	1559	2	779	3.50*	<.05
Within	5335	24	222		

*$p < .05$

Research Question Five

Will the behavior rating of student behavior by the student participants be improved through the use of brief family counseling? This question was investigated via Hypothesis 5: The rating of behavior by students participating in brief family counseling will be more positive than students participating in brief individual counseling or no counseling.

The fifth research question focused on positively impacting student behavior using a brief counseling intervention. This question was investigated using the Behavior Rating Profile-2 (BRP-2) Student Rating Scale. Data were collected for the brief individual counseling, brief family counseling, and no counseling treatment groups. Insufficient data were collected for the no counseling group and is not presented here. Post-treatment results are provided. The BRP mean raw scores can be found in Table 4.12. The brief individual counseling group had a post-treatment mean score of 13.50 and a standard deviation score of 3.30. The brief family counseling group had a post-treatment mean score of 9.50 and a standard deviation score of 3.67.

Table 4.12

BRP-2 Student Rating Scale (SRS)

Means and Standard Deviations

Treatment Group	n	Post-treatment SRS	SD
BIC	10	13.50	3.30
BFC	09	9.50	3.67
NC	N/A*		

* NA or not available; less than half of the SRS protocols for the NC group were available therefore the data was determined to be insufficient .

Table 4.13 provides the pre-and post-treatment standard scores for the brief individual counseling group and the brief family counseling group. For the brief individual group, the scores are 10.20 and 8.36 respectively. For the brief family group, the scores are 7.80 and 7.00.

Table 4.13

BRP-2 Student Rating Scale

Standard Scores

Treatment Group	n	Pre-Treatment SRS	Post-Treatment SRS
IC	10	10.20	8.36
FC	09	7.80	7.00
NC	N/A*		

* NA or not available; less than half of the SRS protocols for the NC group were available therefore the data was determined to be insufficient .

A *t*-test for independent samples was done to determine if significant differences existed for the two groups. The obtained *t* - value was .63. The critical *t* - value was 1.74. No significant differences were noted between the two groups on post-treatment results.

Additional Analysis

An overarching question germane to this study has been the feasibility and practicality of the use of brief family counseling by school counselors. The two counselors participating in the study were asked to respond to a survey relative to their school counseling practice in general and to brief and family counseling in particular. The information obtained from the survey developed to measure counselor attitudes is descriptive at best. Even though the number of counselors participating in the study was small, it was deemed appropriate to assess their attitudes concerning the use of brief family counseling as an intervention for school counselors.

Overall impressions indicated a positive regard for brief counseling in general. It was said that "much of what school counselors do is brief counseling and it was nice to have a model to follow or use in a systematic manner." One counselor noted that she "really liked the solution-focused approach and felt that the model was a good one for the school setting."

A preference for brief family counseling over brief individual counseling could not be established. While counselors participating in the study liked the model and protocol used in the study, concerns were voiced over their ability to incorporate a brief family counseling component in a systematic way into an already crowded school counseling program. In particular, counselors expressed concern over their ability to consistently involve parents from this population group. During the training and data collection phases of the study, the counselors indicated problems with making contacts with parents and with participants keeping appointments. Finally, counselors expressed mixed reactions to the feasibility and practicality of brief family counseling by school counselors.

Summary

The results for each of the research questions posed for this study were presented in this chapter. The questions were answered using ANCOVA and *t*-tests as the primary statistical tools. Using analysis of covariance (ANCOVA) significant differences were found among the three groups on school suspensions and discipline referrals. Students who participated in brief family counseling had significantly fewer suspensions and discipline referrals than student participants from the brief individual counseling group and the no counseling group. In addition, significant differences were found on the behavioral ratings done by teachers and student participants.

CHAPTER V

DISCUSSION AND CONCLUSIONS

This chapter presents a discussion of the major findings from this study of brief family counseling with middle school students experiencing discipline problems. The chapter also provides a discussion of the results and recommendations for further study. Implications for future research are explored and conclusions are drawn based on the analysis of the data.

Major Findings of the Study

The major findings of the study are summarized as follows:

1. ANCOVA results indicated that brief family counseling participants had significantly fewer school suspensions than the brief individual counseling and control treatment groups.
2. ANCOVA results indicated that brief family counseling participants had significantly fewer discipline referrals than the brief individual counseling and control treatment groups.
3. No significant differences were found between the pre and post-treatment scores of students in the brief family counseling treatment group on behavior rating scales completed by parents.

4. ANOVA results indicated that the no counseling group scored significantly higher than the brief individual counseling or the brief family counseling group on behavior ratings completed by teachers.
5. No significant differences were found between the brief individual counseling and brief family counseling groups on self-ratings of behavior by student participants.

Discussion of Results

School Suspensions

For the hypothesis examining school suspensions, a review of the post-treatment raw data for this variable indicated 25% fewer suspensions for the brief individual counseling group, 33% fewer suspensions for the brief family counseling group, and 20% more suspensions for the no counseling group. These results indicated improvement in each of the experimental treatment groups, with the greatest gain in the brief family counseling group. In addition, a slight deterioration in behavior was noted for the no counseling group. This finding provides support for the effective use of counseling with middle school students who experience discipline problems.

The standard response to disciplinary issues in schools is punitive in nature. These findings indicate that counseling can be effectively used to reduce the incidence of school suspensions. The escalation of school suspension rates is certainly of great concern to principals and other school administrators alike.

Moreover, counseling as a preventive measure can be used to help students early in the discipline process (e.g., before they become identified as school discipline problems).

The finding from this study that brief family counseling is more effective than brief individual counseling gives support for the use of the brief family counseling intervention. With family members acting as "natural supports and cotherapists" (Talmon, 1990), brief family counseling can be used to impact those students and their families who are willing and able to participate in this service in the school setting. Brief family counseling in the schools also can serve as the catalyst for other positive changes in the family.

It is certainly important to point out the fact that the no counseling group experienced more suspensions following the treatment period. This finding suggests that schools must do something besides suspension to effectively address student discipine problems. This study has demonstrated that counseling is a useful strategy in addressing this concern.

Disciplinary Referrals

The second hypothesis examined discipline referrals. As was found with the post-treatment suspension data, post-treatment discipline referrals were significantly reduced for the brief family and brief individual counseling groups. The greatest gains from pre to post-treatment means on this measure was obtained by the brief family counseling group. Again, there also was a slight increase in the number of discipline referrals for the no counseling group. This finding adds additional support for the value of counseling with students experiencing discipline problems.

The result for disciplinary referrals is noteworthy given its relationship to school suspensions. Disciplinary referrals eventually lead to school suspensions. Consequently, impacting disciplinary referrals invariably impacts suspensions. Support for the use of counseling to reduce disciplinary referrals also provides teachers with an alternative to office referrals for students experiencing discipline problems. Counseling can be an effective means of interrupting the often well established link between disciplinary referrals and school suspensions. For this to occur though, teachers and administrators must recognize results such as those found in this study as evidence that counseling is effective with school discipline problems. Results from this variable for the no counseling group were consistent with those found for the school suspension variable. Together these results indicate a definite need on the part of school personnel to intervene with students experiencing discipline problems through more than just suspension.

Additional analysis on the brief family counseling group was done to determine if significant differences were obtained for the pre-and post-treatment period means. The pre-treatment mean of 2.55 was somewhat higher than the post-treatment mean of 1.40. The dependent *t*-test results produced a value of 1.64. A comparison with the critical *t*-value at the .05 level indicated no significant differences for the measure discipline referrals pre-and post-treatment. However, from a practical standpoint, reducing disciplinary referrals by more than one is worth noting.

Parent Rating Scale

The rating of student participant behavior by parents in the brief family counseling group yielded a pre-treatment standard score mean of 6.60. The post-treatment mean was 6.30. The Behavior Rating Profile-2 (Brown & Hamill, 1990) interpretation section for the parent rating scale indicates that a standard score between six and seven falls into the below average category of standard scores. Standard scores range from the very poor category (1-3) to the very superior category (17-20).

The parents in the brief family counseling group viewed their children as functioning slightly below what the average would be expected for this group. For all participants in the brief family counseling group, the range of standard scores was 2 to 13 for the pre-treatment score and 2 to 13 for the post-treatment score. The single observation of the standard score 13 was the only case in which a parent scored their child higher than the below average category. Due to the small sample size in this group, the single observation of 13 had an obvious effect on the results for this question. It is helpful for counselors to know that in the face of evidence (e.g., school suspensions, discipline referrals) which indicates serious school discipline problems, some parents will be reluctant or unwilling to acknowledge that their child is experiencing such problems. When such is the case, the counselor must be sensitive to the parent's position. Otherwise, the counselor risks falling into the trap of finding themselves labeled as part of the school point of view by the parent and unable to effectively intervene with the student or family. For the parent who has not fully acknowledged the difficulties their child is having in school, it is unlikely that counselors will be able to convince them of this point by stressing what might be viewed by the school as overwhelming evidence pointing to the seriousness of the problem.

The Parent Rating Scale scores indicated that as a group, parents were aware that their children were slightly below what would be expected in behavior. However, given that student participants in this study had repeated incidents of school discipline problems, the parents evaluation of their children seems to be underestimated. In addition, the Parent Rating Scale measures behavior at home and at school, thereby affording the parent and the researcher the opportunity to note similarities and differences at home and in the school setting. Awareness of the problem by parents is certainly crucial to their involvement and participation in measures to correct inappropriate behavior.

Teacher Rating Scale

The BRP-2 Teacher Rating Scale was completed for participants in each treatment group. The post-treatment standard score mean for the brief family counseling group was 5.70, for the brief individual counseling group 4.40 and for the no counseling group 7.10. Pre-treatment means for each group were comparable to the post-treatment mean scores.

Teacher ratings for the no counseling group were much higher than those obtained in either the brief family counseling or brief individual counseling group. Earlier findings indicated that students from the no counseling group had increased suspensions and discipline referrals following the treatment period in this study. Consequently, this finding is quite surprising. Given that this result is the first in which the no counseling group had better post-treatment scores than the brief individual counseling or brief family counseling group, it is important to discuss possible reasons for this finding.

One possible explanation for this unusual outcome is that teachers selected to complete the behavior ratings for the study were not done randomly or in connection with any existing discipline problems with student participants. It seems apparent now that the design of the study should have included a systematic procedure for the selection of teachers for rating student behavior. The lack of a systematic procedure resulted in a teacher selection process that provided for data collection for the study but not a "clean" process.

This study was done with students and teachers in the middle school setting. The middle school concept consists of a "team" of teachers for each student. In this study, one of the teachers from the student's "team" of teachers was asked to rate the student's behavior. A more clearly determined process was needed to obtain teacher input into the study (e.g., the teacher who had referred the student to the office the most would be the teacher to provide the behavior rating evaluation). Ratings from all teachers from the "team" would be another way to measure student behavior and would provide a more comprehensive view of the student's behavior.

The results indicated that teachers who rated the no counseling group may not have experienced discipline or behavior problems with those students. That was also a possibility with the other treatment groups. To a certain extent, this finding challenges the idea that a student is a "school discipline problem" and puts forth the idea that students may be discipline problems in certain situations or with certain teachers. This researcher's experience as a school counselor supports the idea that students experiencing discipline problems may not be having problems with every teacher. From this finding it may be useful to determine if students experiencing discipline problems are "teacher specific" or "teacher pervasive".

Student Rating Scales

The three Student Rating Scales (Home, School, and Peer) were obtained for the family counseling and individual counseling groups. The brief individual counseling group students rated themselves consistently higher than the brief family counseling students on all scales, with the most extreme difference being detected on the school scale. Individual analysis of profile scores indicate a much higher evaluation of current behavior than expected by students in the brief individual counseling group. Student participants in both groups consistently rated themselves lower on the school scales, though the brief individual counseling group rated themselves higher than the brief family counseling group. This is an acknowledgement that the students are aware that they are not as successful in school as they are at home or with their peers.

Using the obtained scores and the BRP-2 interpretive guide, the brief family counseling group rated itself in the low average range on the Home scale, below average on the School scale, and average on the Peer scale. For the brief individual counseling group, respondents placed themselves in the high average range on the Home scale, average on the School scale, and high average on the Peer scale.

The important finding here is that the students participating in the study (the brief individual counseling group in particular) appear to underestimate their degree of difficulty in the school setting. The failure by student participants to recognize the severity of their behavior problems may account for continued disciplinary referrals and suspensions. Parent results also indicated a tendency toward underestimation of student discipline problems. When coupled together, students and parents who deny or minimize discipline problems present a real challenge to the counselor charged with helping a student or family address this issue.

Recommendations for Further Study

There are several recommendations for further research. These recommendations are identified below.

1. The inclusion of a larger sample is desirable. While the results found in this study are supportive of school counseling in general, and brief family counseling in particular, a larger sample would increase the confidence in the results. This could be done by including more schools and counselors. It should be noted however that in doing so, the amount of training and time necessary for project implementation increases proportionately.
2. It is recommended that future research consider carefully some components of the research design used in the current study. The length of treatment, the length of the pre-and post treatment periods,

and the population under study are all critical. Future research also may want to test a different time-limited intervention model.

3. It is recommended that future research consider the use of additional qualitative analyses. For research such as described in this study, qualitative analysis would provide additional information for examining results, particularly when the sample size is small. For example, the use of the multiple case study method would yield important information for individual cases where pre-and post treatment differences were obtained but are not readily a part of quantitative analysis. Anton (1978) indicated that "case studies can provide valuable information on specific types of individual behavior that occur too infrequently to be studied repeatedly (p. 120)."
4. It is recommended that the teacher completing the rating of student behavior be the one who referred the student to the office on at least one occasion. This was a critical omission involved with this study for obtaining results on the Teacher Rating Scale of the BRP-2. A procedure was needed to systematically include teachers in the teacher assessment of student behavior who were directly involved in discipline referrals.
5. It is recommended that future researchers consider the type of client involved in the study. Miller (1994) identified three types of clients, visitors, complainants, and customers. The ability to assess the type of client may assist the researcher in interpreting significant or

nonsignificant results. For example, visitors are characterized as clients who are not very motivated in the counseling session and who are not as likely to see the the merits of counseling. These clients tend to be referred versus self-referred in the counseling process. In the current study, the population of clients were students referred for counseling. It is quite possible that assessing the participants on client types would have assisted in interpreting the results, even where no significant group differences were obtained.

Implications

School counselor training has traditionally focused on counseling approaches which lend themselves to long-term treatment. While such training is important to the development of beginning school counselors, time-limited or brief approaches to counseling represent an equally important segment of counseling approaches. Current counselor to student ratios exceed the suggested guidelines. As a result, school counselors have always used brief approaches even when they have not done so in a systematic manner. However, an intentional use of an appropriate brief model in the school setting is needed.

Talmon's (1990) single-session approach used in this study is but one example of an appropriate and effective brief counseling model that can be used by school counselors. Additionaly, de Shazer's (1985) solution-focused concepts provided an important philosophy and structure for completing the tasks of counseling in the single-session format. Findings from this study indicated that brief individual counseling was effective in reducing school suspensions and discipline referrals for students experiencing discipline problems. Because the population of students experiencing discipline problems can be quite large, the single-session format would allow for increased use of counselor services in helping schools to address what has become an increasingly important issue in education.

Results of this study also support the use of brief family counseling in the school setting. In fact, students who participated in the brief family counseling treatment experienced significant reductions in the number of school suspensions and discipline referrals during the post-treatment period. These findings support the idea that the system's approach to counseling can be effective in the school setting.

As our society becomes more complex, school counselors represent the first line of defense for many mental health issues. School counselors can use brief family counseling skills to address many concerns voiced by parents. Hinkle and Wells (1995) wrote that brief family counseling is "particularly appealing to school counselors" (p.37), especially when it is problem-oriented.

By no means, however, is it advocated here that school counselors rely exclusively on brief family counseling. The fact that the typical school counselor has little or no training in family counseling work speaks to the need for good comprehensive and developmental school counseling programs to continue. If brief family counseling is to become a standard practice for school counselors, counselor education programs must incorporate family counseling courses in the plans of study for its students. This means that counselor education programs must accept the premise that such training is necessary and offer the appropriate curriculum to address the need. Currently, because family counseling is typically considered beyond the scope of school counselors, counselors in-training have had to take individual initiative in obtaining family counseling training by choosing to enroll in such courses as program electives. In addition, practicing school counselors can also obtain training in brief family counseling through workshops, consultation, and supervision (Hinkle & Wells, 1995).

Counselors have traditionally taken great care not to be seen as disciplinarians in the school setting. However, when students become identified as experiencing discipline problems, counselors can play an important role in assisting these students. In this study, counselors were routinely included in the process to assist students with discipline problems. As schools seek to find interventions to assist this population, incorporating the school counselor in a systematic fashion appears encouraging. The results from this study also suggest that counselors maintain positive relationships with teachers to address discipline problems and referrals. Oftentimes, counselors can intervene in situations that, if left unaddressed, can escalate into more difficult problems for the student. Brief individual and family counseling interventions can often be very appropriate for these students.

A final implication concerns the high incidence of African-American students experiencing discipline problems as evidenced in this study. In particular, African-American males experience great difficulty. In the current study, 65% of the participants were African-American. This percentage is noteworthy given that the racial composition of the participating school is one-third African-American

(WS/FC Statistical Analysis, 1993). While not exonerating this group, some consideration must be given to factors in the school environment that may be contributing to the disproportionate number of African-American students receiving discipline referrals and suspensions.

School-wide and individual teacher discipline policies certainly impact the results found in this study. Discipline policies may not be designed to disproportionately affect one particular group, but if in fact that may be the case, reconsideration of those policies seems in order. In addition, classroom management strategies impact the level of referrals and suspensions. These strategies are often affected by teaching styles as well as learning styles. Teachers must be keenly aware of incorporating consistent guidelines in implementing discipline policies.

Conclusions

This study sought to examine the use of brief family counseling with middle school students experiencing discipline problems. The use of brief family counseling by school counselors is an important question that must be slowly and carefully analyzed to determine the benefits or limitations of its use in the school setting. In using school counselors as the counselors doing the brief family counseling, this study was able to broaden the school counselors and family counseling research base. Many factors contributed to the successful completion of this study. There also were several factors that would be considered hinderances to the success of the study. The procedural component of this study was much more difficult to implement than first anticipated. The number of individuals involved in the procedure (counselors, students, parents, teachers, and administrators), the type of variables used in the study, and problems encountered in securing schools for participation all contributed to the difficulty (administrators resisted citing the additional work on counselors). In addition, unforeseen weather circumstances had a significant impact on the ability to complete the treatment and collect data for the proposed sample size.

This study used a single-session approach for the treatment intervention. The single-session treatment proved to be a useful intervention for use with middle students experiencing discipline problems. In particular, the solution-focused model was employed. Both Talmon's single-session approach and de Shazer's solution-focused approach are ideally suited for the school setting by school counselors. In fact, use of these approaches would provide counselors with a systematic implementation of brief counseling services that currently exists. As noted in the recommendations, future research should seek to broaden the use of time-limited treatment models in the school setting (e.g. different populations, age groups, etc.).

This researcher would like to reiterate the use of qualitative methods for data analysis in future studies. Even though most of the research questions and hypotheses produced significant differences among treatment groups, qualitative methods provide another kind of helpful analysis which can contribute to the overall understanding of the utilized treatment and its results. In the case of this study, qualitative analysis would have strengthened the interpretation of the results obtained.

Findings from this study provide positive indications that counseling appears to have a significant impact on students experiencing discipline problems. Both the brief individual counseling and brief family counseling groups showed significant improvement with decreased school suspensions and discipline referrals. For the counselor able to provide both services, it is encouraging to note that brief family counseling was even more effective than brief individual counseling with this population. Nonetheless, for the counselor able to provide brief individual counseling only, results for this intervention were also positive.

This study provides some important answers for the work of school counselors. One is that school counselors can have some confidence that the services they provide are effective. Often, the perception is that what counselor's do is not effective. This study provides a reasonable amount of support for the efficacy of brief counseling. In addition, in this age of accountability, it is important to provide services with measurable outcomes that document successful interventions. School counselors do well to intentionally consider directing a part of their skills and attention toward issues which can be easily measured. In addition, it would also seem increasingly important to collaborate with other school personnel on what they perceive to be important issues in the school setting.

It is hoped that this research represents the beginning (not the end) of the investigation into the use of brief family counseling by school counselors. This area of research has many possiblities for consideration. As school counselors continue to seek effective and nontraditional service delivery models, brief family counseling will undoubtedly remain on the horizen as a viable option worth serious consideration.

Summary

This study of the use of brief family counseling with middle school students experiencing discipline problems was conducted to determine its efficacy as compared to brief individual counseling and no counseling. Many students are referred to the school counselor for individual counseling, but family counseling is generally considered beyond the scope of school counselor services. This study sought to establish the use of brief family counseling as a viable alternative for counselors in the school setting. Specifically, the study focused on the group of students experiencing behavior problems in the disrespectful/defiant/profanity discipline category.

Participants in the brief individual and brief family counseling treatment groups received a single session of solution-focused brief counseling. Participants in the third group received no counseling. Participants had to meet certain disciplinary criteria to be eligible for the study. All participants were referred by school administrators for inclusion in the study. Pre-treatment and post-treatment data were collected on each participant for school suspensions, school discipline referrals, and behavior ratings by parents, teachers, and the student participants.

Significant results were obtained using analysis of covariance(ANCOVA) for the research questions focusing on school suspensions and disciplinary referrals Participants in the brief individual counseling group and brief family counseling group showed marked improvement in reduction of the number of school suspensions and discipline referrals following the treatment intervention. In isolating scores from the brief family counseling group, *t* - test results found no significant differences between pre-and post-treatment scores of students on the dependent variable, discipline referrals. Significant differences were found on behavioral ratings completed by teachers and the student participants.

Family counseling continues to increase in popularity in the field of counseling. The managed care revolution also has impacted the use of brief counseling models. These two areas, while not typically associated with school counseling, can certainly be studied to determine if family and/or brief counseling models can be applied to the school setting with effective results. School counselors find themselves innundated with students, parents, administrators and others requesting their services to meet the ever increasing needs of students. It is hoped that this study has in some way contributed to the possibilities that exist for the use of brief and family counseling in the school setting.

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Appendix A

INFORMED CONSENT FORM
Brief Family Counseling
Research Study

Purpose:

The purpose of this study is to examine the use of brief family and individual counseling by school counselors with middle school students experiencing discipline problems.

Participant Requirements:

You will be asked to participate in an individual or family counseling session. Each counseling session will be approximately one hour. You will also be asked to complete the ***Behavior Rating Profile*** before your counseling session and again four weeks after your completed counseling session.

Benefits:

Student participants will receive information and skills designed to increase the likelihood of school success. Parents will receive skills, feedback, and support intended to foster the success of their child in school. Each participant will receive one session of counseling by a master's level trained professional counselor. The counseling session will focus on strategies to reduce the incidence of disciplinary problems.

Confidentiality:

All information and responses obtained will be held in the strictest of confidence by the researcher. Confidentiality will be maintained in all oral and written communication associated with this study by identifying each participant by a project number only. Results of this research will be shared with school officials, although participant identity will remain confidential.

Please call Kenneth Simington at 727-2622 if you have questions regarding this study.

Statement of Participation:

I, ________________________, agree to participate in this study with my child

__________________________, by completing all the stated requirements. I understand that all responses and information will be held in the strictest of confidence by the researcher. In addition, I understand that participation is voluntary and neither my family or child is obligated to participate.

__________________________ __________________________

Parent Signature Date

__________________________ __________________________

Student Signature Date

Appendix B

Administrator's Script

Your child has been referred to the office __ times this year. We are concerned that your child continues to experience problems at school. We would like to invite you to participate in a special project that our school is involved in. In this project, students who are experiencing discipline problems are referred to our counseling office. The counselors are using two types of counseling procedures to determine their overall effectiveness. Would you be interested in participating in this project? If you are interested in participating in this project, I will give your name and phone number to our counselors who will contact you in the next couple of days to schedule an appointment.

*If parent is not interested, please ask if parents would be willing to allow project to monitor their child's disciplinary actions for a designated period of time (2 school months).

Parents who choose not to participate will be asked to allow this project to monitor their child's school disciplinary referrals and suspensions for the a one month period.

Appendix C

Random Treatment Assignment Procedure

Participants were assigned to treatment groups in a pre-determined manner prior to the initiation of the study. The study calls for a design which includes two counselors and two different treatments . Hence, a multi step method was used for random assignment. Step one involved a coin toss to determine which counselor would be designated Counselor #1. The other counselor was designated Counselor #2. Step two involved identifying and numbering identical squares of paper to be used for random assignment. On these paper squares, codes identifying counselor treatment assignment were written (e.g. C1T1). Step three involved placing all the squares of paper in a bag and shaking. Step four involved pulling one square at a time from the bag to determine treatment assignment. The outcome for the random assignment procedure can be found below:

Counselor 1= C1 Treatment 1= T1 Individual counseling=IC
Counselor 2= C2 Treatment 2= T2 Family counseling=FC

01-C2/T2
02-C1/T2
03-C1/T2
04-C2/T1
05-C2/T2
06 C1/T1
07-C2/T1
08-C1/T1
09-C1/T1
10-C1/T1
11-C2/T2
12-C2/T1
13-C2/T2
14-C1/T2
15-C2/T1
16-C2/T2
17-C1/T1
18-C2/T1
19-C1/T2
20-C1/T1

Appendix D

BRIEF INDIVIDUAL COUNSELING PROTOCOL

The protocol for the brief individual counseling session is a combination of ideas adapted from Moshe Tolman's Single-Session Therapy and Steve de Shazer's Solution-Focused Brief Therapy model. Ideas from both models were used because together they constitute a more applicable approach for this project. In addition, information obtained from a workshop on Solution-Focused Brief Therapy conducted by Scott Miller was also used.

I. **Fostering Readiness to Change**; instilling hope to clients is a basic and necessary ingredient for change to occur in counseling. A belief that the problem that the client brings in today can have a positive outcome should be communicated.

A. Provide opening comment that lets clients know you believe that the work today will be the beginning toward solving the current problem.

B. Counselor provides responses throughout the session that communicates to client continued belief that client problem can be solved.

II. **Establishing the Counselor-Client Relationship**; the relationship is critical in establishing the necessary conditions for successful brief counseling.

A. Listen to the complaint (problem) voiced by the student. This section will be greatly influenced by the type of client (student) in the session. Counselor style may be active or client-centered, depending on the client.

1. Give student ample opportunity to air his/her concern. Offer questions only when necessary.

B. Develop Focus on Client Complaint (Frame); Deconstruct frame (or picture) of how student currently views the problem.

1. Clients may provide complaint that is too large to address, assist with narrowing the focus to something manageable.

a. Because the treatment lasts for one session only, it is important that the counselor identify a part of the complaint that can be hopefully dealt with. The Solution-Focused principle of minimal change creating the context for further change applies here.

C. Identify client type; it is important to determine the type of client you are working with. In the latter part of the counseling session you will be assigning a task that is based upon your assessment of the client. Note: Client types can change over the course of a session.

1. Visitor; clients who provide counselor little opportunity to be of assistance in the counseling process. These clients may have been referred by others and may not indicate that problems exist or that there or goals to be worked on.
2. Complainant; clients who can describe problems in great detail. These clients believe someone or something else has the solutions. Client is more motivated towards talking about the problem than working on solving it.
3. Customer; clients who communicate a willingness to create "solutions" to existing problems. Counselor has clear picture of client goals, commitment, and resources.

III. **Searching for Solutions;** goal of this stage is to focus on the solutions rather than the problems. Once client has stated their complaint and counselor understanding is achieved, the shift toward solution takes place. The shift from problem-focus to solution-focus represents an important transition in this model.

A. The Miracle Question

"Suppose tonight, after our session,when you go home, go to bed, and fall asleep, while you are sleeping, a miracle happens. The miracle is that the problems that brought you here today are solved. When you wake up tomorrow morning, what will be some of the first things that you notice that will be different that lets you know the miracle has happened?"

B. Additional Questions

1. How will others know that the miracle happened? (e.g. What will they see or observe?).

2. When you no longer have the problem (that brought you here), what will you be doing instead? These questions identify "new" behaviors that are important for the client to "replace" the existing behaviors with.

3. What else? These questions allow client to provide more detail about the miracle and what will be happening after the miracle takes place.

C. Exceptions; exceptions represent those times when the problem the client has described are not present. Additional information about these times can assist the counselor in developing the therapeutic task.

1. Ask client are there any times now when any parts of the miracle are now happening.

    a. eliciting; obtaining information about when exceptions occur.
    b. elaborating; information about related circumstances or features.
    c. expanding; expanding exceptions to other contexts
    d. evaluating; assessing the client's perception (severity) of problem.
    e. empowering; communicating to client that exceptions can be norm.

IV. **Developing the Therapeutic Task;** a task is always given. However, the task is dependent upon the type of client (e.g. visitor).

A. Provide compliment to student for their efforts (e.g. I would like to thank you again for coming in today. Your being here really indicates that you want to be successful in school).

B. Prescribe Task; the task is closely linked to the counselor's assessment of client type. Do not ask student to do something you don't think he or she will do.

1. Task should be based on a solution (exception) student has identified.
2. Utilize Exceptions; exceptions become the solutions--Use the 5E method; Do more of this. Today

C. No Exceptions; identify hypothesized solutions.

1. Visitors may need help in developing solutions

V. **Allowing for Last Minute Issues**; allow time for any issues that client "forgot" to bring up during the earlier part of the session.

A. Sometimes clients may fail to disclose important information early in the session. When time permits or is needed, allow clients to raise last minute issues.

VI. **Closure and Follow-up**; Close session by once again communicating to parent inform family that you will be doing follow-up in approximately four weeks to see what progress has been made and to mail them the questionnaire to be completed.

Appendix E

IC/FC # _____
School ___________

PERSONAL INFORMATION SHEET

Please complete the following information

1. Grade: __6th __7th __8th

2. Sex: _____ 3. Age:_____

4. Ethnicity:

___ a. African-American
___ b. Caucasian
___ c. Hispanic
___ d. Native American
___ e. Asian-American
___ f. Other (please specify)
____

5. Adult(s) with whom student lives:

___ Mother and Father
___ Mother only
___ Father only
___ Guardian (please specify) ______________________

6. Adult(s) participating in counseling session

___ Mother
___ Father
___ Mother and Father
___ Guardian (please specify) ______________________
___ None

APPENDIX F

BRIEF FAMILY COUNSELING PROTOCOL

The protocol for the brief family counseling session is a combination of ideas adapted from Moshe Tolman's Single-Session Therapy and Steve de Shazer's Solution-Focused Brief Therapy model. Ideas from both models were used because together they constitute a more applicable approach for this project. In addition, information obtained from a workshop on Solution-Focused Brief Therapy conducted by Scott Miller was also used.

I. **Fostering Readiness to Change**; instilling hope to clients is a basic and necessary ingredient for change to occur in counseling. A belief that the problem that the family brings in today can have a positive outcome.

A. Provide opening comment that lets family know you believe that the work today will be the beginning toward solving the current problem.

B. Counselor provides responses throughout the session that communicates to family continued belief that problem can be solved.

II. **Establishing the Counselor-Client Relationship**; the relationship is critical in establishing the necessary conditions for successful counseling.

A. Listen to the complaint (problem) voiced by the parent and child
   1. Give client(s) ample opportunity to air their concern. Offer questions only when necessary.

B. Develop Focus on Client Complaint (Frame); Deconstruct Frame
   1. Family may provide complaint that is too large to address, assist with narrowing the focus to something manageable.

C. Identify client type

   1. Visitor; clients who provide counselor little opportunity to be of assistance in the counseling process. These clients may have been referred by others and may not indicate that problems exist or that there or goals to be worked on.
   2. Complainant; clients who can describe problems in great detail. These clients believe someone or something else has the solutions. Client is more motivated towards talking about the problem than working on solving it.
   3. Customer; clients who communicate a willingness to create "solutions" to existing problems. Counselor has clear

picture of client goals, commitment, and resources.

Note: The counselor must assess each family participant individually. It is possible that the parent and child may occupy different client types. This is important when considering the tasks to be assigned near the end of the session.

III. **Searching for Solutions;** goal of this stage is to focus on the solutions rather than the problems. Once the family has stated their complaint and counselor understanding is achieved, shift to solution takes place. The shift from problem-focus to solution-focus represents an important transition in this model.

A. The Miracle Question

"Suppose tonight, after our session,when you go home, go to bed, and fall asleep, while you are sleeping, a miracle happens. The miracle is that the problems that brought you here today are solved. When you wake up tomorrow morning, what will be some of the first things that you notice that will be different that lets you know the miracle has happened?"

Note: The Miracle Question should be asked to child and parent.

B. Additional Questions

1. How will others know that the miracle happened? (e.g. What will they see or observe?).

2. When you no longer have the problem (that brought you here), what will you be doing instead? These questions identify "new" behaviors that are important for the family to "replace" the existing behaviors with.

3. What else? These questions allow the family to provide more detail about the miracle and what will be happening after the miracle takes place.

C. Exceptions; exceptions represent those times when the problem the client has described are not present. Additional information about these times can assist the counselor in developing the therapeutic task.

1. Ask client are there any times now when any parts of the miracle are now happening.

a. eliciting; obtaining information about when exceptions occur.
b. elaborating; information about related circumstances or features.
c. expanding; expanding exceptions to other contexts
d. evaluating; assessing the client's perception (severity) of problem
e. empowering; communicating to client that exceptions can be norm.

IV. **Developing the Therapeutic Task;** a task is always given. However, the task is dependent upon the type of client (e.g. visitor). If parent and child have been assessed in different client roles, provide task for client considered to be lower on the client type hierarchy (e.g. Client types; visitor-customer, Task at the visitor level)

A. Provide compliment to family for their efforts (e.g. I would like to thank you again for coming in today. Your being here really indicates that you want to help your child be successful in school).

B. Prescribe Task; the task is closely linked to the counselor's assessment of client type. Do not ask family to do something you don't think they will do.
1. Task should be based on a solution (exception) family has identified.
2. Utilize Exceptions; exceptions become the solutions--Use the 5E method; Do more of this.

C. No Exceptions; identify hypothesized solutions.
1. Visitors may need help in developing solutions

V. **Allowing for Last Minute Issues**; allow time for any issues that family "forgot" to bring up during the earlier part of the session.

A. Sometimes clients may fail to disclose important information early in the session. When time permits or is needed, allow clients to raise last minute issues.

VI. **Closure and Follow-up**; Close session by once again communicating to family that you will be doing follow-up in approximately four weeks to see what progress has been made and to mail them the rating scale to be completed.

APPENDIX G

Counselor Survey

Please respond to the following questions regarding brief family counseling and school counselors. Please circle your answer.

1. Number of years in school counseling? ______

2. Preferred approach in individual counseling.

___ Behavioral
___ Client-Centered
___ Cognitive-Behavioral
___ Rational-Emotive
___ Reality Therapy
___ Psychoanalytic
___ Eclectic
___ Other (please list)______________

3. Training in (brief) family counseling prior to this project.

___ Quite a bit
___ Some
___ Very little
___ None

4. Use of (brief) family counseling in the school setting prior to this project.
___ Quite a bit
___ Some
___ Very little
___ None

5. Likelihood of incorporating brief family counseling into total school counseling program.

5 - Very likely
4 - Likely
3 - Undecided
2 - Unlikely
1 - Very unlikely

6. Brief family counseling can be effectively incorporated into a school counseling program.

5 - Strongly Agree
4 - Agree
3 - Undecided
2 - Disagree
1 - Strongly disagree

7. Brief Family Counseling is an efficient use of counselor time

5 - Strongly Agree
4 - Agree
3 - Undecided
2 - Disagree
1 - Strongly disagree

8. Brief Family Counseling is a practical delivery of service for school counseling programs.

5 - Strongly Agree
4 - Agree
3 - Undecided
2 - Disagree
1 - Strongly Disagree

9. Brief Family Counseling is more effective than individual counseling.

5 - Strongly Agree
4 - Agree
3 - Undecided
2 - Disagree
1 - Strongly Disagree

10. Please add any comments regarding this study, brief family counseling or your participation in this study.

____

____

____

____

Section V. The Parent Rating Scale Items

This Behavior Rating Form contains a list of descriptive words and phrases. Some of these items will describe your child quite well. Some will not. What we wish to know is this: Which of these behaviors are you concerned about at this particular time and to what extent do you see them as problems?

Take, for example, Item 2, "Doesn't follow rules set by parents." If the child never follows home rules and is willfully disobedient, the rater might check the "Very Much Like My Child" space. If the child is usually disobedient but occasionally follows a rule set by the parents, the rater might check the "Somewhat Like My Child" space. If the child is usually obedient, a check in the "Not Much Like My Child" space might be appropriate. If the child is never willfully disobedient, then the "Not At All Like My Child" space would be indicated. These ratings should reflect your perceptions of the child's behavior. Please do not confer with anyone else when completing this form.

My child	Very Much Like My Child	Somewhat Like My Child	Not Much Like My Child	Not At All Like My Child
1. Is verbally aggressive to parents	☐	☐	☐	☐
2. Doesn't follow rules set by parents	☐	☐	☐	☐
3. Overeats, is obese, fat	☐	☐	☐	☐
4. Complains about doing assigned chores	☐	☐	☐	☐
5. Doesn't follow directions	☐	☐	☐	☐
6. Lies to avoid punishment or responsibility	☐	☐	☐	☐
7. Has associates of which parents don't approve	☐	☐	☐	☐
8. Is not a leader among his/her peers	☐	☐	☐	☐
9. Is self-centered, egocentric	☐	☐	☐	☐
10. Is shy; clings to parents	☐	☐	☐	☐
11. Is lazy	☐	☐	☐	☐
12. Has no regular, special activities with parents, e.g., shopping trips, ball games, etc.	☐	☐	☐	☐
13. Is self-destructive; pulls out his/her own hair, scratches self to point of drawing blood, etc.	☐	☐	☐	☐
14. Seeks parental praise too eagerly	☐	☐	☐	☐
15. Is unconcerned about personal hygiene; brushing teeth, bathing, combing hair	☐	☐	☐	☐
16. Sleeps poorly; has nightmares, insomnia	☐	☐	☐	☐
17. Has too rich a fantasy life	☐	☐	☐	☐
18. Takes orders from parents unwillingly	☐	☐	☐	☐
19. Is overly sensitive to teasing	☐	☐	☐	☐
20. Demands immediate gratification, e.g., must have the bicycle now, can't wait	☐	☐	☐	☐
21. Talks too little; is nonverbal	☐	☐	☐	☐
22. Is unreliable about money; buys compulsively; is not trusted with money	☐	☐	☐	☐
23. Tattles on others	☐	☐	☐	☐
24. Violates curfew	☐	☐	☐	☐
25. Doesn't seem to enjoy participating in family recreational activities	☐	☐	☐	☐
26. Makes "put-down" remarks about him/herself; self-effacing	☐	☐	☐	☐
27. Won't share belongings willingly	☐	☐	☐	☐
28. Doesn't listen when parents talk	☐	☐	☐	☐
29. Demands excessive parental attention	☐	☐	☐	☐
30. Cries excessively	☐	☐	☐	☐

					Total Points Scored
Sum of Marks in Each Column =	______	______	______	______	
Multiply Sum by	x 0	x 1	x 2	x 3	
Add Products	0 +	______ +	______ +	______ =	______

Section V. The Teacher Rating Scale Items

This Behavior Rating Form contains a list of descriptive words and phrases. Some of these items will describe the referred student quite well. Some will not. What we wish to know is this: Which of these behaviors are you concerned about at this particular time and to what extent do you see them as problems?

Take, for example, Item 1, "Is sent to the principal for discipline." If the student frequently is sent to the principal's office, the rater might check the "Very Much Like the Student" space. If the student is sent to the principal's office on an infrequent but regular basis, the rater might check the "Somewhat Like the Student" space. If the student has been sent to the principal's office on rare occasions, a check in the "Not Much Like the Student" space might be appropriate. If the student never has been disciplined by the principal, the "Not At All Like the Student" space would be indicated. These ratings should reflect your perceptions of the student's behavior. Please do not confer with other teachers in completing this form.

The student . . .	Very Much Like the Student	Somewhat Like the Student	Not Much Like the Student	Not At All Like the Student
1. Is sent to the principal for discipline	☐	☐	☐	☐
2. Is verbally aggressive to teachers or peers	☐	☐	☐	☐
3. Is disrespectful of others' property rights	☐	☐	☐	☐
4. Tattles on classmates	☐	☐	☐	☐
5. Is lazy	☐	☐	☐	☐
6. Lacks motivation and interest	☐	☐	☐	☐
7. Disrupts the classroom	☐	☐	☐	☐
8. Argues with teachers and classmates	☐	☐	☐	☐
9. Doesn't follow directions	☐	☐	☐	☐
10. Steals	☐	☐	☐	☐
11. Has poor personal hygiene habits	☐	☐	☐	☐
12. Is passive and withdrawing	☐	☐	☐	☐
13. Says that other children don't like him/her	☐	☐	☐	☐
14. Can't seem to concentrate in class	☐	☐	☐	☐
15. Pouts, whines, snivels	☐	☐	☐	☐
16. Is overactive and restless	☐	☐	☐	☐
17. Is an academic underachiever	☐	☐	☐	☐
18. Bullies other children	☐	☐	☐	☐
19. Is self-centered	☐	☐	☐	☐
20. Does not do homework assignments	☐	☐	☐	☐
21. Is kept after school	☐	☐	☐	☐
22. Is avoided by other students in the class	☐	☐	☐	☐
23. Daydreams	☐	☐	☐	☐
24. Has unacceptable personal habits	☐	☐	☐	☐
25. Swears in class	☐	☐	☐	☐
26. Has nervous habits	☐	☐	☐	☐
27. Has no friends among classmates	☐	☐	☐	☐
28. Cheats	☐	☐	☐	☐
29. Lies to avoid punishment or responsibility	☐	☐	☐	☐
30. Doesn't follow class rules	☐	☐	☐	☐

					Total Points Scored
Sum of Marks in Each Column =	______	______	______	______	
Multiply Sum by	x 0	x 1	x 2	x 3	
Add Products	0 +	______ +	______ +	______ =	______

Section I. Items of the Student Rating Scales

TRUE	FALSE	
○	○	1. My parents "bug" me a lot.
○	○	2. I don't have enough freedom at home.
○	○	3. My parents treat me like a baby.
○	○	4. I think about running away from home.
☐	☐	5. My teacher often gets angry with me.
◇	◇	6. Some of my friends think it is fun to cheat, skip school, etc.
◇	◇	7. Other students don't like to play or work with me.
☐	☐	8. Sometimes I get so angry at school that I yell at the teacher and want to stomp out of the room.
○	○	9. I have some friends that I don't invite over to my house.
◇	◇	10. Other kids don't seem to like me very much.
○	○	11. I argue a lot with my family.
○	○	12. My family doesn't do many things together, like going places or playing games.
◇	◇	13. I get into too many arguments with people I know.
☐	☐	14. I sometimes stammer or stutter when the teacher calls on me.
○	○	15. When my parents don't let me do what I want, I get real quiet and don't talk.
☐	☐	16. I am not interested in schoolwork.
○	○	17. My parents don't spend enough time with me.
○	○	18. My parents say that I am awkward and clumsy.
◇	◇	19. Other people don't like to share things with me.
○	○	20. My parents don't approve of some of my friends.
◇	◇	21. I spend too much time playing/working by myself.
◇	◇	22. My friends say that I am clumsy.
☐	☐	23. The teacher doesn't choose me to run errands.
◇	◇	24. Other kids don't listen to me when I have something important to say.
◇	◇	25. I don't have enough friends.
☐	☐	26. I can't seem to concentrate in class.
☐	☐	27. My teachers don't listen to me.
☐	☐	28. Usually, I am not interested in what my teachers have to say to me.
☐	☐	29. My teachers give me work that I cannot do.
◇	◇	30. Other kids say I act like a baby.

Appendix H

COUNSELOR TRAINING

I. INTRODUCTION

II. DISCIPLINE PROBLEMS
    A. Winston-Salem/Forsyth County Discipline Analysis

III. SYSTEMS THINKING
    A. Systems theory
    B. Family Systems theory
    C. Change

IV. FAMILY COUNSELING
    A. Family Counseling
    B. Family Counseling in Schools

V. BRIEF COUNSELING
    A. Brief Family Counseling
    B. Single-Session Counseling
    C. Solution-Focused Brief Family Counseling

VI. BRIEF FAMILY COUNSELING AND DISCIPLINE PROBLEMS
    A. Population
    B. Research Questions
    C. Hypotheses
    D. Procedures
    E. Instrumentation
    E. Data Collection

DISCIPLINARY INFRACTIONS

1. Aggressive Behavior
2. Disruptive/Disrespectful/Profanity
3. Non-attendance/Tardy
4. Drugs/Alcohol
5. Other

Parent-Counselor Intervention Levels

PARENT COUNSELING

PARENT EDUCATION

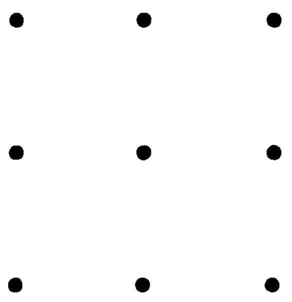
PARENT CONFERENCES

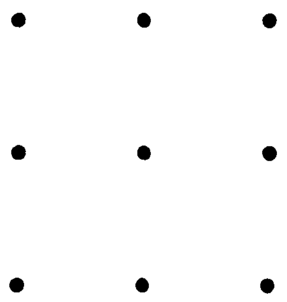
PARENT INVOLVEMENT

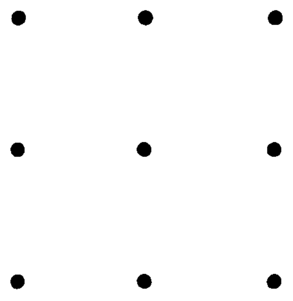
Lombana & Lombana, 1982

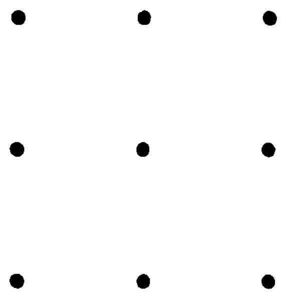
CHANGE

Directions: Connect the nine dots below with four strokes without lifting your pen(cil) from the paper.









Solution-Focused Counseling Assumptions

Assumption #1 - Complaints involve behavior brought about by the client's world view.

Assumption #2 - Complaints are maintained by the client's idea that what they decided to do about the original difficulty was the only right and logical thing to do. Therefore, clients behave as if trapped into doing more of the same because of the rejected and forbidden half of the either/ or premise.

Assumption #3 - Minimal changes are needed to initiate solving complaints and, once the change is initiated (the therapist's task), further changes will be generated by the client (the "ripple effect").

Assumption #4 -Ideas about what to change are based on ideas about what the client's view of reality might be like without the particular complaint.

Assumption #5 -A new frame or new frames need only be suggested, and new behavior based on any new frame can promote client's resolution of the problem.

Assumption #6 -Brief therapists tend to give primary importance to the systemic concept of wholism: A change in one element of a system or in one of the relationships between elements will affect the other elements and relationships which together comprise the system.

(de Shazer, 1985)

Solution-Focused Principles

1. THE MAJOR TASK OF COUNSELING IS TO HELP THE PERSON DO SOMETHING DIFFERENT.

2. THE FOCUS ON THE PROBLEM IS REDIRECTED TOWARD SOLUTIONS ALREADY EXISTING.

3. ONLY SMALL CHANGE IS NECESSARY BECAUSE ANY CHANGE, NO MATTER HOW SMALL, CREATES THE CONTEXT FOR FURTHER CHANGE.

4. GOALS ARE FRAMED IN POSITIVE TERMS WITH AN EXPECTANCY FOR CHANGE.

RECONSTRUCTING COMPLAINTS INTO PROBLEMS

Complaints generally include:

1. a bit or sequence of behavior;
2. the meanings ascribed to the situation;
3. the frequency with which the complaint happens;
4. the physical location in which the complaint happens;
5. the degree to which the complaint is involuntary;
6. significant others involved in the complaint directly or indirectly;
7. the question of what or who is to blame;
8. environmental factors such as jobs, economic status, living space, etc.;
9. the physiological or feeling state involved;
10. the past;
11. dire predictions of the future; and
12. utopian expectations

(de Shazer, 1985 p. 27)

Single-Session Principles

1. View each session as a whole, potentially complete in itself. Expect change.

2. The power is in the client. Never underestimate your client's strength.

3. This is it. All you have is now.

4. The therapeutic process starts before the first session and will continue long after it.

5. The natural process of life is the main force of change.

6. You don't have to know everything in order to be effective.

7. You don't have to rush or reinvent the wheel.

8. More is not necessarily better. Better is better. A small step can make a big difference.

9. Helping people as quickly as possible is practical and ethical. It will encourage clients to return for help if they have other problems and will also allow therapists to spend more time with clients who require longer treatments.

Single-Session Counseling Indications

1. Clients who come to solve a specific problem for which a solution is in their control.

2. Clients who essentially need reassurance that their reaction to a troubling situation is normal.

3. Clients seen with signifcant others or family membes who can serve as natural supports and "cotherapists."

4. Clients who can identify (perhaps with the counselor's assistance) helpful solutions, past successes, and exceptions to the problem.

5. Clients who have a particularly "stuck" feeling (e.g., anger,guilt, grief) toward a past event.

6. Clients who come for evaluation and need referral for medical examinations or other nonpsychotherapeutic services (e.g., legal, vocational, financial, or religious counseiling).

7. Clients who are iikely to be better of without any treatment such as "spontaneous improvers," nonresponders, and those likely to have a "negative therapeutic reaction".

8. Clients faced with a truly insoluble situation, such as trying to "fix" or "cure" an aged parent's Alzheimer disease. Since a problem may be defined as something that has a solution, it will help to recast goals in terms that can be productively addressed.

(Talmon, 1990)

Single-Session Counseling

Contraindications

1. Clients who might require impatient psychiatric care, such as suicidal or psychotic persons.

2. Clients suffering from conditions that suggest strong biological or chemical components, such as schizophrenia, manic-depression, alcohol or drug addiction, or panic disorder.

3. Clients who request long-term therapy up front, including those who are anticipating and have prepared for prolonged self-exploration.

4. Clients who need ongoing support to work through (and escape) the effects of childhood and/or adult abuse.

5. Clients with long-standing eating disorders or severe obsessive-compulsive problems.

6. Clients with chronic pain syndromes and somatoform disorders.

(Talmon, 1990)