

THE ROLE OF THE SCHOOL COUNSELLOR AS CONSULTANT

CENTRE FOR NEWFOUNDLAND STUDIES

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The Role of the School Counsellor as Consultant

by

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Abstract

This paper addresses the challenging role of the School Counsellor in the involved school environment. Given the myriad issues students, parents, and teachers deal with on a daily basis coupled with the strain that the lack of resources has created for dealing with the issues, School Counsellors must take advantage of means and ways of effectively delivering their services. The author is of the opinion that consultation does provide a solution to the problems that a lack of resources produces. Included with this report is a literature review on the topic of the counsellor as consultant along with a description of the activities that comprised the internship at a rural elementary and junior high school in Newfoundland and Labrador.

The literature review focuses on the definition of consultation, why consultation is important, models of consultation, the process, consultative interventions, ethical issues on the topic, and parent education. As an integral part of the author's internship activity at the school but, as well, as a means to satisfy the research component requirement of the internship, the author co-led a parent education group with his field supervisor. Research was conducted on the relationship between parental participation in a parent education group and the self-concept of the children of parents who were members of the group.

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Chapter 1: Introduction

Rationale for the Choice of Internship Setting

My choice of internship setting was Donald C. Jamieson Academy, Burin, Newfoundland. It had an enrollment of 540 students from grades four to nine with a staff of 38 teachers including a principal, vice-principal, three special education teachers, one challenging needs teacher, one learning resources teacher, a school counsellor, a music teacher and two physical education teachers.

After meeting with the school counsellor, it was apparent that there would be ample opportunity for the application of the theoretical and pedagogical aspects studied in my program. The setting was an ideal one since it provided me the opportunity for the development of my creative and reflective perspective, the role of the school counsellor as consultant. Finally, it was anticipated that the type of setting in which I would work in the future would closely resemble my internship setting.

University and Field Supervisors

My university and field supervisors respectively were Dr. Mildred Cahill and Mr. David Shears.

Rationale for Choice of Internship

Clearly the internship option was the only one that could provide practical experiences that would facilitate the application of theoretical and pedagogical aspects studied in my counselling program. Given the success I enjoyed at my practicum setting

in my last semester. I felt that the choice of doing an internship provided a natural progression into the further development of personal and professional competencies required of a school counsellor.

While at my practicum setting I had the opportunity to engage students in both individual and group counselling. I also had the opportunity to carry out psycho-educational assessments that included the administration of both intelligence and achievement tests including the Wechsler Intelligence Test for Children, Third Edition and the Kaufman Test of Educational Achievement, respectively. Reports were written and program planning team meetings were held.

While the previous experience proved to be very useful in providing essential experience, the internship option afforded me the opportunity for more in-depth training and awareness into the role of the school counsellor which is what I wanted. I also thought that this option would not only provide an opportunity to increase my level of confidence to perform the duties of a guidance counsellor but also count as work experience that I could reference when looking for actual employment.

I proposed seven objectives for my internship.

1. To engage school clientele in both individual and group counselling in the areas of personal, social, career, and educational development through referrals made to the guidance office.
2. To use Adlerian, Existential, Cognitive-Behavioural, Person-Centred, Gestalt, and Narrative counselling techniques when appropriate depending on the needs of the client.

3. To become familiar with the school counsellor referral protocol for teachers and for the school counsellor himself when referring to an educational psychologist at school board office.
4. To become proficient in the administration and interpretation of intelligence and achievement tests and in report writing.
5. To become practiced in consultation with teachers, parents, and school administration when reviewing the results of psycho-educational assessments at program planning team meetings.
6. To become skilled in providing input at program planning team meetings regarding placement opportunities for students
7. To become knowledgeable of the Burin Peninsula School Board policy regarding the role of the school counsellor and the part the guidance program plays in the growth and development of its clientele.
8. To reflect on and develop my own personal approach and orientation to being an effective counsellor.

Research Component

While at my internship setting, I conducted research into the role of the school counsellor as consultant. Dougherty (1995, as cited in Hackney and Cormier, 1997) defines consultation as "a process in which a human service professional assists a consultee with a work-related (or care-taking related) problem with a client system, with the goal of helping both the consultee and the client system in some specified way" (p.

314). He identifies the consultees as being the significant others of children such as teachers, school administrators, or parents. Dougherty (1992) writes that the client system is identified as "the child, children, or program that serves the children about which the consultees receive consultation" (p. 165).

Applying this definition of consultation to the school setting for the purposes of conducting my research, the human service professional was understood to be the school counsellor or myself, working as a school counsellor intern and in conjunction with my field supervisor, the school counsellor, Mr. David Shears, to provide assistance to consultees, the parents of children at the school, with a caretaking problem, child-rearing practices, with the client system, the students. To do this, Mr. Shears and I co-led a parent education group using the Systematic Training for Effective Parenting (Dinkmeyer & McKay, 1976) or STEP program.

I hypothesised that, if parents participated in a parent education group, their children's self-concept, as assessed by using the Piers-Harris Children's Self-Concept Scale (1984), would increase.

Activities Intended to Meet the Internship Objectives

In order to fulfil my internship objectives, I resolved to carry out the following list of activities.

1. I would assume responsibility for as many clients referred to the guidance office for personal counselling as possible. This would include contacting parents or guardians to introduce myself and to let them know that, with their consent, I would be making weekly appointments with their children for the purposes of

providing personal counselling services. I would also inform them of the nature of the referral, if the referral source were someone other than the parents or guardians, themselves.

2. I would lead three Social Skills Training Groups of grade fours weekly for eight weeks. This would require that the homeroom teachers identify students who may benefit from participating and that I meet with the teachers to schedule meeting times for the groups. As well, the teachers would be responsible for contacting the parents of children identified, to offer an explanation of the benefits of such training. After these contacts had been made, I would send home consent forms to be signed by the parents or guardians.
3. I would co-lead with Mr. David Shears a parent education group using the STEP program. The parent group would be advertised on the radio station. The parents would be asked to permit, voluntarily, their children to complete the Piers-Harris Self Concept Scale at the beginning of the group and also after its termination for the purpose of knowing whether or not the parents' participation in the group made a difference to their children's self-concept.
4. I would also be doing psycho-educational assessments of students referred to the guidance office. This would involve the administration of both intelligence and achievement tests but not limited to the Wechsler Intelligence Test for Children, Third Edition and the Kaufman Test of Educational Achievement. Parents would be contacted and explained the reason for the referral and consent forms would be sent home prior to the initiation of any testing. Also, reports would be written and program planning team meetings held to review the results.

- I would also be working with the grade nine classes for the purposes of providing some guidance in the area of career development using CHOICES, a computer software package designed to enable students to match personal interests with programs of study and careers.

Organization of the Internship Report

Chapter two consists of the literature review on the role of the school counselor as consultant. It includes a definition of consultation and why it is important, a review of the models of consultation, the process, consultative interventions, ethics, and parent education. The chapter concludes with a description of the actual research completed including methodology, results, and discussion.

Chapter three contains the reflective portion of my report. It is divided into two parts. The first part is comprised of an overview including a description of my initial meeting with my supervisor, details relevant to establishing myself in the school as a school counsellor intern, and a discussion of my group counselling experience and parent education group.

The second part includes anecdotal accounts involving personal counselling, the social skills training group, testing, and career awareness.

Chapter 2: The Role of the Counsellor as Consultant

Introduction

One definition that clearly outlines the meaning of consultation is Dougherty's (1990, as cited in Deck, 1992, p. 224; Hackney & Cormier, 1996, p. 314) which stated that "consultation is a process in which a human service professional assists a consultee with a work-related (or care-taking related) problem with a client system, with the goal of helping the consultee and the client system in some specified way." Implicit in this definition is that the human service professional, such as a school counsellor is the consultant. Dougherty (1990, as cited in Kurpius & Rozecki, 1992, p.180; Fall, 1995, p. 151) defined a consultant as "a person, typically a human service professional, who delivers direct service to another person (consultee) who has a work-related or care-taking related problem with a person, group, organization, or community (client system)."

In a special issue journal editorial on the topic, Dougherty (1992) elaborated on the identity of the consultee and client system. He wrote

Elementary school counselors, for example, consult with the adult significant others in the lives of children, such as teachers, school administrators, and parents. These significant others of children are termed *consultees*. The child, children, or program that serves children about which these consultees receive consultation are referred to as the *client system*. (p. 163)

Idol and Baran (1992) similarly wrote

In the role of consultant, the school counselor confers with teachers,

administrators, parents, support personnel, and other significant individuals in order to understand and meet the needs of the students. Within the school, consultees might be teachers (classroom teachers and supporting teachers), school administrators, and other school personnel such as psychologists, paraprofessional aides, and specialists. From the surrounding community, a counselor may be consulting with parents of students as well as with personnel from community agencies. (p. 205)

Accentuating the triadic and collaborative nature of consultation, Bacon and Dougherty (1992) wrote

Consultation can be defined as a type of helping relationship in which an elementary school counselor, in the role of consultant, delivers assistance to adult significant other (parent, teacher, caregiver) of a child or group of children. Together they work to solve a work-related or caregiving related problem that the adult has with either with that child, that group of children, a program that serves the child or the organization that houses the services provided to the child. (p. 25)

What is distinctive about consultation is the indirect method of service a consultant provides to a client via a consultee (Sheridan, Welch, & Orme, 1996; Gutkin, 1996; Dustin & Ehly, 1992). Consultation is characterized by " its indirect and problem-solving emphasis, collegial and voluntary nature, and attention to process and outcome " (Sheridan et al. 1996, p. 342).

Why Consultation

The realization that none of us can be skilled in all areas of performance as

demanding by modern day careers, interpersonal relationships, and even child raising, has led to the need to ask others for advice, instruction or guidance in a wide spectrum of human functioning. One effect of this complexity is the practice of consultation. (Hackney & Cormier, 1996, p. 314).

Specifically related to education Fuchs and Fuchs (1996) wrote, " the suggestion that teachers have all the necessary expertise to achieve whatever they wish is unsupported by research on school change " (p. 390).

In a review of school-based consultation studies, Sheridan, Welch, and Orme (1996) reported some positive results in 76% of the studies and 67% when taking into consideration all of the outcomes reported with 28% neutral and 5% negative. Sheridan et al (1996) state " consultation services yield favorable results on at least some dimensions " (p. 346).

In commenting on the fact that little time is spent by school psychologists practicing consultation, Fuchs and Fuchs (1996) wrote, " Given the high levels of student academic failure and misbehavior and the increasingly large number of students referred, tested, labeled, and placed in special education's already overcrowded classes, it is tragic that effective technologies, like consultation are unused by many " (p. 387).

Despite the effectiveness of consultation as attested by research, Fuchs and Fuchs (1996) cited what they call two "well-known reasons" to explain why consultation is so infrequently practiced in schools. The first reason is that consultation often competes with special education placement. By and large, Fuchs and Fuchs (1996) pointed out that general educators believe that difficult to teach children are better off in special education and shun consultation services. The second reason is a consequence of the first. Since

general educators think the way they do about difficult to teach children. " school psychologists spend much of their time testing students for special education eligibility " (Fuchs and Fuchs, 1996, p. 388).

Gutkin (1996) suggested four reasons why consultation is needed in schools today. Firstly he, along with Dustin and Ehly (1992), cited U.S. federal legislation that had strong implications for consultation services. Since 1975 children in the U.S. have to be educated in the least restrictive environment. Since this is so, Gutkin (1996) contends that teachers of children with handicaps need support in order to deliver a quality educational program. Through consultation with special service personnel such as the school counsellor, appropriate "treatment alternatives and ideas" can be implemented so that handicap children can achieve academically in the general academic setting.

Gutkin (1996) and Safran and Safran (1996) pointed out that many states have legislation passed which requires that children who are suspected of needing special education instruction receive pre-referral intervention services (Carter & Sugai, 1989, as cited in Gutkin, 1996). Fuchs, Fuchs, and Bahr (1990, as cited in Safran & Safran, 1996) stated that " pre-referral intervention refers to a teacher's modification of instruction or classroom management to better accommodate difficult-to-teach pupils without disabilities " (p. 363). Conceivably, this could involve consultation between a classroom teacher and school counsellor to develop treatment plans that will enable such children to reach their full potential academically in the general education setting.

Secondly, Gutkin (1996) and Safran and Safran (1996) cited a variety of research sources all of which they conclude support the usefulness of consultation in the maintenance of " difficult to teach children " in the general education setting. In

particular, Gutkin (1996) and Safran and Safran (1996) point to pre-referral intervention studies that report a respectable success rate in reducing the number of special education placements via testing as a result of " pre-referral consultation services." so that children with special needs were maintained in general education settings.

Thirdly, Gutkin (1996) contended that consultation between special service personnel and general classroom teachers in the form of sharing successful behaviour management techniques, modeling intervention, and providing support with the implementation of new treatment plans will increase for children the likelihood of a successful transition from a special education setting to a general education one.

Finally, Gutkin (1996) argued that consultation between classroom teachers and special services personnel such as school counsellors can work as a catalyst to " preventing psycho-educational dysfunction." The collaborative nature of the relationship implicit between consultant and consultee " can enhance significantly the knowledge and skills of the others " (Gutkin, 1996, p. 335). Children without learning difficulties stand to reap the benefits of the application of such knowledge and skills of teachers and special service personnel thus facilitating the prevention of otherwise future psycho-educational dysfunction (Gutkin, 1996; Conroy & Mayer, 1994). Gutkin (1996) suggests that it is too late for prevention once a child is already in a special education setting.

Consultation is particularly suited to the elementary school counsellor who tends to be proactive attending to the developmental needs of children (Conoley & Conoley, 1982; Mickelson & Davis, 1977, as cited in Deck, 1992) at this level and " works from a broad systems perspective with children and staff members " (Mathias, 1992, p. 190). Mathias (1992) asserted that consultation that, this being the case, elementary school

teachers are more apt to consult with the counsellor over such matters as social-emotional development. The advantage for the counsellor is that through consultation with significant others like parents and teachers, he or she may be able to impact the lives of more children than would be possible through direct counselling (Mathias, 1992). Accordingly, consultation may be a more effective vehicle for meeting the needs of younger children who "are not cognitively mature enough to work through some of their issues in a counselling setting" (Mathias, 1992, p. 190).

Finally, Mathias (1992) contended that given the multiplicity of difficult issues facing educators such as discipline, reintegration of special students and restructuring, the school counsellor through consultation, "with its emphasis on indirect service, operates as a vehicle within which any of a number of target problems can be addressed" (p. 171).

Models of Consultation

Having reviewed the literature, it appears that there is a plethora of models. Some are well defined and tested while others are not. In this section four models will be identified and explained.

Education and Training Model

The role of the counsellor using this model is that of educator or trainer (Gallessich, 1982, as cited in Bacon & Dougherty, 1992) while the role of the consultee is that of learner. The counsellor as consultant disseminates information through workshops to consultee's who are expected to apply what they learn so that they function more effectively (Bacon & Dougherty, 1992) in some specific capacity. For instance, this model could be used to teach parents child-rearing practices or to provide

information to teachers on instructional methods, classroom management and the social and emotional development of young children (Hiebert, 1994; Bacon & Dougherty, 1992).

Hiebert (1994) suggested that the consultant implement this model by first of all conducting a needs assessment to find out the type of skills needed, design the training experience, deliver the training and finally evaluate. Bacon and Dougherty (1992) recommended a variety of resources when delivering the training such as small group discussion, charts, role-play and videos.

Hiebert (1994) and Bacon and Dougherty (1992) pointed out the advantage of this models' cost effectiveness in that it is possible for the consultant to impact a large audience at one time. However, it is also pointed out that the needs of individuals may go undetected since attention is focused on the needs of the group.

The Advocacy Model

The role of the consultant is regarded as proactive and persuasive (Hackney & Cormier, 1996; Hiebert, 1994; Bacon & Dougherty, 1992; Kurpius and Rozecki, 1992). For instance, Kurpius and Rozecki (1992) render the following definition of advocacy: "a process for pleading the rights of others who are for some reason are unable to help themselves to acquire the services, treatment, or both, that they have a right to receive"(p. 179).

Counsellors may act on their own or at the request of parents or teachers (Hiebert, 1994; Bacon & Dougherty, 1992) on issues such as child abuse, mainstreaming special

needs children, and special services for children and families (Hiebert, 1994; Bacon & Dougherty, 1992; Kurpius and Rozecki, 1992).

There does not appear to be a standard step-by-step plan for implementing this model into action. Bacon and Dougherty (1992) write that in the case of child abuse, an advocacy consultant "must become knowledgeable of the family environment, the medical history of the child, and the child's and family's legal rights"(p. 29). He or she may be expected to collect data, to present it accurately, and to coordinate information and services for the child"(Bacon & Dougherty, 1992, p.29).

Mental Health Consultation

Gerald Caplan is considered the originator of this model (Hackney & Cormier, 1996; Dustin & Ehly, 1992) and his work is deemed to have set consultation in the triadic paradigm of consultant, consultee, and client accentuating the indirect service approach. Dustin and Ehly (1992) wrote, "the consultant interacts with the consultee (e.g., a parent or teacher) to assist that person in resolving a problem involving a third party, the client (e.g., a child)" (p. 167). While maintaining the emphasis on the triadic paradigm of indirect service, Hackney and Cormier (1996) proposed that the consultee could be the counsellor who, in consultation with a mental health consultant, receives help or advice, which can be accepted or rejected, regarding a problem with a client. Hackney and Cormier (1996) claim that "the counselor's supervisor is most likely to be the person providing this type of service, although it could also occur in a collaborative group of counselors who are providing consultation services to one another" (p. 316).

Caplan (1970, as cited in Dustin & Ehly, 1992) submitted the concept of a choice point meaning that consultation services could either be client-centred, when it is the client who is deemed to have the problem or consultee-centred when it is deemed that the consultee has the problem. If it is the latter, Caplan (1970, as cited in Dustin & Ehly, 1992, p. 167) outlined four diagnostic categories, one of which describes the consultee's problem. The consultee may be experiencing several problems: (a) lack of understanding; (b) lack of skill; (c) lack of objectivity; or (d) lack of confidence (Caplan, 1970, as cited in Dustin & Ehly, 1992). Through listening to the consultee, the consultant decides wherein lies the problem.

If the problem is client centred then through the development of a bond of trust the consultant endeavours to aid the consultee in understanding and reaching a solution to the problem between the consultee and client (Schmidt & Osborne, 1981, as cited in Dustin & Ehly, 1992). While earlier publications such as Dustin and Ehly's (1992) cast some doubt about the effectiveness of this model, more recent publications such as Sheridan's et al (1996) review of consultation research outcomes indicate that mental health consultation is effective.

Behavioural Consultation

According to Sheridan's et al (1996) review of outcome research, behavioral consultation appeared to be an effective model. It is highly touted "because of its clear, logical, and systematic model and problem-solving process, its emphasis on student outcome data, and its insistence on connecting outcomes to process" (Fuchs & Fuchs, 1996, p. 386).

It has been found to be an effective approach for reducing " the number of inappropriate special education referrals " (Graden, Casey, & Christenson, 1985, p. 364; Fuchs, Fuchs, & Bahr, 1990, as cited in Safran & Safran, 1996).

Bergen (1977, as cited in Hackney & Cormier, 1996; Dustin & Ehly, 1992) is considered to be one of the chief proponents of this model. The focus of the model is the presenting problem which, according to Hansen, Himes, and Meier (1990, as cited in Hackney & Cormier, 1996), is " the result of situational factors (i.e., classroom environment or teacher technique) which can be identified and brought under the control of the consultee " (p. 316).

Dustin and Ehly (1992) mentioned that a counsellor would appropriately use this model " if the defined problem is perceived as a behavior, thought, or emotion of a third party " (p. 167). Using this model, the consultant would work with the consultee to indirectly provide a service to the client.

The consultant and consultee would work together to " (1) to identify and correct problem behaviors of the client, and (2) to initiate and maintain consultee behaviors or situational factors that influence the problem behavior " (Hansen et al., 1990, as cited in Hackney & Cormier, 1996, P. 316). Dustin and Ehly (1992) elucidated that this model entails a step-by-step process which facilitates analysis of the problem and of the " antecedent, sequential, and consequent events, to consider alternative strategies for changing the client, to obtain a base rate of the client behaviour, to implement a change strategy, and to evaluate the consultation in terms of changes in the client " (p. 167).

Collaborative Consultation Model

This model has its roots in the efforts of educators to integrate general and special education programs (Idol, Paolucci-Whitcomb, & Nevin, 1986, as cited in Idol & Baran, 1992). The process is understood to be interactive accentuating mutuality and reciprocity (Idol & Baran, 1992; West & Idol, 1993). Idol et al (1986, as cited in Idol & Baran, 1992) defined collaborative consultation as " an interactive process that enables teams of people with diverse expertise to generate creative solutions to mutually defined problems. The outcome is enhanced and altered from the original solutions that any team member would produce independently " (p. 208). Hiebert (1994) pointed out the importance of both consultant and consultee working together and " combining resources to solve a particular problem " (p. 133). Idol and Baran (1992) identify the process involved in a collaborative approach and include goal-entry, problem identification, intervention recommendations, implementation recommendations, evaluation and if necessary, redesign.

Issues that lend themselves well to the use of this model include " working with children who have learning, emotional, or behavioral problems or teachers and administrators who mobilize the support of parents in various school endeavours " (Hiebert, 1994, p. 133).

The Process of Consultation

Notwithstanding of one's choice of model to use when consulting, it is generally accepted that there are two goals of consultation (Zins, 1993; Zins & Ponti, 1996; Gutkin, 1996; Campbell, 1993) the first one of which is to resolve or remediate the presenting

problem. Gutkin (1996) wrote, " for the purposes of remediation, success is defined in terms of whether consultant-consultee interaction produces ideas and plans to assist consultees in ways that (a) consultees perceive as meaningful and (b) reduce or remove presenting problems " (p. 336).

The second goal is to help the consultee acquire additional knowledge and skills in order to become more competent at solving and even preventing problems from occurring in future (Dustin & Ehly, 1992; Zins & Ponti, 1996; Zins, 1993; Gutkin, 1996). Gutkin(1996) offers the following example:

When Mr. Brown (a general education teacher-consultee) consults with Ms. Smith (a resource teacher-consultant) regarding how to manage Johnny's (client) aggressive behavior, it is hoped that both Mr. Brown and Ms. Smith will gain insights into how to (a) deal with Johnny's aggressive behavior (remediation), (b) intervene with other children who are just starting to show aggressive tendencies (secondary prevention) and restructure classes in the future so as to decrease the number of children who exhibit aggressive behaviors (primary prevention). (p. 336)

Inconsequential to one's choice of model is the nature of the relationship between consultant and consultee. It is described as being voluntary, collaborative, and confidential (Dustin & Ehly, 1992; Gutkin, 1996; Sheridan et al. 1996; Safran, 1991, as cited in Safran & Safran, 1996; Kurpius & Rozecki, 1992). Gutkin (1996) claims that consultation is rendered ineffective if it is involuntary. Under these circumstances, the consultee would be very reluctant or resistant. According to the ethical standards of the American Association for Counseling

and Development (1988, as cited in Campbell, 1993) consultation is defined as a voluntary relationship. Campbell (1993) wrote

In a school setting when a counselor invites a parent to a conference, this invitation may be viewed by parents as a summons. The parent's feelings of coercion may lead to potential power issues that can interfere with solving the problem. (p. 85)

Kurpius and Rozecki (1992) similarly stated, "when consulting with teachers it is critical that the working relationship between teacher and counselor be experienced as voluntary and mutually beneficial. Less gain is likely if either party feels obligated or coerced" (p. 181).

While the counsellor, as consultant is expected to possess and apply his expert knowledge to the consultation process (West & Idol, 1993) the consultee, whether he or she is a parent or teacher, is deemed to possess and apply their own expert knowledge to the process (Campbell, 1993; Idol & Baran, 1992; Fuchs & Fuchs, 1996). When this happens, the process is said to be collaborative. Campbell (1993) purported that, "the parent is an expert in terms of his or her knowledge about the child, and a parent can share a wealth of information regarding medical history, as well as social, emotional, and intellectual development" (p. 88).

The counsellor functioning as a consultant is obligated to maintain confidentiality with the various stakeholders in the consultation process. The likelihood that a consultee such as teacher would seek such services is advanced by the consultant's adherence to the principle (Gutkin, 1996). Gutkin (1996) recommends that counsellors be compelled to, just as he or she would in a counselling relationship, make clear "the nature and limits of

confidentiality " (p. 338). Given the triadic nature of the process, in which a student is usually the client, strict confidentiality in the sense that it is understood in the counselling relationship may both be impossible and ineffective (Erchul & Myers, 1996; Gutkin, 1996) when implementing treatment plans. Erchul and Myers (1996) asserted, " complete confidentiality would limit the child's success by limiting opportunities for generalization across settings " (p. 9).

According to the literature, there are various ways to outline the general consultation process. For instance, Zins and Ponti (1996) plainly outlined four steps to the process which include, " establish relationships, identify the problem, develop and select intervention, and implement, evaluate, and follow up intervention " (p. 372). Similar to this outline is a four stage process (Dougherty, 1995; Hansen et al. 1990, as cited in Hackney & Cormier, 1996) which includes stage one, the initial contact or entry stage; stage two, the assessment and diagnosis stage; stage three, intervention or implementation and the final stage comprising termination or disengagement. For each stage there are specific tasks or skills deemed essential.

In stage one, Hansen et al (1990, as cited in Hackney & Cormier, 1996) involves the tasks of assessing the readiness of the consultee for change; the development of a working relationship with the consultee; and the establishment of some understanding of the consultee's situation and problem. Facilitative listening, open-ended questioning and behavioral contracting are required skills at this stage.

The three steps involved in stage two, the assessment and diagnosis stage include defining the problem, goal-setting, and identification of appropriate interventions. Stage three is the intervention stage at which point appropriate interventions that facilitate

achievement of the goals of the process are implemented and involves skills and activities such as role-playing, modeling, successive approximation, and positive reinforcement.

In the termination stage, an evaluation of the consultee's efforts in carrying out proposed changes is made along with the establishment of a program that makes possible the maintenance of proposed changes and self-evaluation. Skills at this stage involve assessment of goal achievement, implementing a self-monitoring program for the consultee, and behavioral self-contracting.

Gutkin (1996) has identified and described seven steps that involve the same kinds of procedures as just delineated and include defining and clarifying the problem, analyzing the forces impinging on the problem, brainstorming, evaluating and choosing from among the alternative strategies, specifying responsibilities, implementing the chosen strategy, and evaluating the actions taken and recycling back into the problem process if necessary.

Consultative Interventions

Block (1981, as cited in Mathias, 1992) claimed that intervention is the ultimate goal of consultation. Intervention selection is determined by the "context of the situation, the needs involved, the group targeted, the consultants' own values and knowledge of interventions" (Mathias, 1992, p. 191).

Mathias (1992) and Gladding (1988, as cited in Hiebert, 1994) identified three categories of interventions including individual, group, and organizational. The sub-categories of individual interventions include parent and teacher consultation, along with consultation with support personnel.

Mathias (1992) cited three practical examples of consultation with parents and includes handouts on topics such as " discipline techniques and self-concept development: how to help children deal with major traumas and changes in their lives, such as abuse or death: and how to develop life skills and making friends " (p. 192). A column in the monthly school newsletter on such guidance issues as " information on community workshops or classes in parenting skills: and some basic information on self-concept, latch-key children, and children's responsibilities " (p. 192). Finally, Mathias (1992) suggested a parent section in the school library which might consist of books, magazines, videos, website addresses on topics like child development, discipline and self-concept.

A very creative way to consult with teachers Mathias (1992) proposed is through weekly " GRIN, " " Guidance Really Is Neat. " messages such as poems, cartoons, stories, pictures, brief articles and activity sheets written on colored paper, using colored ink, or having a logo and placed on the same day of each week in teachers mailboxes and stored in teachers GRIN folder distributed by the counsellor at the beginning of the year. Topics could include information on the role of the counsellor, a handout about the start of the year, a poem about children, parent-teacher communication tips, words of appreciation and encouragement, and a copy of the referral form assessed by the counsellor.

Working with the librarian to develop a bibliotherapy section for children in the library is an example Mathias (1992) offers for consultation with support personnel. The literature may offer children help with developmental tasks such as making friends and

independence but also include material on death, divorce and other difficult situations. Seven steps are outlined for establishing a bibliotherapy section.

Kurpius (1986, as cited in Mathias, 1992) outlines six steps to use in group intervention. They include determining the " purpose of the group, composition of members and expectations; setting an agenda; brainstorming and determining needs, issues, problems, and priorities; suggest solutions, select the best one, and plan its implementation; and evaluate and modify " (p. 194). Outlined and carefully explained are two examples of group interventions: Child Study Teams (CST) and Teachers Need Teachers (TNT) meetings.

The CST plans appropriate actions and coordinates the delivery of services in order to meet the educational needs of students and also functions as " a screening vehicle for referral for individual psychological evaluation or special services " (Mathias, 1992, p. 194). The team consists of permanent members including the counsellor and additional members. Mathias (1992) described the protocol for referral and suggests that CST meetings last no longer than 30 minutes (Mathias, 1992).

Essentially, TNT meetings function as a support group for teachers who through their collective expertise and support of the counsellor and his or her guidance committee collaborate to generate solutions to a wide range of potential problems (Mathias, 1992).

For both types of group interventions, the counsellor is deemed to possess expertise such as an understanding of the developmental nature of children and feedback, reflective listening and facilitative questioning skills which uniquely position the counsellor as consultant to function as a leader in such endeavours (Mathias, 1992).

Finally, in organizational interventions, the organization is identified as the client while its members are the consultees through which the counsellor functions as consultant to help " the entire organization function more effectively (Dougherty & Dougherty, 1989, as cited in Mathias, 1992, p. 196). Kurpius (1986, as cited in Mathias, 1992) claimed that the consultant is effective in such interventions since he or she possesses such skills as " positive consultee-consultant relationships built from trust, respect, and caring; facilitative, responsive skills such as attending, listening, questioning, clarifying, reflecting, confronting, and summarizing; and conceptual skills that help consultees develop a clearer picture and understanding of the situation " (p. 196).

Enhancing positive school climate, planning schoolwide guidance projects, or recognizing student accomplishments are three examples Mathias (1992) suggested a counsellor, with the support of a guidance committee, can achieve in terms of organizational interventions. The programs Mathias (1992) outlined are a " must read " for counsellors working in the field today. Under enhancing positive school climate, Mathias (1992) outlined three creative and exciting interventions: " The Bells of Caring Project," " Warm and Fuzzy Week," and " Class Buddies." Another excellent example of organizational intervention is Braucht and Weime's (1992) inservice workshop where the school counsellor serves as consultant on self-concept to teachers in order to counter a " morale problem " in a particular student population. The three goals were " to improve the self-esteem of the teachers themselves, to teach effective communication skills, and to introduce the process of rational-emotive thinking " (Braucht & Weime, 1992, p. 232). In their article, the authors outline in detail the in-service procedure.

School-wide guidance projects Mathias (1992) describes include "Testbusters" and "The Debug Sytem." while the "Bug Award" and the "Honours Program" are described as projects recognizing student accomplishment.

Using a single-session behavioural method of planned intervention, Fall (1995) outlined what appears to be a very useful approach to consultation. Fall's (1995) five steps to her single session approach are observing the class, reflecting the observation, teacher sharing, exploring interventions, and planning for follow-up. Fall (1995) explained that these single sessions happen three times a year with each teacher in a school. Broad themes are suggested for each session. In session two, for example, during the twentieth week of the school year, she indicates areas to explore might include (a) are students forming good work habits and maintaining them and (b) is student learning congruent with the ability level?

Ethics

Heron, Martz, and Margolis (1996) defines professional ethics as "systems of norms restricted to work-related decision making and behavior" (p. 377). Kurpius (1978, as cited in Hiebert, 1996) and Newman (1993) contended that the ethical issues that arise in consultation are complex due to the triadic nature of the consultation process involving the consultant, consultee and client group. Unlike counselling, the counsellor as consultant does not have direct contact with the client but at the same time must assume responsibility for services which impact the client by way of the consultee (Newman, 1993). The issues that will be dealt with are values, relationship and competency.

Values

Due to the triadic nature of the consultation process, value conflicts are to be expected (Newman, 1996). Dougherty (1992) maintained that such conflict occurs

Because of differences between the consultant and the consultee in the areas of philosophy of life (e.g., right and wrong behavior), views of organizations (e.g., what school is supposed to do and not supposed to do for students), and views of the client (e.g., perceptions of a student's behaviour) " (p. 216).

Snow and Gersick (1986, as cited in Newman, 1993; Heron et al. 1996) identified two approaches for the use of values in consultation. The first approach is called "value-independent" consultation. Advocates of this way of thinking contend that because of their position, consultants can potentially limit a consultee's choice of intervention by influencing a "consultee's perceptions of the relative attractiveness of various alternatives" (Newman, 1993, p. 152). On "value independent" consultation Heron et al (1996) wrote, "this approach compels consultants to offer a range of possible alternatives, allowing consultee values alone to determine the interventions selected" (p. 379). Dougherty commented, "when counselors impose their values on their consultees, they face the consequences of depriving those with whom they are consulting of their rights" (p. 215).

The second approach is called "value-guided" consultation. Proponents of this school of thought purport that "school counselors who are so reluctant to own or express their values render the consultation process impotent" (Dougherty, 1992, p. 215). This approach "has consultants use their values to identify specific, educationally appropriate

alternatives to discuss with consultees " (Heron et al. 1996, p. 379). Heron et al (1996) submits that consultants, aside from which approach is preferred, never coerce consultees into choosing a particular intervention in order to maintain ethical standards. Newman (1993) recommended that " value independent " consultation is best suited for the consultant who is more collaborative in style when working with a consultee whereas " value-guided " consultation is most appropriate when the consultant works from the position of " identifying the desired outcomes of consultation and tailoring intervention accordingly " (p. 152).

Relationship Issues

Confidentiality

Due to the tripartite relationships inherent with the consultation process, maintaining confidentiality is a challenge (Hughes, 1986, as cited in Heron et al. 1996). The best approach is for the consultant to negotiate (Newman, 1993) or " to have some mutually agreed upon limits to confidentiality " (Dougherty, 1996, p. 378). Not only is absolute confidentiality infrequently achievable (Gutkin, 1996; Erchul & Myers, 1996) it " can sometimes impair effectiveness by preventing full, frank, and honest discussion " (Heron et al. 1996, p. 378).

Informed Consent

Informed consent means to make clear to the consultee the voluntary nature, goals, risks and benefits of consultation (Dougherty, 1992; Newman, 1993; Gutkin, 1996; Heron et al. 1996). Consultants must understand that they have a freedom or right to

choose goals, interventions, and ultimately to continue or discontinue consultation (Newman, 1993; Heron et al, 1996). Dougherty (1992) writes, "a good practice to follow to ensure informed consent is for elementary school counselors to pretend that they themselves are consultants and then determine what they as consultees would need to know to be properly informed about consultation" (p. 218).

Dual-role Relationships

A dual-role relationship occurs when the consultant and consultee form another type of relationship during the process of consultation (Newman, 1993; Heron et al, 1996; Dougherty, 1992). Dougherty cited the example of a school counselor who "engages in a counseling and consulting relationship with a teacher at the same time" (p. 217). The general consensus is that when such relationships exist, the consultation process may be compromised (Dougherty, 1992; Newman, 1993).

Dual-role relationships become "a matter of ethical concern in the consultant's relationships with specific individuals or groups influence professional judgments or actions" (Newman, 1993, p. 151). Dougherty (1992) advised that "school counselors need to honestly assess the potential for harm and make a responsible decision prior to engaging in dual role relationships with their consultees" (p.217).

Competency

Newman (1993) succinctly identified three ethical issues related to consultant competency and include recognizing one's limitations, understanding one's strengths and

weaknesses and lastly, improving one's professional competencies in the field of consultation.

Newman (1993) maintains that consultants work within "the boundaries of their competence and restrict their practice accordingly" (p. 153). In order for a consultant to be aware of one's limitations, he or she needs to be committed to maintaining "high levels of objectivity and integrity while placing the needs of their consultees above their own" (Dougherty, 1992, p 216).

It is imperative that consultants be able to gauge their strengths and weaknesses before entering into a consultation relationship. The potential for attempting to provide services in an area the consultant has clearly determined to be a weakness can be avoided by "carefully articulating parameters of competence to the consultee prior to engaging in a consulting relationship" (Newman, 1993, p. 153).

Lastly, consultants have an ethical responsibility to maintain or improve high levels of professional competencies (Dougherty, 1992; Newman, 1993). Dougherty (1992) indicated that consultants can do this by attending conferences, workshops, conventions and other types of continuing education activities.

Parent Education

It is clear according to the literature that one form of consultation occurs when counsellors deliver parent education programs (Kurpius & Rozecki, 1992; Ritchie & Partin, 1994; Conroy & Mayer, 1994; Hackney & Cormier, 1996).

Evidently one aspect of the school improvement movement is increased parental involvement in the education process. Conroy and Mayer allude to studies such as a U.S.

Department of Education study (1987, as cited in Conroy & Mayer, 1994) and one by Henderson (1988, as cited in Conroy & Mayer, 1994) and the efforts of Ernest Boyer, a former U.S. Education Commissioner and Pat Henry, National Parent Teacher Association president from 1991 to 1993, all of whom claim the importance of parental involvement in education and that one way to ensure this is through parent education. Ritchie and Partin (1994) commented, "one important component of that partnership to which the school counselor can contribute is parent education and consultation" (p. 165).

Despite the potential that parent education holds for the school improvement process, Wilgus and Shelley (1988, as cited in Ritchie & Partin, 1994) found that counsellors spent about 3% of their time in parent education activities which they found was not satisfactory to parents "who wanted the time devoted to parent education to be even greater" (Ritchie & Partin, 1994, p. 165).

In a survey of parents who attended two elementary schools and a middle school in the southeastern United States, "one third of the parents in the elementary schools and nearly one sixth at the middle school were interested in attending parenting programs" (Conroy & Mayer, 1994, p. 62). According to a survey by Crase, Carlson, & Kontos (1981, as cited by Ritchie & Partin, 1994) parents look to counsellors for assistance in areas such as "dealing with aggression, setting limits, developing their children's self-confidence, improving family communication, and getting their children to assume responsibility" (p. 165).

The results of a survey conducted by Ritchie and Partin (1994) showed that even though 84% of the counsellors they surveyed deemed parent education important, half of

them, citing reasons such as a lack of time, training, financial and administrative support, had not offered such parent education programs.

Conroy and Mayer (1994) submit that issues such as discipline, fostering self-esteem, developing independence and responsibility, and improving communication skills can effectively be dealt with by counsellors within parent education group settings. In order to establish rapport with and suggest strategies for parents when dealing with such issues, Kurpius, Fuqua, and Rozecki (1993, as cited in Conroy & Mayer, 1994) offer the following stages of consultation: "pre-entry, contracting, information gathering, goal setting, solution searching, intervention selection, evaluation, and termination" (p. 60).

Huhn and Zimpfer (1984, as cited in Ritchie & Partin, 1994) identify seven possible benefits of parent education programs and include, "increasing counselors visibility, reducing parent-child problems, fostering greater acceptance of the counselor by parents increasing parents' self-confidence, increasing counselor's knowledge of students' families, reducing students' problems both in and out of school, and forging a stronger home-school alliance" (p. 165).

Conroy and Mayer (1994) cited three studies and one commercially-produced parenting program to purport their efficacy. For instance, Stanley (1978, as cited in Conroy & Mayer, 1994) "found that parents who participated in a 10-week intervention became more egalitarian in their attitudes toward family decision making" (p. 61). Child communication (Bredehoft & Hey, 1985 as cited in Conroy & Mayer, 1994) and learning (Bergan, Newman, & Karp, 1983 as cited in Conroy & Mayer, 1994) have both been enhanced as a result of parent participation in such programs. Finally Sprague (1990, as

cited in Conroy & Mayer, 1994) claimed that the commercially available Active Parenting program improved parenting skills.

Two other commercially available parenting programs include Systematic Training in Effective Parenting (Dinkmeyer & McKay, 1976) or STEP and Parent Effectiveness Training (Gordon, 1975) or PET. Of the three cited, the most popular among teachers surveyed according to Ritchie and Partin (1994) was STEP.

STEP was the author's and his field supervisor's choice of program for the parenting program we co-lead during my internship. My intention in co-leading the group was twofold. Firstly, my involvement was a part of my activity as a guidance counsellor intern. Secondly, it provided me the opportunity to satisfy the research component of my internship. I was interested in finding out whether or not parental involvement in the group would result in improved self-concept in the children of parents who were members of the group (Jackson & Brown, 1986).

Methodology

Participants

We targeted for the purpose of forming a group the parents of elementary-aged children, grades four to six, at Donald C. Jamieson Academy. During the morning school report given out by the local radio station, the announcer, for about ten days leading up to the actual start of the sessions, would read a prepared announcement stating the purpose of the group, its starting time and who to contact if interested. Reminders typed on slips of paper were sent home by way of all children in grades four to six with the same

information as the radio announcement. Six parents, all of whom were female, made up the group.

Treatment

The Leaders' Manual for STEP program was followed with the exception that the program was delivered in seven sessions instead of nine. This was necessary in order to finish by the last week of the school year. Each session was two hours long with a fifteen minute coffee break.

The consultation model chosen was the Education Training Model. Given the emphasis on disclosure of information pertaining to child-rearing practices and utilization of such resources as discussion, charts, and videos in the STEP program, this particular model according to the literature was a logical choice (Hiebert, 1994; Bacon & Dougherty, 1992).

Data Collection

To find out whether there was a relationship between parental participation in the STEP program their children's self-concept, the author chose to use the Piers-Harris Children's Self-Concept Scale (Piers & Harris, 1984). Accordingly Jackson and Brown (1986) asserted that for the purpose of assessing children's self-concept the scale is a widely accepted tool due to its superior test-retest reliability and validity data.

The scale was administered to the children of parents in the group at the beginning and after its termination. The scale contains eighty items answered yes or no. Piers & Harris (1984) view a child's self-concept as multidimensional so most but not all of the items have been clustered six ways: Behaviour (BEH), Intellectual and School

Status (INT). Physical Appearance and Attributes (PHY). Anxiety (ANX). Popularity (POP) and Happiness and Satisfaction (HAP).

Sixteen of the eighty items constitute the Behaviour (BEH) cluster scale and it reflects the degree to which either problem behaviour is acknowledged or it's existence is denied. A low score would imply the existence of problem behaviours while a high score implies either that there are, in fact, no problems or that the child is not prepared to acknowledge that there are problem behaviour when in actual fact there are.

Seventeen of the eighty items compose the Intellectual and School Status (INT) and provides a counsellor with a child's outlook of his or her ability for intellectual and academic tasks and contentment with school and future expectations. A low score indicates that the child is having difficulty with school related tasks while a high score would imply the opposite.

Thirteen of the eighty items comprise the Physical Appearance and Attributes (PHY) cluster scale and renders a child's attitude regarding his or her physical characteristics and expressive capability. A low score may reflect a low appraisal of one's body image or may not in fact suggest belief in a stereotypical traditional sex roles.

Fourteen of the eighty items make up the Anxiety (ANX) cluster scale which provides an assessment of one's general emotional state and dysphoric mood with a low score accentuating the need to refer for further psychological assessment.

The twelve item Popularity (POP) cluster scale provides insight into children's assessment of their popularity with their school peers and social skills. A low score may suggest shyness and a lack of interpersonal skills.

The ten item Happiness and Satisfaction (HAP) cluster scale yields information about how happy and easy to get along with a child is and about a child's general satisfaction with life. A low score implies extensive dissatisfaction, low self-esteem and a yearning for things to change. It is possible that a child with a low score on this scale may benefit from psychological intervention.

The total or raw score and the cluster scores can be converted to percentile, stanine, and T-Scores. The mean total score for the norm group was 51.84 with a standard deviation of 13.87 and a median score of 53.43. A percentile score between 31 and 70 is considered within average range whereas a score falling at the 16th or 84th percentile or plus or minus one standard deviation is deemed significant. Five is the average stanine score while the T-score mean is 50 with a standard deviation of one, or a T-score of 40 deemed significant.

While there were six female parents in the group, data was collected on four children. Clearly, this small number of children imposed limitations on what could be understood about the relationship between parental participation in the group and their children's self-concept. The author was expecting the group size to consist of at least 15 parents. That the parent program would be offered was well advertised. Unfortunately, the response was not great. This in turn affected the numbers of children who would potentially be administered the Piers-Harris Children's Self-Concept Scale. On the first night of the program the author made known his wishes to administer the scale to their children but that it was not compulsory to being a member of the group. Unfortunately once again, data would only be collected on four children.

For the purposes of distinguishing between the data for each child, the children were assigned a number each from one to four. The ages of child one, two, three, and four, were eleven, nine, nine and ten years respectively.

Results

The Piers-Harris Children's Self Concept Scale provides four avenues for checking the validity of scale protocols. They include faking, acquiescence and negative response bias, random responses and special populations and moderator variables.

Analysis of case ones' very high pre T-score of 69 (see Table 1) would of necessity be interpreted cautiously. Such a significantly high T-score, more then one standard deviation above the mean, implies that the child either has a very high self-concept or faked her responses in order to present herself in a favourable light. It suggests either a conscious or unconscious distortion . Interestingly this child's significantly low T-score of 39 (see Table 1), more than one standard deviation below the mean, on the post assessment is to be interpreted as an indicator of a low self-concept (Piers & Harris, 1984).

Besides this validity consideration, there was no evidence of acquiescence, negative response bias, random responding or special populations or moderator variables as providing a reason to question the results of case ones' before and after protocol.

Analysis of case twos' pre T-score of 66 (see Table 1), more than one standard deviation above the mean, implies either a very high self-concept or a desire on the child's part to present in a favourable light. The same is true of his post T-score of 70. Again, these scores represent either a conscious or unconscious distortion. As such, the

result should be treated cautiously. Besides this there are no validity concerns for this particular case.

Table 1: Statistics for the before and after administration of the Piers-Harris Children's Self-Concept Scale

Case	Total Raw Score ^a	Standard Deviation ^b	Percentile Rank ^c	Stanine ^d	T-Score ^e
1 _{pre}	74	27.16	97	9	69
1 _{post}	35	16.84	13	3	39
2 _{pre}	71	19.16	94	8	66
2 _{post}	75	23.16	98	9	70
3 _{pre}	33	18.84	11	2	38
3 _{post}	38	13.84	17	3	40
4 _{pre}	57	5.16	60	5	53
4 _{post}	47	4.84	33	4	46

^aNorm population mean for total raw score was 51.84 with a standard deviation of 13.87.

^bPercentile rank average range for the norm population is 31 to 70 while the normal values for determining significant deviation from the mean correspond to the 16th and 84th percentiles. ^cStanine average is 5. ^dT-Scores less than 40 are deemed significant indicating low self-esteem while T-Scores less than 65 should be interpreted cautiously.

There is no evidence to question the validity of either of the children's before or after responses based on acquiescence and negative response bias.

An inconsistency index was developed for the purpose of detecting random responses. An inconsistency index score of six or more is an indicator that at least on some items a child may have responded randomly which would lead one to cautiously interpret the protocol.

Case three had an post inconsistency index of seven and case four had an pre inconsistency index of six, both of which imply at least some random responses although they are not very pronounced.

The children who participated were children whose families are middle-class so that socioeconomic status was not a factor and neither were moderating variables such as reading level or academic achievement. The children were comparable to the normative population.

Piers and Harris (1984) contended that the most dependable measure for their self- concept scale is the total score. The scale consists of 80 items so the possible range of scores is from 0 to 80 with a high score characteristic of high self-concept while a low score would be indicative of low self concept. It was hypothesized that there would be a positive relationship between parental participation in the parent education group and their childrens' self-concept as measured by the Piers-Harris Self-Concept Scale for Children. One would expect that the mean post-total scores would increase compared with the pre-total scores. This in fact did not happen. Table 2 shows that the mean actually dropped by ten points. Prior to any further analysis of the results, the author would like to reiterate the limitations to this analysis due to the small number of children who were administered the Piers-Harris Self-Concept Scale.

Table 2: Comparison of the mean pre-total score with the mean post-total score.

	Mean	N	Standard Deviation	Standard Error Mean
Pre-Total	58.7500	4	18.6971	9.3486
Post-Total	48.7500	4	18.2277	9.1139

To resolve if this decrease was statistically significant, a paired samples t-test which determines whether or not the mean difference between the pre-total and post-total score was significant was completed and as the table shows, the decrease in the mean was not significant.

Table 3: Statistical significance of the mean difference for the pre and post total scores.

	Mean	Standard Deviation	Standard error Mean	t
Pre-Total -Post- Total	10.0000	20.5102	10.2551	.975

Due to the view of Piers and Harris (1984) who claimed that a child's self-concept is multidimensional another level of interpretation involves an analysis of the cluster scale scores. For the purpose of comparing the before and after cluster scale scores, Piers and Harris (1984) advised that the raw scores for the cluster scales be converted to stanine scores since they are based on so few a number of items.

If parental participation in the parent education group is positively related to their children's self-concept, then one would expect the mean stanine score for each cluster scale to show an increase when comparing the before and after cluster scale stanine scores. In order to do this the raw cluster scale score for each case was converted to a stanine score (Appendix A). Following this the before and after mean cluster scale stanine scores were calculated for the purposes of comparison classified in table four with the prefix pre and post respectively. All of the post mean stanine scores decreased.

Table 4: Pre and post cluster scale mean scores.

		Mean	N	Standard Deviation	Standard Error Mean
Pair 1	PREBEH	6.0000	4	2.3094	1.1547
	POSTBEH	4.5000	4	1.7321	.8660
Pair 2	PREINT	6.0000	4	2.9439	1.4720
	POSTINT	5.7500	4	2.2174	1.1087
Pair 3	PREPHY	5.5000	4	2.6458	1.3229
	POSTPHY	4.7500	4	1.5000	.7500
Pair 4	PREANX	5.7500	4	3.5940	1.7970
	POSTANX	4.7500	4	2.2174	1.1087
Pair 5	PREPOP	5.5000	4	2.6458	1.3229
	POSTPOP	4.2500	4	1.8930	.9465
Pair 6	PREHAP	5.5000	4	3.0000	1.5000
	POSTHAP	3.5000	4	3.3166	1.6583

To resolve if this difference was statistically significant, a paired samples t test which determines whether or not the mean difference between the pre and post cluster scale stanine scores were statistically significant was performed and as table 5 shows. they were not.

Table 5: Statistical significance of the mean difference between the pre and post cluster scale stanine scores.

		Mean	Standard Deviation	Standard Error Mean	t
Pair 1	PREBEH- POSTBEH	1.5000	2.3805	1.1902	1.260
Pair 2	PREINT- POSTINT	.2500	3.3040	1.6520	.151
Pair 3	PREPHY- POSTPHY	.7500	3.2016	1.6008	.469
Pair 4	PREANX- POSTANX	1.0000	2.9439	1.4720	.679
Pair 5	PREPOP- POSTPOP	1.2500	2.6300	1.3150	.951
Pair 6	PREHAP- POSTHAP	2.0000	3.9158	1.9579	1.022

Discussion

While the decrease in the mean post-total scores and in the mean post cluster scale stanine scores were not statistically significant the question remains, why? Perhaps the answer lies in the validity issues raised earlier in the results section of this report. It was determined that case one's pre total score translated into a very high T-score of 69. Piers and Harris (1984) advised that T-scores greater than 65 should be interpreted with caution. While this score could be an accurate reading of this particular child's self-concept, it also could represent a desire on the part of the respondent to portray herself in a favourable light. The distortion may be conscious or unconscious. This same observation should be made for case two's pre and post total scores of 71 and 75 both of which translate into T-scores of 66 and 70 respectively.

Secondly, there is the validity issue of random responding that is detected via the inconsistency index. Case three had post inconsistency index score of seven while case four's before pre inconsistency index was six. A score of six or more suggests that on these respective administrations of the scale, there was some random responding taking place which raises a validity concern for those protocols.

The above validity concerns are exacerbated by the small sample size. It is conceivable that if the sample size were larger, the effect of protocols that present validity considerations might be minimized. It is suggested that future researchers who may study the effect of parent education within the scope of child-rearing practices on

self concept take into account the impact sample size may have on the results of one's research.

Chapter 3: Reflections on my Internship

The intent of this third chapter is to reflect on my internship. Essentially this affords the intern the opportunity to become involved in self-evaluation, a healthy practice not only deemed significant for budding counsellors but as well, for the veterans of the profession. Hawkins and Shohet (1989, as cited in Irving and Williams, 1995, p. 107) state, "The vital part of effective and safe counselling is often held to be reflective practice." Irving and Williams (1995, p. 107) comment, "It is our contention that a vital part of knowing oneself and of reflective practice is the examination of those thoughts and ideas that dictate how we feel and what we do."

This chapter will be divided into two parts. The first part will consist of an overview of the first week and a half during which time I worked to establish the activities reputed appropriate given my internship and creative and reflective research component objectives and, for this reason, was a crucial period of time. The second part I will relate, in anecdotal fashion, some experiences from each of the major areas of activity I participated in that are representative of the entire experience and in doing so, engage in reflective practice.

An Overview

Meeting My Field Supervisor

My first day at Donald C. Jamieson Academy involved meeting the school administration and teaching staff. A good portion of my time however involved reviewing with my field supervisor, Mr. David Shears, my preliminary proposal and, in particular, reviewing the objectives proposed for my internship and discussion regarding

my creative and reflective research component objectives and the activities relevant to them in which I would like to participate while at the school. It became readily apparent that I would indeed be able to participate in a wide range of activity that would make possible achievement of my objectives.

For instance, there would be an opportunity to engage students in individual counselling. Mr. Shears also suggested that there were a number of students in grade four whose teachers had requested of him group counselling in the area of social skills training. There would be no problem in doing psycho-educational assessments since there were a number of students whose parents and teachers who were in agreement that testing should be done to help understand the nature of these student's learning difficulties.

I also reviewed with Mr. Shears my research component. I explained to him that I would be reviewing the professional literature regarding the role of the counsellor as consultant. I suggested to him based on a review of some of the literature on the subject, that one form of consultation could include offering a parenting skills program (Conroy & Mayer, 1994). He appeared to be receptive to my proposed objectives for the internship and in particular, to my objectives pertaining to my research component.

The next day, Mr. Shears informed me that one of the teachers of grade nine who was teaching a course entitled Adolescence was repeatedly having difficulty booking time in the computer room for the purposes of doing some career exploration using Choices 97. Ever since I completed a graduate course in career counselling, I have always looked forward to this aspect of work as a school counsellor however, it had been several years since last working with this particular grade level. I was very nervous about walking into a grade nine class of thirty because of the discipline problems I may have to

face. At the time, I kept this to myself and confidently responded that I would be interested.

Setting Up Office

Physical Space

During the first couple of days, I also spent time settling in my office which was called the conference room but rarely used for that purpose. As I was soon to find out, it was a well-utilized room nonetheless. This was a room off the general office corridor. In it were a couple of sofas, a desk with the school server on it, a telephone for teachers to make personal calls, cupboard space where stored among other things was the school surveillance equipment, a couple of sets of stage lighting, and my desk. I was also informed by the secretary that it was a room she put students who felt ill while at school. It was also used for students serving in-school suspensions and public health nurse school visits. Finally, students who missed tests would often be asked upon returning to school to write their tests in this room. Even though this situation seemed less than desirable, I did manage to utilize this space and other places in the school when it was not possible to work in the conference room.

Establishing Protocol

Another aspect of settling in involved becoming familiar with and photocopying referral forms. The school board had prepared a referral form to be completed by the teacher's of students being referred to the school counsellor for psycho-educational assessments. This form included a consent form for parents to sign and a form to be

completed by the public health nurse after testing students hearing and vision (Appendix B).

For the purpose of making referrals to the school counsellor regarding individual counselling for students, the teachers were not using a particular referral form. I did not feel comfortable about teachers making verbal referrals to myself so I told Mr. Shears that I would prefer that when teachers were making referrals to me, I would rather that they use a referral form. I asked if that would be alright with him and he had no problem with it. I had a referral form that another school counsellor whom I worked with used. I showed it to Mr. Shears and his response was that perhaps he would like to use it too (Appendix C).

As it turned out, I was glad that I did decide to request of teachers that they use this form. Prior to actually meeting with a student, I made it a practice to call home to introduce myself with the parents and also inform them that their child had been referred to me for counselling. Invariably, the parents would always want to know the reason for the referral whether they were aware of what was happening with their child or not. Having the reason for the referral written down in front of me in the teacher's own handwriting was very helpful when asked for it. When I would call I would say, "Hello. May I speak with....please? My name is Perry Bonnell and I am calling from Donald C. Jamieson Academy. I am working as a school counsellor intern with Mr. Shears until the end of the year." Calling the student by name I would continue, "Johnny was referred to me by his teacher Mrs. Green for counselling." One time I remember a parent in a rather defensive tone of voice at this point ask, "What is this all about?" I responded in a gentle and genuine manner with, " According to Mrs. Green, Johnny's poor attitude is

interfering with his potential for learning and as a result he is not doing as well as he could." The parent, due to my tone of voice and clarity of expression, responded in a conciliatory tone of voice. "That's alright. If it's something that will help him, it's alright."

I felt very confident with making such calls. Not once did a parent refuse or object to my seeing their child which I found impressive. These parents essentially were saying that they were open-minded about counsellors and the profession and that if it was "something" that would benefit their child, they were willing to support it.

When a student was referred for individual counselling and his or her parent was informed of the referral, I would request a copy of the student's schedule for two reasons. Firstly, I would not want to see a student during a class period that either the teacher or the student did not want the student/herself or himself to miss. Secondly, if my office were to be in use then I would normally use a small room off the resource centre. I would need the student's schedule in order to compare with the posted schedule on the door of this small room which was booked a great deal of the time. Once I knew where I could meet with a student I would confer with the student's teacher regarding the time when we could meet. I would inform the teacher where I would meet his or her student and give the teacher a small appointment form (Appendix D).

Finally, in preparation for the first session or two with a student, I used the general areas of questioning for child/adolescent interviews as proposed by Merrell (1994) to form the basis for conducting an intake interview (Appendix E). Besides serving to help build basic rapport, it also gave the student an opportunity to, in a structured or logical kind of way in response to the questions I asked, to begin to tell his or her story.

The individual counselling was perhaps the most challenging of all my experiences during my internship and I will elaborate on my experiences in this regard later in the chapter. Another aspect of my internship which I thoroughly enjoyed was my group counselling experience.

Group Counselling

On Tuesday afternoon of my first week after school I met with the three grade four teachers who were requesting social skills training for students in their classes. The students they had in mind for participation in the group either were withdrawn or aggressive. While Mr. Shears arranged the meeting, he could not be in attendance until the end of the meeting. Even though I was moderately nervous about meeting with these seasoned teachers for the first time, my excitement at the prospects of leading my first group independently sustained me. Having recently completed a graduate course in group counselling and co-led an Art Therapy Group, I knew the potential for success, both for the participants and facilitator, that such a method of providing a counselling service held.

The meeting went well and by its end, there were twelve students identified. The next move was for those teachers to call the parents of these children to explain why they thought that their child's participation in such a group would benefit them. Subsequent to this meeting, however, I discovered through reading the "Message to Facilitators" in the resource text I intended to use for the group that when selecting members for the group, to include not only children who were aggressive or withdrawn but also "children who have developed effective social skills to serve as role models" (O'Rourke & Worzbyt,

1996, p. 403). Even though I saw this a fairly significant oversight on my part. I felt somewhat reluctant to request another meeting to request that students the teachers viewed as having effective social skills be identified and their parents be contacted too with regard to being members of the group. In the end, I did request that these teachers identify such students and make the necessary phone calls but I did so meeting with each teacher one-on-one. They appeared to be open this and certainly understood the rationale for making such a request. I recall feeling a tinge of embarrassment when one of the teachers quite innocently but insightfully stated in response to my request. "Yes, because if you didn't (include the students with effective social skills), they (the students withdrawn or aggressive) would always be working against you."

In the end, there were twenty-two students whose parents were willing to participate in such a group. I was elated but now rather than leading one group I would be leading three! In the next few days the teachers and I would discuss who would comprise the membership of each group. For instance, we would try to balance the groups as much as possible in terms of sex and in terms of students who could serve as role models and those who might be withdrawn or aggressive. In the first meeting we had agreed upon a time slot, from 11:40am to 12:40pm, Tuesday through Thursday, at which times Groups A, B, and C would meet.

Consent forms (Appendix F) were subsequently prepared and along with a brief note from myself (Appendix G), they were sent home for parents to sign in order to have in writing each child's parents official permission to participate in the group.

I met weekly with each group for eight sessions and truly enjoyed each group each session. At the end, the students completed an evaluation form regarding their

participation in the group (See Appendix H). Twenty of the twenty-two children who participated in the group without exception indicated that their participation in the group was helpful. Regarding the other two students who did not complete the evaluation form, I shall reserve comment until the second part of this chapter when relating anecdotal comments pertaining to the various activities while at my internship site.

Parent Education

Another item of concern in the very early stages of my internship that required immediate attention was pertaining to my creative and reflective research component. In the last chapter I demonstrated from a review of the literature that one way to fulfill the role of the counsellor as consultant with parents is to lead a parenting skills group. I discussed the possibility of co-leading such a group with Mr. Shears in the first week of my internship. Since it had been a couple of years since he had last lead a parenting group, he was happy to oblige me. The board had two parenting programs, one called Active Parenting and the other Systematic Training for Effective Parenting or STEP. Mr. Shears was more comfortable with the latter one since he had used it before several times and did not particularly like the other one. While I had read about the Active Parenting program in the consultation literature briefly, I had also read about the STEP program too. I liked the fact that it was based upon Adlerian Theory which I especially favour in connection with group counselling. We chose STEP.

We decided to announce the group over the radio as a public service announcement (Appendix I) and send home with the grade fours to sixes a notice informing parents that the group would begin Wednesday night, May 6, 1998, from 7 to 9

o'clock. The group would run for seven weeks consecutively. While we were successful in conducting the group for the duration mentioned and that we worked well together, we did not get as many members as we had hoped for. We were hoping for about fifteen and ended up with six members. Initially, I felt discouraged, however, once the group was up and running, it proved to be an activity I really looked forward to every Wednesday evening.

Mr. Shears and I would meet weekly, usually Tuesday after school to decide who would be responsible for the various activities in each session. I thought we covered the material pertaining to each topic decently. While we as a group, and Mr. Shears and I as a team were fairly informal in our approach, at all times we conducted ourselves professionally. Ample time was given for discussion. The video tapes were terrific providing excellent examples of material covered in the weekly reading assignments and discussion of the same. We would allow five to ten minutes for a coffee break and cookies. It was a few minutes well spent. In the corridor of the school we would briefly talk with each other and I feel that during this time Mr. Shears and I were able to build rapport with the members of the group that helped to further facilitate open and free-flowing discussion in the sessions.

Anecdotal

"Scan"

The most challenging experience at my internship site was in the area of individual counselling. I met with on a regular basis seven male students, four of whom

were elementary students while the others were in junior high. I usually met with them in my office or in a smaller room off the resource centre.

The most memorable client was "Sean," a thirteen-year-old-grade-eight-student. I first met him in the principal's office with Mr. Shears, the principal, and his parents present. The meeting was arranged by Mr. Squires, the principal, since Sean had been repeatedly into trouble and just the day before he had tried a wrestling move on a student smaller than him in a school corridor. This was the "last straw" and the principal called the meeting for making clear that if there were another infraction, he would be suspending Sean.

Another concern at the time was Sean's performance in mathematics. He was struggling and there was the possibility that he may have to attend summer school if he did not do well enough by the end of the school year. As Mr. Squires put it, given the circumstances there was a "window of opportunity" to turn Sean around both behaviourally and academically. His mother and her boyfriend were interested enough to come to school for the meeting in the first place but too, they were willing to support, encourage, and discipline Sean in order to help him complete the school year without further incident and do well enough in Math so that he would not have to attend summer school.

At the end of the meeting, the principal suggested that I check with Sean's teachers to find out if during the week he had been disruptive in any way and, if so, to report this to Sean's mother. At the same time though, I was also asked to see him on a regular basis for personal counselling. While I felt that reporting to his mother weekly concerning altercations Sean might have with his teachers and at the same time, assuming

responsibility for him as a client for personal counselling, appeared to put me into a potentially awkward or conflicting roles, I accepted the responsibility. As it turned out, there never was anything of a negative nature to report for the balance of the school year. In fact, there were usually positive remarks to make regarding Sean's deportment and academic progress.

Sean had returned from Alberta just before Christmas where he had spent the summer and the first part of the school year with his father and his father's girlfriend. He was now living with his mother and her boyfriend. His parents were divorced when Sean was four years old. There was also an incident when Sean was a very small boy when his mother physically abused him. Since Christmas he and a few friends vandalized a house, were charged and were now on probation. He had a reputation as a student with an "attitude." Knowing his background made me taut. How was I going to turn this guy around?

As a means to building basic rapport and to help him to begin to tell his story, in the first session I conducted an intake interview with him asking him questions pertaining to five areas including intra-personal functioning, family relationships, peer relationships, school adjustment and community involvement. Any time in answering my questions he triggered a thought pertaining to my own background I would share it with him in an effort to model self-disclosure.

While Sean was fairly open about sharing his story with me, I thought I would check his cumulative record to learn what I could about him. I thought that doing this might give me an edge or at least boost my confidence and that I would be more psychologically prepared to meet with him the next time. Unfortunately, the only piece of

information in Sean's record was a manuscript of his marks for his first term of the school year when he was in Brooks, Alberta. His grades were fairly low, in the D to C range with very few B's. However, according to the anecdotal reports written by his teachers, there was no evidence that he had a reputation of being a student with an "attitude." To the contrary, based on their comments, Sean was polite, showed respect for others and was a delight to have in class!

Sean made an interesting comment about this when I pointed out to him how the picture of him portrayed by his teachers in Alberta appeared to be a different one than the one I was getting from his teachers at Jamieson. Here he was known and "expected" to get into trouble and he was thought of by the other students as "cool" when he did "stir the nest."

Fortunately, I had recently acquired a very insightful article by my supervisor written by Oyserman and Saltz (1993) entitled "Competence, Delinquency, and Attempts to Attain Possible Selves." In terms of understanding my client's behaviour, it was an article which proved to be very resourceful. For instance, when moving from general to more specific questions, I began to ask questions pertaining to Sean's behavioural assets such as what were some examples of positive or appropriate behaviours he could marshal, as well as what his strongest likes and dislikes were (Merrell, 1994). According to Sean's responses to these questions, it occurred to me that Sean was struggling with a construal of a possible self (Oyserman and Saltz, 1993).

In a different environment such as Sean found himself in the fall of the year, it appears that Sean was pursuing a possible self the result of which was positive consequences. Since returning home however where there was a different set of

expectations, there were negative consequences to the possible self he was pursuing. Reading the professional literature not only aided my understanding of Sean, but as well, boosted my confidence and effectiveness in both communicating with and helping him.

Social Skills Training

I was in the second week of my internship when I started my group counselling in the form of three Social Skills Training Groups. For this week only, groups A,B, and C would meet on Wednesday through Friday. This was deemed necessary in order to give the teachers the time they needed to contact the parents of the children who would participate and to collect all the parental consent forms. The weeks thereafter, the groups would meet Tuesday through Thursday.

In the first session with each group we brainstormed for group rules after I introduced myself and briefly explained that the purpose of the group was to help its' members identify and develop social skills that would empower them to make better friendships.

In response to the first question on the evaluation form, "Do you feel that participation in the Social skills group was helpful to you? Why or why not?" one child's answer was typical of them all when she wrote, "Yes because it helped me make more friends."

In the first session entitled, "Making Connections," each child had to identify and write on newsprint using markers, three things he or she enjoyed doing leaving some space between each item. With their sheets taped to the chalkboard, each child was asked to initial their common interests written on the various sheets and afterwards connect

with the members in which they held common interests. I recall the sense of satisfaction I felt as I watched each child eagerly participating in the activity and the sense of fulfillment that my group counselling session had begun!

In concluding the first session, I congratulated each group on how well they followed the group rules. I also encouraged them to follow up on the connections they had made outside the group.

The homework assignment at the end of the first session was fairly typical of them all in the sense that they were not too demanding or time consuming. I provided each child with a three by five inch card on which they were to write an answer to a question. "What is a friend?" Even though the assignments did not appear to be an extra burden along with their other homework, a number of children in response to the third question on the evaluation form, "What part of the group did you like least?" cited the homework.

In the sixth session, each child was asked to set a goal with a plan of action to actually carry out and achieve their goals. I explained that this was a means by which they would be deliberately setting out to improve their social skills and involvement. I proceeded by demonstrating on chart paper the actual structure for their goal plans using a fictitious example. Using a "Goal Worksheet." (Appendix J) each child was required to devise their own goal plan.

In the seventh session entitled "Peer Pressure." I started by asking the children about their successes in carrying out their goal plans. I remember one boy whose goal plan involved knocking on the door of the home of another boy whose father was frequently reluctant about letting his son go outdoors to play. The goal was to invite this

boy outdoors to go roller blading. It took courage for "Sam" to carry out his goal plan but as well, it took a caring and sensitive attitude. As it turned out, the boy was allowed to go outside and roller blade. Sam informed me that he not only did so once but several times. I praised him for his success!

In the eighth session entitled, "Refusal Technique," the children were asked to role-play refusal techniques. In the previous session we had had a thorough discussion on peer pressure. We also discussed ways that they could refuse to do something that they felt was wrong called Refusal Techniques. In this last session the children had an opportunity to, using their own situations or ones in which I provided written on five by eight inch cards, role-play a situation in which pressure was being exerted on a friend to do something they did not want to do and how that person might use a refusal technique to resist the pressure. This was the second time that they actually participated in role-play and with very few exceptions were anxious to take part.

My point in drawing attention to this activity is simply to suggest that often role-playing and the like is often considered too difficult or a waste of time when teaching. In response to question two of the evaluation form, "What part of the group did you like best?", most children responded with role-playing. This activity in particular appeared to have the effect of generating a great deal of enthusiasm and creativity.

With regard to the students that did not complete an evaluation form as mentioned earlier, one of the students dropped out of the group at the sixth session due to disinterest. The other child was present when the rest of his group was completing the form however, he appeared to be feeling sick at the time. I did not push the matter. Later that day I was speaking with the boy. He appeared to want to let me know that he was feeling better.

I did have the opportunity to speak with some of the parents and teachers of the children in the groups after the last session. The parents were unanimous in their praise for what the group did for their children. One teacher commented that one of the girls from her class who was withdrawn had "come out of her shell."

While the resource text I was using was a good one with a number of other types of groups to organize. I am assuredly interested in looking for other resources of this nature and caliber. I am a strong proponent for group counselling in the schools and it will be positively be a key component in the guidance program I will offer as a counsellor.

Testing

There were several students whose teachers had spoken to Mr. Shears regarding having psycho-educational assessments done to understand whether or not the students low academic performance was related to a possible deficiency in intellectual ability.

As it was the case pertaining to referrals for individual counselling, it was evident that the teachers were accustomed to making verbal referrals to Mr. Shears for psychoeducational assessments. I asked Mr. Shears if there were an appropriate referral form for such assessments and he provided me with one that the school board had prepared. If a teacher was going to refer a student for a psychoeducational assessment then I felt it appropriate that the school board referral form for such a service be utilized.

I approached the different teachers who had made verbal referrals to Mr. Shears, reviewed the form with them, and without exception, the teachers were completely and positively receptive to the use of such a form.

I feel that if such an assessment of a child is to be done, teachers should be able to articulate clearly the reason for the referral for three reasons. First of all, once an assessment of intellectual ability is done the results are kept in a confidential file which follows the student for the rest of his or her school days. Referrals should not be made in a haphazard or nonchalant manner. Secondly, when seeking parental consent, which is necessary before any testing can be done, the counsellor needs to articulate clearly why the child was referred to the parent /guardian. The sure way to do this is to require that the teachers state in writing why they are referring a child for testing. When the counsellor is relating this to the parents, he can do so accurately. To fail to do so may result in a parent, for this reason, refusing to consent to testing being done which in turn may result in a disservice to the child.

Thirdly, teachers need to be precise about the reason for the referral since it is a very important consideration for the counsellor when interpreting the results and writing the report. For instance, if the reason for the referral is to shed light on a child's strengths and weaknesses or if it is to help understand whether or not a child had a learning difficulty, then this information can help direct the counsellor in the emphasis given in the report.

While completing a number of graduate courses in assessment, it was clear to me that there exists a divergence of opinion on the use of intelligence tests and the like, in the schools for the purpose of assessing children. Going into my internship, I was more "against" than "for" their use. In hindsight however, I feel that both intelligence and achievement tests do have their place in assessment.

To begin with, as a counsellor who is conscientious about checking into the reliability and validity of such tests, I was confident that the tests I was using, including the Wechsler Intelligence Scale for Children, Third Edition, and the Kaufman Test of Educational Achievement were sound and highly reputed in the field. In other words, I trusted the results of such instruments. I believe that this is a crucial point otherwise how can one set out confidently to interpret results, make conclusions and recommendations to teachers?

I put a great deal of time into interpreting the results and writing the reports so that once they were written, I felt sure of myself when requesting a program planning team meeting including parents and teachers that I had a report that was important to share. The point is that when using such instruments for assessment, one has to be sure of their integrity. My choice of instruments will ultimately, in turn, be a reflection of my own personal integrity and professionalism.

The second reason for my change in attitude over the use of such tests is related to the program planning team meetings. The way I proceeded was the way in which I learned to proceed from a personally highly regarded mentor of mine which was to ask each teacher to comment on how the child was doing for them in their respective subject area. I would always be attuned to what they were saying, listening for information that might overlap with the findings of my report.

Previous to the meeting, I would request that the teachers be as positive as possible. Once the teachers were finished, I would continue with a review of the nature of the tests used, a discussion of the various hypothesis made based on significant differences in the scores on the subtests using percentile ranks, and finally, a review of

my conclusions and recommendations. Usually what followed was an open and sincere discussion of the problems facing the child. I always felt that the time the team spent together was time well spent. It appears to me that the key to the success of such meetings by the school staff especially when interacting with the parent.

Two of my objectives for my internship include becoming more proficient in the administration and interpretation of intelligence and achievement tests and in report writing and consultation with teachers and parents. Previous to my internship my experience in this regard was minimal. Now that my internship is over I especially feel more confident about this aspect of work as a counsellor. Another aspect of my internship that I was not as successful was in the area of career exploration with the four grade nine classes. In another light though, I can look at it as a big success! You see, it almost never happened at all.

Career Awareness

I was very tense about entering the grade nine classrooms for several reasons among which one was class size. They all had about thirty students. The last eight of my nine years teaching I had taught in classrooms that had an average of fourteen students. As well, I had spent these years teaching from grade three to grade eight. For me, the discipline problems I may have to face distressed me. I felt that in this regard, I would be ineffective.

My philosophy in teaching and with respect to classroom management in general is to always have a well prepared lesson plan. As a teacher I have invariably relied in part for the purposes of preparation on teacher guides. The problem, there was no guide for

the Choices 97 software package. My preference would be to provide the students with some direction in how to navigate using the various data bases that Choices 97 includes in the form of an outline.

I checked with Mr. Shears and with another counsellor at the high school adjacent to Jamieson for a guide but neither had one. I called the school board office and spoke with an educational psychologist and he did not know the whereabouts of such a guide either. Time was slipping by so I decided to type an outline for the students myself. By this time I had familiarized myself with Choices 97 so I felt confident enough to start working with the grade nines.

My approach consisted of a brief introduction of myself and a ten minute overview of career development including the rationale behind the use of Choices 97 in terms of where their exploration of it fit in to their curriculum. I made reference to their Adolescence course and it's career component which, while covered adequately by their teacher, would be supplemented by an introduction to Choices 97.

Using an overhead (Appendix K) I was provided by a guest one of my professors had invited to speak to the graduate course in career counselling and by relating a conversation I had a couple of weeks previously with a mom who works as a hair stylist and who cuts my hair regularly. I would begin my presentation.

She told me about one daughter who finished high school and went immediately into a nursing program. She was about to graduate and had a job waiting for her. She also told me about her other daughter who, upon graduating from high school a couple of years ago, did not know what she wanted to do and to date, still did not know. She said she did not feel too badly about her youngest daughter's situation because she has also

spoken with university students who are in their second and third year who still remain undecided about their future career.

I pointed out to the four classes that it would be good to know what one would like to do when one finishes high school such as the example of the mom's daughter who became a nurse four years after high school. I continued with suggesting that while the reality for many high school graduates is that often they do not know what career track they may want to pursue, it was not too early to think about what careers match their interests at this point of time and essentially that is what the Choices 97 program was designed to do. At this point, I would escort each class to the computer room. The students found the program engaging and they could follow my outline easily, although I did not stop searching for a guide. This really paid off!

At a meeting of counsellors in the district, I asked a counsellor whether he had a guide for the Choices 97 program. It turned out to my amazement that he had a binder full of Choices 97 material published by Careerware. It was superb information. One section outlined five modules of computer activities along with career development activities for grades nine to twelve. I felt I had hit the jackpot! The counselor told me I could keep the whole binder since the school he was working at (which was the school where we were meeting) had recently acquired Choices 98.

Since I had this material in my possession prior to meeting with two of the four grade nine classes, I used one of the modules with them (Appendix L). The students had no problems following the steps the first module outlined. Its appearance was undoubtedly more professional than the outline I had prepared. Unfortunately, final

exams were three days away and I did not get to meet with either of the four classes more than once for two reasons which were related.

The first reason has two parts to it. As I stated earlier, I was really apprehensive about how effective I would be if and when discipline problems might arise. While it would have helped, I still would have felt this way even if I had acquired the guide earlier than I did. As a result, I put off as long as I could actually going into the grade nine classrooms. The second part of the first reason relates to my philosophy about teaching. To effectively manage a classroom, one has to be prepared. For me, being prepared involves the use of a teacher's guide which I did not have until late in the school year.

The second reason related to the first was timing. By the time I actually went into the classrooms and had subsequently acquired the guide, the grade nines were just days away from their final exams. Once the exams began, it was impossible to get anymore classroom time. Their exams were written in the morning at the end of which they were bused home until the next morning when they would write their next exam.

In one way I feel I could have done more. I recall the comment of one of the grade nine teachers who had sat in on my presentation to his class and subsequently joined us in the computer room. In a very positive tone of voice he said, "you should have started earlier!" However, I was the only one who knew how tense I was about going into the grade nine classes in the first place. I was too embarrassed to let anyone know. The fact that I did in the end present and work with these students was for me an accomplishment. In the moments previous to actually going into the classrooms, I was really enthused about doing so. I can remember the "rush" it gave me! Once in the classroom everything went very well including the transition to the computer room. This

fall I will be working as a counsellor in a high school and I am eagerly looking forward to working with the students in the area of career development.

Summary

I would highly recommend the internship option as a beneficial means building confidence and obtaining experience. During my internship it was important for me to daily reference various theoretical approaches in counselling. The degree to which one does this will impact one's sense of identity as a counsellor. It is an integral part of being a counsellor. Besides this though one has to humanize the actual process of delivering counselling services which necessitates critical reflection over one's effectiveness in being aware of a variety of techniques and approaches and employing them when appropriate.

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APPENDIX A

PRE AND POST CLUSTER SCALES STANINE SCORES

CASE 1 _{pre}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	16	95	8	66
INT. (II)	17	98	9	70
PHY. (III)	12	91	8	64
ANT. (IV)	14	97	9	69
POP. (V)	12	97	9	69
HAP. (VI)	10	90	8	63
TOTAL	74	97	9	69

CASE 1 _{post}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	8	13	3	41
INT. (II)	12	49	5	50
PHY. (III)	6	25	4	43
ANT. (IV)	7	26	4	44
POP. (V)	7	27	4	44
HAP. (VI)	2	1	1	28
TOTAL	35	13	3	39

CASE 2 _{pre}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	16	95	8	66
INT. (II)	14	70	6	55
PHY. (III)	9	60	5	53
ANT. (IV)	13	90	8	63
POP. (V)	10	69	6	55
HAP. (VI)	10	90	8	63
TOTAL	71	94	8	66

CASE 2 _{post}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	15	81	7	59
INT. (II)	17	98	9	70
PHY. (III)	11	84	7	60
ANT. (IV)	13	90	8	63
POP. (V)	11	86	7	61
HAP. (VI)	10	90	8	63
TOTAL	75	98	9	70

CASE 3 _{pre}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	12	40	4	47
INT. (II)	6	10	2	37
PHY. (III)	4	11	2	37
ANT. (IV)	3	3	1	31
POP. (V)	3	13	3	39
HAP. (VI)	5	9	2	30
TOTAL	33	11	2	38

CASE 3 _{post}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	11	32	4	45
INT. (II)	10	30	4	45
PHY. (III)	6	25	4	43
ANT. (IV)	6	18	3	41
POP. (V)	6	20	3	41
HAP. (VI)	7	39	4	47
TOTAL	38	17	3	40

CASE 4 _{pre}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	12	40	4	47
INT. (II)	15	81	7	59
PHY. (III)	11	84	7	60
ANT. (IV)	10	58	5	52
POP. (V)	7	27	4	44
HAP. (VI)	7	39	4	47
TOTAL	57	60	5	53

CASE 4 _{post}	RAW SCORE	%ILE	STANINE	T. SCORE
BEH. (I)	12	40	4	47
INT. (II)	12	49	5	50
PHY. (III)	7	36	4	46
ANT. (IV)	7	26	4	44
POP. (V)	5	13	3	39
HAP. (VI)	3	2	1	30
TOTAL	47	33	4	46

APPENDIX B

REFERRAL FOR EDUCATIONAL ASSESSMENT

BURIN PENINSULA SCHOOL BOARD**REFERRAL FOR EDUCATIONAL ASSESSMENT****CONFIDENTIAL**

CONFIDENTIAL

Date of Referral : _____

RANK THE AREAS OF GREATEST CONCERN BELOW: (1-5) 1 WOULD INDICATE GREATEST CONCERN

- _____ Personality-Behavior Characteristics
- _____ Learning Disabled Characteristics
- _____ On-Task Behaviors (approach, follow-through, and completion of tasks)
- _____ Academic Problems (reading, math, spelling)
- _____ Processing Problems (perception, association, memory, and problem solving)

STUDENT'S NAME: _____ BIRTH DATE: _____
Last First Middle y/m/d

AGE: _____ SEX: _____ PRESENT GRADE: _____

Parents (Guardians): _____

Home Address: _____

Home Telephone Number: _____ Business Telephone Number: _____

School: _____ School Telephone Number: _____

Principal: _____ Guidance Counsellor: _____

Public Health Nurse: _____ Nurse Tel. Number: _____

Classroom Teacher: _____

Challenging/Special/Remedial Teacher (s): _____

Grades Repeated: _____: _____: _____: _____

Referred By: _____ Position: _____

Has this referral been discussed at a program planning team meeting with parents present:

YES: _____ NO: _____

If No, Explain:

Signature of Principal: _____

Signature of Counsellor: _____

THE BURIN PENINSULA SCHOOL BOARD
P.O. Box 4000
Marystown, NF
A0E 2M0
TEL: 279-2870, FAX: 279-2177

PERMISSION FOR EDUCATIONAL ASSESSMENT AND INTERVENTION

I, _____ voluntarily give consent to have my child
Parent's Name

_____ assessed and provided intervention if the
Child's Name

need exists for special programming and/or counselling.

Results of the assessment will not be released to any unauthorized person(s) without my specific permission. I understand the reason for which this action is proposed and that such assessment and intervention will be conducted by appropriately qualified persons only. I further understand that I may withdraw my consent at any time.

Parent's Signature (s)

Date

Witness

Name: _____

Date of Birth: _____
Year Month Day**MEDICAL HISTORY**

1. Date of Last Screening: _____

VISION	Normal	Normal When Corrected	Problems with Colour Vision	Other	Requires Special Seating in Class
R					
L					

2. Date of Last Screening: _____

HEARING	Normal	Normal When Corrected	Other	Requires Special Seating in Class
R				
L				

3. Additional Comments:

Public Health Nurse

APPENDIX C
GUIDANCE REFERRAL FORM

DONALD C. JAMIESON ACADEMY**GUIDANCE REFERRAL**

Date: _____

Student's Name: _____

Grade: _____ Teacher: _____

Date of Birth: _____ Age: _____

Parents: (M) _____ Home Phone #: _____

(F) _____

Referred By: _____

Are the following aware of this referral?

Student: _____ Parents: _____ Principal: _____

Reason for Referral:

Guidance Use Only:

Date: _____

Action:

APPENDIX D
INTERVIEW APPOINTMENT FORM

DONALD C. JAMIESON ACADEMY**GUIDANCE DEPARTMENT****Interview Appointment Form**

To the Student: Before keeping your appointment with Mr. Bonnell please show this form to your subject teacher and have it signed by him/her.

DATE: _____

DAY: _____

PERIOD: _____

TIME: _____

STUDENT'S NAME: _____

INTERVIEW COMPLETED: _____

COUNSELLOR'S SIGNATURE: _____

ATTENTION: Subject Teacher

All students are to get permission to keep this appointment at the beginning of the period. Please indicate your permission by signing this form.

Subject Teacher's Consent: _____

I prefer that this student have his/her appointment at another time for the following reasons:

TEACHER'S SIGNATURE: _____

APPENDIX E
INTAKE INTERVIEW FORM

CHILD/ADOLESCENT INTERVIEWIntra-personal Functioning

Eating and Sleeping Habits:

Feelings/Attributions About Self:

Peculiar or Bizarre Experiences:

Emotional Status:

Clarity of Thought/Orientation to time and Space:

Insight Into Own Thoughts and Concerns:

Defensiveness/Blaming:

Understanding of Reason for Interview:

FAMILY RELATIONSHIPS

Quality of Relationship Parent:

Quality of Relationship With Siblings:

Family Routines, Responsibilities, Chores:

Involvement With Extended Family:

Level of Perceived Support From Family:

Perceived Conflicts Within Family:

PEER RELATIONSHIPS

Number of Close Friends:

Preferred Activities With Friends:

Perceived Conflicts With Friends:

Social Skills for Initiating Friendships:

Reports of Peer Rejection and Loneliness:

SCHOOL ADJUSTMENT

Current Grade. Teacher. School Subjects:

General Feelings About School:

Previous and Current Academic Performance:

Favourite or Preferred Subjects or Teachers:

Difficult or Disliked Subjects or Teachers:

Involvement in Extracurricular Activities:

School Attendance Patterns:

Perceived Conflicts or Unfairness at School:

COMMUNITY INVOLVEMENT

Involvement in Clubs or Organizations:

Participation in Community Activities:

Church Attendance:

Level of Mobility Within Community:

Part-time Jobs(for adolescents):

Relationships With Others in the Community:

APPENDIX F
CONSENT FORM FOR SOCIAL SKILLS TRAINING GROUP

SOCIAL SKILLS TRAINING

I hereby consent for _____ to attend a social skills training group.
Name of Student

The nature and purpose of this group and its benefits have been explained to me by

Name of Teacher

Name of Consenting Party

Signature of Consenting Party

Relationship to Student

Date

APPENDIX G
BRIEF NOTE FOR PARENTS

Date: _____

Dear Parent/Guardian:

Please sign the enclosed consent form and return it to the school by way of your child as soon as possible. I look forward to meeting your child and trust that they will enjoy being a member of the social skills group.

If at any time you wish to get in contact with me, call 891-1431 or 891-1432.

Kindest regards.

P. Bonnell

APPENDIX H
SOCIAL SKILLS GROUP EVALUATION FORM

EVALUATION

1. Do you feel that participation in the Social Skills group was helpful to you? Why or why not?
2. What part of the group did you like best?
3. What part of the group did you like least?
4. If you had a friend who needed to identify some more positive Social Skills, would you recommend that he or she join this group or one like it? Why or why not?
5. Did you attend all eight group sessions?
_____ YES _____ NO

If no, how many did you attend? _____

6. Comments, suggestions, etc.:

APPENDIX I
RADIO ANNOUNCEMENT

PUBLIC SERVICE ANNOUNCEMENT (PSA), 30 SECONDS

Dates: Commencing April 29, Wednesday Night, 7 p.m. - 9 p.m.

STEP: Systematic Training for Effective Parenting- is a course for parents of children at Donald C. Jamieson Academy who want their relationships with children to be more satisfying.

In an atmosphere of mutual support, you learn communication skills, positive discipline techniques, ways to build self-esteem, and more. Over two million parents have improved their family life with **STEP**.

STEP is being offered in the Marystown/Burin area at Donald C. Jamieson Academy.
(area) (organization)

For more information, call David Shears or Perry Bonnell at 279-2838 or 841-1907 or call
(person/organization) (phone)
the school at 891-1431.

APPENDIX J**SESSION SIX SOCIAL SKILLS TRAINING GROUP GOAL WORKSHEET**

GOAL WORKSHEET

My Goal:

Things I Need to Do:

Carry Out My Actions:

Follow Through:

Evaluate:

APPENDIX K
OVERHEAD TRANSPARENCY FOR CAREER DEVELOPMENT

CAREER DEVELOPMENT

Career Development is an ongoing process through which learners integrate their personal, family, school, work, and community learning experiences to facilitate career and lifestyle choices.

Career development consists of three areas:

Career Awareness: to develop students' understanding and appreciation of personal characteristics and how these relate to potential careers.

Career Exploration: to enable students to take advantage of community resources to relate their learning and skills to education, career, and personal roles in a changing world.

Career Preparation: to develop students' understanding of the academic, teamwork, and personal management skills needed to succeed in the workplace.

APPENDIX L
CHOICES 97 MODULES ONE AND TWO

Module 1 Identification of Career Interests

Activity:

- Career Area Interest Checklist

Time:

- 30 minutes

Outcome:

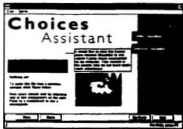
- Students identify career areas of interest.
- Students list occupations about which they would like more information.

Computer Instructions:

1. Click Assessments.



2. Click Interest Checklist.



3. Start the Checklist.



4. Answer ALL 144 questions.

Note: It is important that the questions are answered from the perspective "how would you like to" not, "are you qualified or capable".



5. After you complete the 144 questions, you will be asked if you would like to score your answers. Click Yes.



6. The report displayed is usually divided into three sections.

- Career Areas in which you have A LOT of interest (9-12 score).
- Career Areas in which you have SOME interest (5-8 score).
- Career Areas in which you have LITTLE interest (0-4)

Area	Score	Other
Area 1	10	...
Area 2	11	...
Area 3	12	...
Area 4	6	...
Area 5	7	...
Area 6	8	...
Area 7	1	...
Area 8	2	...
Area 9	3	...

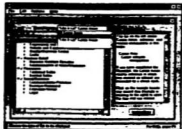
Note: Choices will consider all areas where you have A LOT of interest and all sub areas where you have A LOT of interest.

7. To identify specific jobs within Career Areas choose See Related Occupations from the Options menu.

Area	Score	Other
Area 1	10	...
Area 2	11	...
Area 3	12	...
Area 4	6	...
Area 5	7	...
Area 6	8	...
Area 7	1	...
Area 8	2	...
Area 9	3	...

8. Click the down arrow beside Report Types.

9. Click Your Career Areas.



10. A list of selected Occupational Groups (Career Areas) based on the areas as identified by the Checklist where you have A LOT of interest will appear.



11. To see occupations within each group, click the triangle to the left of the group name and the related occupational titles will appear.



12. To see an occupational description, click on the occupational title and the description will appear in the box to the right.



- 13.
14. You may now wish to return to the Choices Assistant and obtain more extensive information on the occupations of interest to you. The instructions to view occupational information can be found in Module 2.

Module 2 Obtaining Information about Occupations

Activity:

- Students conduct basic research on occupations.
- The occupations selected may be based on their dream occupation, occupations that they identified while doing the Career Area Interest Checklist (see Module 1), or any other occupations that look interesting.
- Students will obtain information on their list of occupations by going directly to the information component of Choices.

Time:

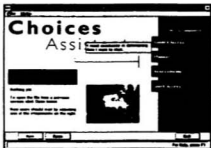
- 15 minutes

Outcome:

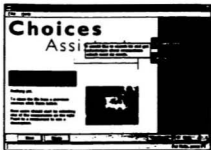
- Students identify 2-3 occupations and obtain detailed information.

Computer Instructions:

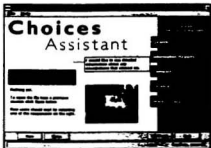
1. Click Guided Access.



2. Click Occupations.



3. Click Information Reports.



4. Click Find.
5. Enter the occupation title.

Hint: For occupations with more than one word, enter one word only e.g. for Civil Engineering Technologist, enter civil.





