REPORT OF A COUNSELLING INTERNSHIP UNDERTAKEN IN HARLOW, ENGLAND INCLUDING A RESEARCH COMPONENT ANALYZING THE INTERNAL CONSISTENCY OF THE MEMORIAL UNIVERSITY OF NEWFOUNDLAND SCALE OF HAPPINESS

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Presented to

The Faculty of Graduate Studies

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In Partial Fulfillment

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Master of Education

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by

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ABSTRACT

The purpose of the internship was to provide the intern with an opportunity to expand his knowledge and to improve his counselling skills under supervised conditions. The rationale basic to the internship was that these experiences would help the intern develop, introduce and conduct more effective counselling programs. The internship, extending over the English spring school term, beginning in April and ending in July 1980, was undertaken at Princess Alexandra Psychiatric Hospital and the West Essex Secondary Tutorial Unit in Harlow, England.

During this period, opportunities were provided for the intern to: develop an insight into the role of the counsellor in Harlow, England; gain further knowledge and experience in counselling theories and techniques; develop competency in individual and group counselling; become familiar with the consultation process; develop an awareness of the terminology, remediation and contemporary ideas in the field of special education; gain experience in the administration and interpretation of individual assessment procedures unfamiliar to the intern; and, to visit community support services and alternative counselling programs in Harlow, Epping and Loughton, England.

The purpose of the research component was to conduct an internal consistency study on the Memorial University of

Newfoundland Scale of Happiness (MUNSH), developed by Kozma and Stones (1980). Since the scale was developed with a Newfoundland population of elderly subjects, there remained some question as to the internal consistency of the instrument with an urban sample from a different culture. The MUNSH maintained a reliable internal consistency when used as a measure of mental well-being for elderly citizens in England.

ACKNOWLEDGEMENTS

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Gratitude is also extended to the following individuals in Harlow, England: Mr. Sean Clark and the teaching staff at the Secondary Tutorial Unit; Mrs. Inge Hudson and her colleagues in the Department of Clinical Psychology at Princess Alexandra Psychiatric Hospital; and, Mr. Anthony Allison, Educational Psychologist for School Psychological Services.

Sincere appreciation is extended to Dr. Mike Stones, for his assistance with the research component, and to my fellow graduate students who helped to collect the data.

Finally, a very special thanks to my wife for her love and encouragement throughout the entire graduate program, and to my family for supporting my plans to pursue a career in counselling.

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CHAPTER I

INTRODUCTION

The rationale basic to an internship is that the effectiveness of the intern's training will be enhanced by the application of the intern's skills in a supervised setting. In preparing to assume the role of counsellor, the trainee must have an opportunity to apply and evaluate the methods and theories learned during the prospective counsellor's formal study. The supervised setting should provide the intern with valuable feedback and direction that will contribute to his level of competence. The practical experience of the internship will also further acquaint the student counsellor with the nature and scope of counselling.

I. OBJECTIVES OF THE INTERNSHIP

The purpose of an internship is to provide the intern with an opportunity to expand his knowledge and to improve the intern's skills, so that he can more effectively develop, introduce and conduct counselling programs. The objectives and activities are stated as follows:

1. General Objective

To develop a more capacious insight into the role of the counsellor in Harlow, England, as compared to

Newfoundland's counselling services.

A. Specific Objective. To consult with my faculty advisor and field supervisor.

Activities

1. Meet a minimum of four hours with my faculty advisor.
2. Meet a minimum of four hours with my field supervisor.

B. Specific Objective. To observe professional counselling sessions.

Activities

1. To observe a minimum of three one-to-one counselling interviews.
2. To observe at least two consultation sessions.
3. To observe a counsellor facilitate group exercises.
4. To attend at least three case conferences.

C. Specific Objective. To familiarize the intern with different counselling programs or services in Harlow, England.

Activities

1. To visit a minimum of two established counselling programs in the community of Harlow.
2. To observe a minimum of two high school counselling programs in England.

D. Specific Objective. To become familiar with the support services and community resources available to counsellors in Harlow.

Activities

1. Discuss with the intern's field supervisor the procedures used to obtain the services of community support systems.
2. Spend a minimum of six hours visiting Harlow's counsellor referral agencies.

2. General Objective

To develop a broader theoretical base in counselling techniques.

A. Specific Objective. To conduct further research into theories of individual counselling.

Activities

1. Read a minimum of one recently published book dealing with one-to-one counselling approaches.
2. Read a minimum of three articles relevant to individual counselling.

B. Specific Objective. To review literature appropriate to group counselling techniques.

Activities

1. Read at least one recently published book specifically dealing with approaches to group counselling.
2. Read a minimum of three articles relevant to group counselling strategies.

C. Specific Objective. To acquire further knowledge concerning methods of consultation.

Activities

1. Read at least one book concerned with family and specialist consultation.
2. Review a minimum of three articles dealing with consulting.
3. Conduct a minimum of one consultation session.

3. General Objective

To gain experience and develop competency in group and individual counselling sessions.

A. Specific Objective. To lead or co-lead a small group counselling session.

Activities

1. Initiate a discussion group within the intern's setting.
2. Participate, if possible, in groups the intern's field supervisor may have ongoing.

B. Specific Objective. To become involved in individual counselling with clients seeking guidance in personal, social, emotional and educational matters.

Activities

1. Counsel at least one client over a four week period.
2. Counsel a minimum of ten clients on a short-term basis.
3. Where possible, to keep tapes and written records of clients the intern is counselling over the long-term.

4. General Objective

To gain knowledge and experience in the development and application of counselling programs unfamiliar to the intern.

A. Specific Objective. Initiate a minimum of four field trips to different counselling settings in Harlow.

Activities

1. To visit one location within the community of Harlow and observe programs developed for the rehabilitation of alcoholics.
2. To visit a Harlow setting and observe programs developed for family counselling and child welfare.

5. General Objective

To develop an awareness of the terminology, remediation and contemporary ideas in the field of special education.

A. Specific Objective. To register for a Master's level special education course while in Harlow.

Activities

1. Give a two hour seminar on the role of the counsellor in special education.
2. Read a minimum of one recently published book on remediation.
3. Read at least three articles relevant to programming and curriculum in special education.
4. Attend lectures and complete required assignments.

B. Specific Objective. To become familiar with special education programs offered in Harlow.

Activities

1. Participate in all field trips offered to the special education and counsellor interns.
2. Visit at least one special education school to observe remedial activities.

C. Specific Objective. To obtain information related to methods of diagnosing learning disabilities.

Activities

1. Consult with the intern's field supervisor, for a minimum of one hour, concerning diagnostic instruments used in Harlow.
2. Read a minimum of three journal articles on diagnostic procedures unfamiliar to the intern.
3. Apply at least one diagnostic instrument under the guidance of the intern's field supervisor.

6. General Objective

To become familiar with the intern's counselling

setting.

A. Specific Objective. To research the historical evolution of the Harlow internship setting.

Activities

1. Spend at least one hour with the intern's field supervisor tracing the development of the counselling setting.
2. Read available literature written about the intern's setting.

B. Specific Objective. To develop an understanding of the purpose and objectives of the counselling programs offered in the intern's setting.

Activities

1. Meet a minimum of one hour with staff members to discuss their rationale, responsibilities and procedures.
2. Be available to participate with staff members in initiating and evaluating therapeutic strategies.

7. General Objective

To gain experience in the administration and interpretation of individual testing procedures applied in Harlow.

A. Specific Objective. To become familiar with intelligence and personality testing procedures used in the intern's Harlow setting.

Activities

1. Observe a qualified examiner administer at least one intelligence and one personality test (individual and/or group).
2. Consult with the examiner concerning interpretation procedures
3. Review the nature, composition, purpose, administration and statistical basis of the tests.
4. Administer the specific tests under the supervision of the qualified examiner.

B. Specific Objective. To gain knowledge in the individual diagnostic batteries used for assessment purposes in the intern's Harlow settings.

Activities

1. Spend at least one hour with the intern's field supervisors discussing diagnostic batteries commonly used in England.
2. Read available literature written about these diagnostic testing procedures.

8. General Objective

To conduct an applied research program during the internship period.

A. Specific Objective. To conduct research into the internal consistency of the Memorial University of Newfoundland Scale of Happiness (MUNSH) with a British sample of elderly subjects.

Activities

1. To undertake a literature review relative to the construct of happiness and measurement scales related to psychological well-being and aging.
2. To review the literature relative to the MUNSH validity and reliability studies previously conducted in Newfoundland.
3. To administer the MUNSH to a minimum sample of 100 elderly subjects residing in Harlow, England.
4. To analyze and interpret the data and to report the results.

II. STRUCTURE AND ADMINISTRATION OF THE INTERNSHIP PROGRAM

Selection of the Settings

In a program review, the Department of Educational Psychology at Memorial University (1976) described six essential factors that must be considered before choosing an internship setting.

> (1) The quality of professional supervision.
> (2) The quality of learning opportunity and experience.
> (3) The relevancy to, and usefulness of, such experience in the actual setting in which the trainee ultimately expects to work.
> (4) The availability of time for full time involvement of the intern for a minimum of thirteen consecutive weeks.
> (5) The availability of a qualified field supervisor on site.
> (6) Ready access to the university supervisor. (p. 3).

The intern was one of four graduate students undertaking a pilot internship in Harlow, England. After considerable consultation with appropriate university personnel, the intern thought it advisable to visit a number of possible settings in the Harlow area, before making a final selection.

Over the course of a six day period, with the assistance of the intern's University Supervisor, Dr. Norm Garlie, and a Field Supervisor, Mr. Anthony Allison, the intern visited a total of nine possible placements. These were as follows: Essex County Secondary Tutorial Unit; School Psychological Services; Harlow Council for Voluntary Services; King Harold Comprehensive School; St. Luke's School for the Educable Sub-Normal; Hereward Infant School;

Community Services Branch of the Harlow Metropolitan Police; Juvenile Probation Office (Epping); and Princess Alexandra Psychiatric Hospital. After discussions with both supervisors, and reviewing the internship objectives as defined by the Department of Educational Psychology, the intern decided to share his time between (a) the Secondary Tutorial Unit and (b) Princess Alexandra Psychiatric Hospital.

Description of the Settings

(a) The Secondary Tutorial Unit was established in the West Essex area, which includes the cities of Loughton, Chigwell, Ongar, Waltham Abbey and Harlow within its boundaries. The Unit caters to a minimum of twenty pupils, normally between the ages of twelve to fifteen years, who are displaying symptoms of emotional disturbance and/or behavioral problems. The Secondary Tutorial Unit is intended to be a therapeutic centre to help prevent and alleviate behavior which could be considered disruptive within the comprehensive school system (i.e. schools including junior and senior high classes). The Unit is directly responsible to the Area Education Officer and the West Essex County Inspectorate. Day-to-day direction is provided by the School Psychological Services. Students attend the unit on a full time basis for one term. This procedure may vary in particular cases. For example, if at the end of one term it is decided, via a case conference,

the student has not made sufficient progress in reforming his behavior, he may be required to remain at the unit for a second term. There were fourteen students enrolled at the Secondary Tutorial Unit during the intern's placement.

On staff were two full time teachers, as well as a Head Teacher, who served as the Unit's supervisor. The Secondary Tutorial Unit is not intended to be a remedial centre, in fact many students are average to above average in intellectual ability.

The three basic guidelines for admission to the Unit are as follows: (1) The pupil must be returning to the comprehensive school system. This stipulation is enforced in order to avoid the problem of students being left for an indefinite time period. (2) Academic standards are to be maintained. The student is required to follow a curriculum designed in consultation with his or her regular classroom teacher. (3) Parents and school personnel must be aware that behavior modification techniques (e.g. a token system) will be used to change the child's behavior before he or she returns to the regular classroom.

(b) The Princess Alexandra Hospital is situated in central Harlow (New Town). It was located approximately three miles from the intern's residence, making access relatively convenient. There are over one hundred beds in the hospital, allocated to four separate wards.

The intern was primarily associated with Livingston Ward and the Department of Psychology, under the supervision of the Principal Clinical Psychologist, Mrs. Inge Hudson. There were five clinical psychologists on staff and their duties involved numerous therapeutic and assessment responsibilities. Three of the psychologists had considerable experience and professional expertise in biofeedback, relaxation training, behavioral strategies, psychotherapy and family counselling. The setting afforded the opportunity to gain exposure to a variety of counselling approaches.

After consultation with the intern's field supervisor and the Director of Physiotherapy, it was decided the intern would spend time in the Physiotherapy and Rehabilitation Department of the General Hospital. There were seven physiotherapists on staff responsible for developing and coordinating rehabilitation programs for both physically and mentally handicapped patients.

Duration

In accordance with the requirement of the Department of Educational Psychology, the internship extended over the English spring school term, beginning April 29th, 1980 and ending on July 16th, 1980.

Supervision and Evaluation

Pre-planning meetings with the university supervisor were scheduled throughout the winter semester, before

departing for Harlow. During the course of the internship, supervision was accomplished by regular meetings between the intern, field supervisors and university supervisors. After Dr. Garlie's return to Canada, Dr. L. Karagianis assumed the role of faculty advisor for the intern. As well as these meetings, which were used to discuss potential problem areas, responsibilities of the intern, evaluating progress and developing new ideas, each field supervisor was responsible for submitting a final written evaluation to Dr. Garlie on the intern's work. A mid-term and final report was compiled by the university supervisor for the intern's permanent file. Regular meetings included: weekly sessions with Field Supervisor, Mr. Sean Clark, Head Teacher at the Secondary Tutorial Unit and Mrs. Inge Hudson, Principal Clinical Psychologist at Princess Alexandra Psychiatric Hospital; six supervisory meetings with Mr. Anthony Allison, Consulting Educational Psychologist at the Secondary Tutorial Unit; and ten meetings with Dr. Norm Garlie and Dr. L. Karagianis.

III. OUTLINE OF FINAL REPORT OF INTERNSHIP

The final internship report is arranged into chapters. Chapter I presented an overview of the objectives of the internship and its organization. Chapter II describes the activities undertaken during the

internship, in order to accomplish the objectives outlined in Chapter I. Chapter III includes a description and the results of the research component. Chapter IV contains a summary and the conclusions.

CHAPTER II

ANALYSIS OF THE INTERNSHIP

The purpose of this chapter is to focus on the intern's experiences and personal development during the internship process. The chapter is subsectioned under the headings: Dimensions of Counselling, Community Support Systems, Counselling Theories, Counselling Practice, Alternative Helping Programs, Special Education, Staff Consultation and Diagnostic Assessment. These subsections comprise, in sequence, the general objectives as outlined in Chapter I.

In consultation with the intern's faculty advisor, specific objectives and activities were predetermined and defined in an internship proposal, designed to help the intern achieve certain goals. It is a difficult task expressing which activities fulfil each objective. In many instances the intern's experience relates to a definite objective, but it is important to note that certain activities apply to several objectives.

I. DIMENSION OF COUNSELLING

One of the primary objectives of the internship was to expand the intern's knowledge of theories and techniques of counselling in England. By reading journal articles and books related to guidance (reviewed later in this report),

as well as exposure to a wide variety of experiences, the intern developed a more in-depth understanding of the counsellor's role.

Discussions were held with the University Supervisor concerning activities and programs the intern could develop at the Secondary Tutorial Unit. Consultation sessions were held weekly with Field Supervisors Mr. Clark and Mrs. Hudson, to co-ordinate behavioral and therapeutic strategies in helping clients whom the intern was counselling on a one-to-one basis. Such matters as behavioral contracting, social skills programming, family influences, relaxation training, aversion therapy, appropriate assessment procedures and the need for directive and/or nondirective counselling approaches were discussed during these sessions. Several meetings of an informal nature were held with Dr. L. Karagiannis and Consulting Psychologist, Mr. Anthony Allison. These meetings helped the intern gain exposure to ideas and therapeutic approaches unfamiliar to the intern's formal training and previous field experience.

The intern observed twelve individual counselling sessions at the Secondary Tutorial Unit. Whenever problems with students arose, the classroom teacher would immediately refer them to the Head Teacher, Mr. Clarke. Situations ranged from home disruptions, to conflicts with the police and deviant behavior within the classroom. Mr. Clark maintained a directive, behaviorist approach to counselling. The intern's formal training and individual preference is a

non-directive, client-centered approach. Discussions were held between Mr. Clark and the intern, after each session, to evaluate the purpose and effectiveness of the field supervisor's strategies. These discussions helped the intern understand the need for maintaining an eclectic approach to counselling, rather than holding fast to theories without due consideration of the client's needs.

The intern observed and participated in numerous consultation sessions concerning students and clients whom the intern was counselling. Regular staff meetings were held at the Secondary Tutorial Unit to discuss ways of helping students deal with personal and academic problems. These consultation sessions were directed by one of the intern's supervisors, Mr. Clark, and all staff members were invited to participate. As well as these regular strategy discussions, the intern had an opportunity to observe four private consultation sessions between the Head Teacher and Mr. Anthony Allison, Consulting Psychologist. During these meetings confidential information was exchanged concerning two students the intern was counselling.

Several consultation sessions were held at Princess Alexandra Hospital with the intern's supervisor Mrs. Hudson, Principal Clinical Psychologist and the acting head of physiotherapy and rehabilitation, Mrs. Hughes. Two meetings with Mrs. Hudson concerned a psychiatric patient assessed by the intern. A third consultation meeting was held to evaluate the progress of relaxation sessions being conducted

by the intern. On three occasions discussions were held with Mrs. Hughes to review information pertaining to a patient who was not responding to physiotherapy. The patient's therapist suspected a psychological problem was causing her unresponsive behavior. The consultation sessions resulted in the intern arranging individual counselling sessions with the above mentioned patient. These numerous consultation sessions were most beneficial in terms of gaining understanding of the multitude of factors affecting an individual's behavior. It reinforced in the intern's mind the need for consultation with other professionals and influential people in the client's family and/or social milieu.

Another activity listed as an objective to achieving a more capacious insight into counselling was to observe a counsellor facilitate group exercises. The intern observed Mrs. Hudson, the Field Supervisor, co-lead a group of psychiatric patients. The twenty-eight patients were required to attend these daily ward meetings. Regular members of the nursing staff, along with Mrs. Hudson, served as facilitators for this therapy group. The purpose of the meeting was to provide the patients with a forum to express their personal concerns about treatment procedures and ward policies. The patients were encouraged to verbalize their concerns. The meeting extended over eighty minutes. This isolated experience provided the intern with a firsthand observation of large group dynamics. The facilitators demonstrated their competency in describing or interpretating

the group process, as well as responding to particular thoughts and feelings being expressed by the patients. Considerable insight was gained by observing Mrs. Hudson's skills in helping individuals become aware of the inconsistencies in their behavior.

Group counselling literature, Gazda (1978), Egan (1976), Johnson and Johnson (1975), suggests qualities such as openness, honesty, warmth, trust and self-disclosure as positive factors contributing to the success of a group experience. Conversely, resistance and defensiveness within a group creates barriers and at times appears to undermine the development of these desirable factors. The intern perceived resistance, on the part of several patients, contributing to the breakdown of communication and increasing the level of frustration in the group process. He discussed these observations with Mrs. Hudson and the nursing staff facilitators immediately following the meeting.

The intern observed three case conferences during the course of the internship. Field Supervisor, Mr. Anthony Allison, invited the intern to attend a School Psychological Team meeting in Loughton. The purpose of the conference was to examine possible avenues for helping three students who had been referred to their agency. The team consisted of two educational psychologists, two social workers and a psychiatrist. They reviewed the problem child's family background as presented by the social worker; school related data brought forward by the educational psychologists; and,

counselling strategies used by the psychiatrist. The information was carefully scrutinized before the team decided on a course of action. The intern was very impressed with this teamwork approach to counselling. In the conference the group processed information, clarified communication and contributed their individual expertise to help resolve the problem.

Mr. Anthony Allison, the Field Supervisor, directed the intern to a second case conference of experienced professionals from the Debden Department of Social Services. A team of seven social workers discussed two child care cases pending magistrate court hearings. The group reviewed each case in an attempt to develop a precise social worker's report to be presented at the forthcoming legal hearings. Each member of the team presented how they interpreted the evidence and a general discussion was held to consider recommendations.

The intern participated in a third case conference at Princess Alexandra Hospital. This conference was held to discuss possible approaches in helping a patient accept and cope with her disability. The meeting proved to be more informal than the previous two sessions, but certainly not less professional. The acting head of the Physiotherapy and Rehabilitation Department, Mrs. Hughes; the patient's two therapists; and, the intern attended the conference. Some approaches postulated were: involving family members and close friends in the therapy, using every occasion to encourage

her to participate in physiotherapy and individual counselling. As a result of the conference, a modified rehabilitation program was designed and implemented.

The conferences provided insight into the structure and process of effective consultation. The intern saw a good example of accurate information flow and competent communication skills.

The intern, also, became familiar with three counselling services not directly related to his placement.

(1) Discussions were held with Mrs. Kay Lambert, Co-Director of the Harlow Council for Voluntary Services, concerning the organization and counselling programs provided by the council. Mrs. Lambert described twenty-two different services administered by their agency. The services are totally voluntary, with the exception of the directors and a limited staff required to provide supervision and transportation. A sample of programs follows: Voluntary Warden Scheme for the Elderly; Day Centres for the Elderly and Housebound; Adult Literacy Project and Play Groups. As well as these types of social services, the council provides a Battered Wives Shelter and a Family Guidance Unit, where professional case workers help those families needing social work support and counselling.

(2) A meeting was arranged with Mr. Pruden, the Senior Counsellor at the Harlow Careers Office. During the discussion, Mr. Pruden provided the intern with historical

accounts of the Careers Office, as well as the services provided by the counsellors. The main functions of the Career Services are: to work with guidance teachers, in schools and colleges, who provide students and their parents with information on educational, employment and training opportunities; to give continuing vocational guidance to students in comprehensive schools or colleges in order to help them reach informed and realistic decisions about their careers; to help young people find suitable training and employment as well as assisting employers in finding suitable workers; and, to provide individual counselling services to people having problems with their settlement in employment.

The career counsellors spend three days a week in the schools providing future school-leavers and college graduates with a link between education and employment. Students have individual interviews with the career counsellors to discuss their career choice, training or plans for higher education. The parents are invited to attend. Pupils are generally asked to complete a questionnaire covering their interests and ambitions. Once again, parents may be consulted concerning this information.

The Secretary of State for Employment is responsible to Parliament for the establishment and working of the Careers Service. The day-to-day responsibility rests with the Career Service Branch of the Department of Employment.

(3) The intern attended a three hour workshop on the

subject of hypnosis, held at Princess Alexandra Hospital. Two clinical psychologists, Mr. and Mrs. Degun, conducted the workshop. Six psychiatrists, two clinical psychologists and three psychotherapists were in attendance. Mr. and Mrs. Degun were trained hypnotherapists using their skills during individual counselling sessions. They presented a brief theoretical introduction, discussed case studies of clients helped through hypnosis and then concluded by giving a demonstration of basic techniques. The session ended with a question and answer period which evolved into a lengthy discussion on the credibility and scientific basis for hypnosis.

Two high school counselling programs were also visited. Meetings were held with the Deputy Head and the Supervisor of Pastoral Services at Ongar Comprehensive School, to discuss the role of the counsellor within the British school system. Pastoral care is considered synonymous with counselling and school policies at Ongar placed the guidance responsibilities on the teacher. Counselling was expected to be conducted during the regular daily exchanges between teachers and pupils. The form teachers (grade level supervisors) accepted a leadership role in pastoral care. They assume responsibility for such activities as homework supervision, follow-up of all school reports, follow-up of all problems, either behavioural or academic, individual and group counselling and career and

course guidance.

The intern's supervisor, Mr. Anthony Allison, arranged a second meeting with two House Heads who were responsible for pastoral care at King Harold Comprehensive School. Discussion focused on counsellor training programs and problem areas such as staff conflicts, confidentiality and role descriptions. There were 1300 students enrolled at King Harold and considering the limited time allotted for pastoral care, both House Heads felt little was accomplished in terms of effective counselling.

All these experiences proved beneficial to the intern. In addition to becoming familiar with policies and attitudes towards counselling in the Essex school system, the intern gained knowledge of organizational management and exposure to innovative ideas being introduced within a counselling/psychotherapy context.

II. COMMUNITY SUPPORT SYSTEMS

Becoming familiar with the support services and community resources available to counsellors in Harlow was a further goal of the intern. Discussions were held with the intern's field supervisors to obtain information concerning procedures used in acquiring the services of community support systems. The intern arranged visitations to three of these agencies to become more familiar with their structure and purpose.

(a) One meeting was scheduled with Sergeant Burgess, the Juvenile Liaison Officer with the Harlow Metropolitan Police Department. During the discussion Sergeant Burgess described his function within the community services branch as being responsible for public relations and juvenile investigations. One of his duties is to conduct home background inquiries on juvenile offenders. A second function is to develop a better relationship between the youth and police, through lectures and films.

The Liaison Officer is also called upon to counsel elderly persons (i.e. over 65 years of age) and children (ages 10-17) who have committed minor offenses.

Sergeant Burgess outlined possible recommendations the Liaison Officer might submit to the courts after his investigations. Such recommendations might be: a Community Services Order requiring the juvenile to work a total number of hours on a community project as retribution for his offense; direct fines; a year of probation or absolute discharge. If the Liaison Officer suspects that the juvenile will continue to break the law, a detention centre would be recommended. In this case, the offender is subjected to rigorous discipline.

The intern observed certain parallels between the Juvenile Liaison Officer's role and the function of the St. John's Diversion Program, co-ordinated through Unified Family Court. Both program officials enter after the fact to ensure that the juvenile receives a just hearing and/or

punishment. The primary difference is - English youths must appear in Magistrates Court, while the St. John's program provides for pre-trial diversion for minor criminal offenses committed by first offenders under the age of seventeen years. The purpose of the Diversion Program is twofold: (1) it encourages the offender to accept responsibility for his or her behavior and to become involved in finding a solution, and (2) it allows the community to resolve minor legal disputes without engaging in expensive court proceedings.

(b) A second visit was made to the Juvenile Probation Office in Epping, Essex County. Discussions were held with Mr. Titchner, a probation officer, concerning procedures in preparing social profile reports on juvenile offenders, prior to court hearings. The intern had an opportunity to review a court report before proceeding to the actual hearing. Mr. Titchner explained the strengths and weaknesses of the voluntary magistrate court system as well as the importance of documenting and presenting the juvenile's family, peer and school relations. Accompanied by the university supervisor, the intern observed three hours of juvenile court proceedings. In this time period six juvenile offenders appeared before the magistrates. Social reports were presented in each case.

(c) Thirdly, two meetings were arranged with a voluntary warden, Mrs. Roberts, to discuss the services offered to the elderly. The Harlow Council for Voluntary Services directs

the program, with wardens in each district of the town. The warden serves in a "good neighbour" role, but often they act as a link between officialdom and elderly citizens, making sure each one gets the attention and service he or she requires. They may be responsible for up to sixty or more elderly citizens living in their area. No special training is required to assume the responsibility of warden, but occasional meetings are held and a regular newsletter keeps them in touch with the latest relevant information. Counsellors, medical doctors and psychologists may refer a patient or client to the home care of a warden living in their district.

These three visitations and subsequent discussions, helped to give the intern a general impression of the support services available in the Harlow area. Although discussions with the probation officer were held in Epping, there is a juvenile branch office in Harlow with duplicate responsibilities.

III. COUNSELLING THEORIES

The general objective discussed in this section was to develop a broader theoretical base in counselling techniques. To achieve this end the intern read two recently published books and seven articles relating to theories of individual counselling. To acquire further

knowledge in group counselling strategies, the intern reviewed three appropriate books and eight articles dealing with facilitative techniques and group processes. Another specific objective was to become familiar with methods of consultation. To accomplish this goal, the intern read two books and six articles directly related to counsellor consultation. (See Appendix A for these selected readings.)

Three books the intern found most helpful, from the readings mentioned above, were critiqued during the internship (See Appendix B).

IV. COUNSELLING PRACTICE

To develop competency in group and individual counselling skills, the intern observed and participated in numerous activities. These experiences helped the intern formulate a more personalized approach to counselling. In addition to reading relevant articles and books, the intern conducted group and individual counselling sessions. Written records were kept of all counselling experiences, although audio taping was not permitted at the Secondary Tutorial Unit or Princess Alexandra Hospital.

The intern counselled seventeen clients on an individual basis. Thirteen were counselled for a short-term, that is a minimum of three to a maximum of five meetings. Problems included disruptive classroom behavior,

academic difficulties, conflicts with peers and teachers and emotional tensions. Consultation sessions were held with the intern's field supervisors in each of the thirteen cases. The general content, method of counselling and possible avenues for helping the client were discussed and evaluated.

Four clients were counselled on a long-term basis. Three were students at the Tutorial Unit, while the fourth was a patient in the Psysiotherapy and Rehabilitation department of Princess Alexandra General Hospital. Following is a brief description of each case.

Subject One was a fourteen year old boy diagnosed as schizophrenic. During the first session the subject expressed concern about his inability to recall information and concentrate. His behavior was inconsistent and unpredictable. There were periods when he remained persistently introverted, then became overtly aggressive towards his classmates. The intern consulted with his teachers, peers and father to gain understanding of his behavior. Over two months, meeting on a regular basis, the intern developed an open relationship with the subject. Since he was receiving psychiatric help during this period, the subject expressed a fear of becoming an institutionalized patient if he discussed his confused thoughts. The intern utilized a non-directive counselling approach and achieved the primary objective of having the subject express these sensitive

matters. In professional consultation with Anthony Allison, Educational Psychologist and Sean Clark, Field Supervisor, the intern revealed some relevant information for future case conference purposes.

Subject Two was a thirteen year old boy relegated by his peers to the role of social isolate within the Secondary Tutorial Unit. O'Connor (1972) defined the problem of isolation as social withdrawal, describing it as low frequency of peer interaction. Gottman (1975) conceptualized isolation as low levels of peer acceptance or high levels of peer rejection. Social isolation tends not to be of a passing nature and some research has suggested there is little likelihood the social isolate will improve his status without assistance. Fleming (1951) stated isolated children tend to remain isolated if no measures are taken on their behalf, but many of them can be helped towards more secure positions in the group. Subject Two demonstrated several observable symptoms. He appeared shy, timid, fearful, anxious, tense and preoccupied with daydreaming. The field supervisor referred the student to the intern for individual counselling. During the initial sessions the subject expressed concern about an inability to develop trust and friendships. He appreciated the fact his behavior must change and efforts were directed at examining ways to achieve this goal. Besides several individual counselling sessions, the intern helped clarify communication in the subject's interpersonal conflicts with

his peers. These sessions enabled the student to modify behaviors contributing to his social isolation and to develop a relationship with one particular student at the Tutorial Unit.

Subject Three was a fifteen year old boy who received an indefinite suspension from Mark Hall Comprehensive School for disruptive classroom behavior and rage reactions. He was placed at the Secondary Tutorial Unit until he was recommended for a conditional return to the classroom. Educational Psychologist, Anthony Allison, referred the subject to the intern for individual counselling. The subject continued to demonstrate a violent temper at the least provocation by his classmates. Loud verbal exchanges eventually led to fisticuffs on the Tutorial grounds. During the counselling sessions he expressed the fear he could not control his tantrums and the anger he felt towards one of his peers. The intern used a more directive approach, helping the subject recall experiences when he managed to control his temper, discussing possible avenues where he might release his aggression, and arranging for the subject and his classmate antagonist to discuss their conflict on a one-to-one basis. Moderate success was achieved in that the subject joined a boxing club, and within the classroom, appeared to be less aggressive towards his peers.

The fourth subject being counselled over a long-term was a thirty year old mother who suffered minimal brain damage and partial paralysis in a car accident. She was

admitted to the Physiotherapy and Rehabilitation Unit to improve her mobility and mental state. The subject was referred to the intern by the Supervising Therapist, who suspected her lack of progress was the result of emotional problems. During counselling sessions the subject expressed her loneliness, her concern about failing memory and the effort it took to attend therapy sessions. After four meetings the patient's primary concern focused on her fear of regressing. Discussions were held with therapy staff personnel and a plan was formulated to change her negative impression. Follow-up after two weeks indicated a minimal change in her attitude towards therapy and an obvious improvement in the subject's physical progress.

In co-operation with Mrs. Hughes, Acting Head of Physiotherapy, the intern counselled one couple. Doctors suspected that their infant had brain damage and, according to hospital sources, they refused to discuss or accept the diagnosis. The father totally rejected the child's handicap and the mother felt it was simply developmental delay. During consultation sessions the intern discovered that doctors had avoided telling the couple about the tentative diagnosis. Through counselling sessions the couple expressed frustration and impatience with medical personnel and increasing anxiety over the baby's condition. The intern recommended that the specialist who diagnosed the child meet with the parents and present a realistic picture of the child's condition. The recommendation was based on the

intern's feeling that uncertainty was causing more hurt for the couple than the truth. Follow-up proved the intern's recommendation was ignored.

These experiences helped the intern gain further understanding of the individual counselling process. It proved beneficial for a variety of reasons: the intern interviewed students and patients representing a diversity of problems; he had access to immediate consultation and supervision and received constructive feedback from clients as well as staff personnel.

The intern observed the field supervisors conducting group activities. Following these observations, the intern co-led a relationship skills group. The relationship program was developed by Weissberg, Sofair-Fisch and Fisher-McCanne from the Counselling and Student Development Centre at North Illinois University (1977). The purpose of the approach is to help people improve their social and relationship skills. It is designed for persons who are shy, lacking self-confidence or having problems with their basic interpersonal skills.

The group was conducted as a research component for one of the intern's graduate classmates. Subjects were selected from the Special Education and Bachelor of Education students completing their degree requirements in Harlow. Screening interviews were held to determine whether the candidates were suitable for the program. Following these interviews, prospective participants were asked to complete

a Pre-Test Social Avoidance and Distress Scale, Fear of Negative Evaluation and the Interpersonal Relationship Rating Scale.

Eight two-hour sessions were held with nine group members. Emphasis was placed on teaching such skills as attending behavior, restating, giving feedback, initiating and ending conversations, handling silences, initiating social contacts and giving and accepting compliments. In addition to the relationship skills, the program emphasizes becoming aware of self-defeating irrational thoughts and substituting more rational coping thoughts. The intern, functioning as co-leader, utilized discussions, written handouts, role-playing, feedback and homework assignments to help the group members develop the above-listed skills.

Both leading and participating in this group experience proved rewarding. Although the program was highly structured, the interns approached the activities democratically, whereby any member of the group could assume leadership. However, this did not mean relinquishing the intern's responsibility to the group. The setting provided the intern with an opportunity to practice and improve his communication skills. The most rewarding personal factor was facilitating a forum for exploring inner experiences and helping to reduce the self-doubt of group members.

V. ALTERNATIVE HELPING PROGRAMS

To achieve the general objective of gaining knowledge and experience in the development and application of counselling programs unfamiliar to the intern, discussions were held with field supervisors and visitations were made to four alternative program settings listed below.

(a) The Leywood Adult Training Centre accomodates mentally handicapped persons ranging from sixteen to fifty years of age. Discussions were held with Mr. Harvey, the Centre's Director. During the intern's visit, there were one hundred individuals registered at Leywood. The trainees live in either group homes, hostels or home situations. The Leywood staff focus on teaching work skills with an emphasis on character building, in terms of domestic, social and academic development. The program is threefold: (1) one traditional classroom is used to help the trainees learn skills such as working with money, pre-reading and writing; (2) the domestic unit is equipped to help trainees learn basic household skills; (3) the industrial area encompasses a major part of the Leywood complex. The mentally handicapped are trained to complete contract work from local firms. In conjunction with the industrial program, the trainees are encouraged to participate in arts and crafts and woodwork shop activities. A program has been developed to move the mentally handicapped trainees out into the community on a full time employment basis.

(b) The intern met with the Director of Social Work for the Debden-Loughton region to discuss the program co-ordinated by Social Services. The Local District Council for Essex County is responsible for supervising the Department of Social Services, which has been functioning since 1971. The majority of social workers in England work within the small team concept, representing certain geographical areas. The Debden-Loughton regional office defines four major areas of responsibility: (1) care for children involving non-accidental injury or child abuse, statutory child care and general family work; (2) work with the mentally handicapped and mentally ill providing hostels and adult training programs; (3) providing Occupational Day Centres for the physically handicapped; and (4) arranging residential homes and home care for the elderly. Preceeding the discussion, the intern attended a case conference involving the seven-member social services team representing Debden-Loughton regions.

(c) Accompanied by Mr. Anthony Allison, Field Supervisor, the intern visited the Nazeing Park Boarding School for malajusted children. Discussions were held with three teaching staff members and the Head Master. The intern viewed several classroom activities where students, aged eight to twelve, were receiving remedial tutoring as well as arts and crafts instruction. Positive relationships between teachers and students are considered essential to the success of the Nazeing program. As the students grow

older they assume more responsibility for the conduct of the younger students in the dormitory.

The intern observed a consultation session between his field supervisor and the Head Master concerning eighteen students leaving Nazeing Park school. The purpose of the discussion was to evaluate the behavioral and academic performance of each individual student. Recommendations were documented in psychological reports submitted to school authorities where the maladjusted child will be enrolled next term. These visitations and subsequent discussions broadened the intern's perspective of the helping professions. A comparison of the range of philosophies and methods being used to assist individuals with social, emotional and mental deficiencies contributed to the intern's understanding of human behavior.

(d) The intern participated with the field supervisor in a workshop for family therapists at Bentham House Family Guidance Unit. Eight professional counsellors, representing social work and psychology, attended the session. Firstly, discussion focused on organizing a one-day workshop intended to promote interest in family therapy throughout the West Essex region. The second item on the agenda was consideration of a journal article dealing with family therapy in adolescent psychiatry.

As a follow-up to the family therapy meeting, the intern accomplished the specific objective of becoming

familiar with a program recommended by the field supervisor. The intern was invited to co-lead a family therapy session at Princess Alexandra Hospital. During the family counselling process, it was agreed the intern would conduct relaxation training with the teenage son who had demonstrated a violent temper. The subject had been expelled from three comprehensive schools as a result of his rage tantrums. In co-operation with the field supervisor, the intern read one book, The Relaxation Response (Benson, 1975), reviewed two cassette tapes developed by Dr. Robert Sharpe and a Lazarus relaxation script in preparation for the sessions. Four meetings were scheduled with the subject over a three week period. The intern used the shorter version of the relaxation tape as well as the Lazarus script. After each meeting the subject was asked to record his level of relaxation on a scale from one to ten. As homework assignments between meetings, he was given the tape and encouraged to practice each day.

Secondly, whenever the subject felt his temper rising, he was to repeat rational self-talk phrases while implementing the relaxation technique.

These sessions were most rewarding in that the subject evinced a marked improvement. He expressed higher relaxation levels with each meeting and related incidents where the training had helped him to control his temper. These experiences provided the intern with his first actual exposure to family therapy and relaxation techniques.

VI. SPECIAL EDUCATION

To develop an awareness of the terminology, remediation and contemporary ideas in the field of special education, the intern registered for a Master's level course G6800 entitled "PRINCIPLES AND PRACTICES IN EXCEPTIONALITY."

The intern attended all lectures and completed the required assignments. During the fifth week of classes, the intern presented a two-hour seminar on the role of the school counsellor in special education. The research paper examined the need for change, the role of counsellor-consultant, helping the learning disabled, family counselling, vocational education for special children, counselling the academically gifted, and diagnostic assessment (see Appendix C).

To gain further knowledge regarding special education, two recently published books and seven articles dealing with teaching exceptional children and parental communication were read (See Appendix A).

To achieve the specific objective of becoming familiar with special education programs offered in England, the intern visited two special schools. The primary purpose was to observe remedial activities.

St. Luke's school is situated in Loughton and provides for the needs of educable sub-normal children. Discussions were held with the Head Mistress concerning the historical background and purpose of the school. During the spring and summer semesters there were one hundred slow

learners ranging from ages seven to sixteen attending St. Luke's. They were receiving teacher-designed remedial instruction. As well as the slow learner unit, thirty severely mentally handicapped and ten special reception (behavior problem) children were enrolled. Although the inherent purpose of St. Luke's is to provide services for mentally deficient students, educational authorities support the staff in accepting maladjusted children whose parents feel they can no longer cope with the child's hysterical and disruptive behavior. The intern observed several classroom activities and discussed the purpose of the approaches with the supervising teachers.

Accompanied by the field supervisor and university supervisor, the intern visited the Hereward Infant School. Discussions were held with the Head Mistress and four staff members concerning school policies, teaching strategies and behavioral programs. The Hereward concept was developed in Loughton to provide special services for children with emotional and adjustment problems. The intern observed six teachers co-ordinating art and game-oriented learning activities with four and five-year-olds.

Through the visitations and course requirements, the intern gained valuable exposure in classroom procedures, current ideas and controversial issues in special education.

The opportunity to become familiar with diagnostic instruments for assessing learning disabilities did not arise during the internship in Harlow. Upon returning

to Newfoundland, the intern fulfilled this objective by studying and administering the Illinois Test of Psycho-linguistic Abilities, the Durrell Analysis of Reading Difficulty and the Rutgers Drawing Test. These instruments were recommended by counsellors in the field who have training and experience in assessment procedures.

VII. STAFF CONSULTATION

The specific objectives were to research the historical evolution of the Harlow internship setting and to develop an understanding of the purpose and objectives of the counselling programs offered in these institutions. To achieve this end the intern participated in discussions with staff members and both field supervisors at the (a) Secondary Tutorial Unit, and (b) Princess Alexandra Psychiatric Hospital. A general description and background information of these settings is provided in Section II of Chapter I.

(a) The intern attended all staff meetings where discussions focused on referral-admission procedures and the rationale for devising specific programs. During these proceedings admission policies were explained and evaluated. The procedure is such that the child's head teacher in the comprehensive school must contact the parents and discuss the disruptive behavior. If consent is given, the child is

referred to the School Psychological Service where cumulative records and reports are forwarded. The student is then interviewed and the parents are consulted before the Educational Psychologist approaches the tutorial staff. In the case of a non-urgent admission, a case conference is arranged to review the application. The Area Education Officer, Teacher-in-Charge at the Tutorial Unit, psychologists and the child's head teacher are invited to attend the conference. When a decision is reached, the unit's supervisor visits the child in school and consults with the parents. Lastly, the Area Education Officer is informed that the admission is confirmed. As a rule, the parents are invited to attend the Tutorial Unit and discuss the behavioral and tutoring programs. If an urgent admission arises, the case conference is overruled and the parents, Area Education Officer and Teacher-in-Charge make the final decision.

During staff meetings at the Secondary Tutorial Unit discussions were held concerning the behavior modification token system. A list of academic and behavioral objectives was designed in accordance with appropriate reward activities. The students received tokens for each short-term objective achieved within a one week cycle. They could purchase free time from studies and the right to participate in afternoon activities such as table tennis, swimming, soccer and volleyball. Staff members expressed underlying doubts concerning ethical considerations with behavior modification

techniques. On the other hand, they found the token system to be a useful method for controlling behavior problems.

The intern participated, with the Tutorial Unit staff and students, in a mock trial directed by Sergeant Burgess, the Metropolitan Police Liaison officer. Historical precedent had established that there is strong likelihood a number of the unit's students will become involved in criminal activities. As well as helping the students understand their legal rights and the judicial process, the mock trial sparked a lengthy discussion on the purpose and consequences of punishment.

(b) In order to develop an understanding of the programs offered in the Department of Clinical Psychology at Princess Alexandra, the intern discussed behavioral contracting with one of the clinical psychologists on staff. As a follow-up to the discussion, the intern attended a lecture presented by Mr. John Few, Social Worker. The session was held at the Herts Essex Hospital and the topic was behavioral techniques found to be affective in social work. Mr. Few presented the theoretical basis behind his approaches and discussed personal case studies where a behaviorist strategy had proven successful.

The intern attended a Biofeedback Clinic directed by Mrs. Thelma Hawkins, the senior Clinical Psychologist on staff at Princess Alexandra. Mrs. Hawkins explained the two methods of biofeedback she uses with her patients. The first

biofeedback unit measures skin tone, as an indicator of anxiety, while the second unit records physical symptoms such as overbreathing and muscle tension. The intern counselled a patient while she was receiving biofeedback treatment. Whenever sensitive issues were discussed, the skin tone unit would record an increased anxiety level. This process helps the counselling psychologist to be more aware of the client's responses.

During the internship staff psychologists were conducting therapy sessions with outpatients who had developed agoraphobia and advanced stress symptoms. The intern discussed these programs with his field supervisor who recommended readings and cassette tape programs as an appropriate background study. The four tapes and supportive readings dealt with relaxation, stress control, agoraphobia and aircraft flight stress. The narrator, Dr. Robert Sharpe, reviewed the causes of each condition, the mental and physical symptoms and ways of coping with these symptoms.

Consultant sessions provided the intern with opportunities to learn and directly participate in the decision-making process. Problem areas were discussed with each psychologist concerning individual patients, hospital policies, ineffective therapy and diagnostic assessments.

After assuming the role of counselling consultant for the Department of Physiotherapy and Rehabilitation, the intern was required to submit an evaluation report documenting the need for psychological services in the

department (see Appendix D).

The broad range of experience and knowledge gained from staff consultation proved very beneficial to the intern. In addition to directly experiencing therapeutic methods; acquiring a basic understanding of their purpose and being exposed to specialists with seasoned expertise, the intern gained insight into the historical and intricate organizational processes within each setting.

VIII. DIAGNOSTIC ASSESSMENT

The specific objectives were to become familiar with intelligence and personality testing procedures and individual diagnostic batteries used for assessment purposes in the intern's Harlow settings. In order to achieve this goal the intern observed the field supervisors administering a variety of instruments, participated in discussions held in interpretation of procedures, and studied the nature, composition and purpose of the tests.

Following a meeting with the School Psychological Services team, it was decided that the intern would observe the field supervisor administer an individual intelligence test. Since the intern had previous experience with the Wechsler scales, Mr. Allison administered the Stanford-Binet to an eight-year-old subject at the Leverton County Junior School. During the administrative process, the field

supervisor explained the purpose of each subtest. A discussion was held following the testing session to score and interpret the results, consult on the subject's behavior and consider diagnostic conclusions.

On the recommendation of the Field Supervisor, the intern studied the recently published British Ability Scales. Although the Wechsler and Stanford-Binet individual intelligence tests are the most commonly used instruments in Britain, it was felt the British Ability Scales would eventually increase in popularity. The Scales were developed for use in assessing the abilities of children aged between 2.5 - 17 years. The subtests focus on measuring the (a) speed of information processing; (b) reasoning; (c) spatial imaging; (d) perceptual matching; (e) short-term memory; and, (f) the retrieval and application of knowledge. The British Ability Scales were first published in 1968 and financed by the government's Department of Education and Science. To gain experience in administering the Scales, the intern tested one of the special education students.

In preparation for administering a diagnostic assessment battery to a patient in the Princess Alexandra Psychiatric Unit, the intern studied the Grid Test of Schizophrenic Thought Disorder and the Rorschach Method of Personality Diagnosis Test. Secondly, the intern observed his field supervisor administer both tests and interpret the results.

The grid test is designed to measure how coherently and consistently the individual organizes his ideas. If the individual's construct system is too loosely organized or lacking in consistency, the test constructers equate this with thought disorder. The essence of the grid test is that what is measured is the relationship between the sorting categories (constructs, concepts, ideas) for the subject, not the correctness of the sorts as such. The subject is asked to sort eight photographs of people, representing the degree to which they appear kind, stupid, selfish, sincere, mean and honest (Grid I). The subject is then asked to repeat the procedure exactly as before while the examiner records his ranking in Grid II. Two scores (intensity and consistency) are derived from the test protocol. The individual's scores are compared in this respect with norms for both thought disordered and non-thought disordered populations.

The Rorshach is intended to measure how rationally the subject can match his responses to the perceived stimuli. The examiner presents several cards in sequence, each represented an ink blot form, and records in detail the subject's responses. The examiner must particularly note any bizarre perceptions.

The intern administered the Wechsler Adult Intelligence Scale, the Grid Test and the Rorschach to a twenty-seven year old male psychiatric patient at Princess

Alexandra. Discussions were held with the field supervisor concerning interpretation of the test results and the intern's behavioral observations during the testing session. A psychological assessment report was submitted to the patient's psychiatrist (see Appendix E).

These experiences in diagnostic assessment helped the intern understand the complexity of scoring and interpreting personality measures previously unfamiliar to him. In addition, the intern was made acutely aware of the need to employ extreme caution when formulating conclusions based on diagnostic test results.

CHAPTER III

A CROSS-CULTURAL INTERNAL CONSISTENCY STUDY OF THE MEMORIAL UNIVERSITY OF NEWFOUNDLAND SCALE OF HAPPINESS (MUNSH)

The original intention was to apply the research component within the actual internship settings or in co-operation with one of the Harlow community service agencies which the intern was responsible for visiting. During discussions with the co-director of Harlow's Council For Voluntary Services, the intern was informed of the council's concern for the physical and mental health of the elderly population under their jurisdiction. The co-director expressed the need to provide counselling services for a significant number of these elderly citizens. The intern tentatively volunteered his services, realizing an opportunity to gain experience and to improve his counselling skills while proceeding with a research study focused on measuring the mental well-being of an elderly population. Representatives of the Harlow council were enthusiastic about the idea, and they offered the intern their full-fledged support and co-operation. Previous to this experience, the intern held discussions with Dr. Mike Stones, Associate Professor of Psychology at Memorial University, to consider the possibility of sampling a British population in conjunction with genontology research

he and an associate, Dr. Albert Kozma, were conducting in Newfoundland. During consultation with the field supervisors and university advisor, it was decided the intern should proceed with the study.

I. RESEARCH QUESTION

The research undertaken by Stones and Kozma (1980) led to the development of the MUNSH as a measure of psychological well-being for the elderly. The instrument consists of twenty-four items which they validated and cross-validated on two different samples of elderly subjects in Newfoundland. In comparison with three commonly used measures of psychological well-being (i.e. the Affect Balance Scale, the Life-Satisfaction Index-Z, and the Philadelphia Geriatric Centre Scale), the two Memorial University researchers concluded the MUNSH was the only scale of these four with an acceptable internal consistency coefficient. Since the MUNSH was developed with a Newfoundland population, there remained some question as to the internal consistency of the instrument given an urban sample from a different culture.

The major purpose of the study was to determine whether or not the MUNSH would maintain an acceptable level of internal consistency when applied to a sample of elderly subjects residing in Harlow, England.

A review of the literature related to the mental

health constructs commonly used by gerontologists; the instruments frequently employed to measure such constructs; and, the research conducted in Newfoundland on the validity and reliability of the MUNSH, led to the following hypothesis:

The MUNSH will have high internal consistency when applied to a sample of elderly subjects in Harlow, England.

II. LIMITATIONS OF THE STUDY

The study was limited by the following factors:

1. The problems centered upon the conceptualization of mental well-being. Assumptions were made about what comprises an elderly person's mental health and there does not appear to be agreement on these matters.
2. The type of instrument used and the measurement of happiness presented particular problems. Central to the issue lies the dichotomy between the subjective nature of the construct and the requirement of objectivity for any measurement methodology (Kozma and Stones, 1980). Bradburn (1969) argued happiness is characterized by constantly shifting values. However, self-appraisal in the form of avowed happiness ratings, has been used quite successfully as a measure of one's internal state.

Four types of measurement have achieved prominence

in the psychological literature. These are ratings by expert judges, behavioral assessment, self-appraisal and performances on specially developed scales or tests. Each type of measurement has associated error.

3. A third factor was the limited sample. The study was confined to elderly subjects residing in municipal council flats. The sample made no allowances for the rural, private home and institutionalized elderly populations.
4. Due to the limitations of time and a small research team, only one hypothesis was tested, that is, the internal consistency of the instrument.
5. Three different interviewers administered the scale verbally and there were occasions when the spouse was present as the subject responded to the MUNSH. This raises the question of experimental bias and the fact a particular subject may have been influenced by the presence of their spouse.

III. REVIEW OF RELATED LITERATURE

The review of literature examined the concept of mental health which included the constructs fundamental to the development of measurement scales related to psychological well-being and aging. Secondly, the intern examined the research findings associated with each of the three

instruments commonly used by gerontologists to measure mental well-being.

Conceptualizing Mental Health

According to Keezer (1971) the term mental health describes a state of mind in which people can effectively carry on their activities in a self-satisfying manner, with some sense of responsibility to others, so that they do not make a nuisance of themselves to large numbers of other people. Bowman (1965) focused on the individual's ability to function effectively and happily within a group, as the primary indicator of a person's mental stability. Therefore, it is not merely a state of mind, but one of the whole personality, functioning and coping with day-to-day experiences. Szasz (1961) viewed the concept of mental health as a myth based on a vague and ambiguous comparison with physical disease. He argued attempts to isolate the causes of particular diseases, in order to bring them under control, led to the grouping together, as symptoms of mental disease, behaviors that violate some personal and social norms. These symptoms are usually communications about the self that arises from problems in living and are judged by others to be maladaptive, bizarre or dangerous.

During the course of one's life, situations arise that have the potential to cause personal turmoil. Bradburn (1969) stated that the ability to cope with these different situations, without undue pain to oneself

and others, is the common criteria used for demonstrating mental health. Such a position assumes the causes of psychological disorders are rooted in the interactions between the subject's personal disposition and the environment within which he functions.

Jahoda (1958) pointed out that the concept of mental health is vague, elusive and ambiguous and, in fact, it has many different meanings. According to Jahoda, mental health can be defined in at least one of two ways: as a relatively constant and enduring function of personality, leading to predictable fluctuations in behavior and feelings, depending on the environmental stresses placed on the subject; or as a momentary function of personality and situation. Looking at the first way will lead to labelling an individual as more or less healthy, while the latter perspective will lead to evaluating actions as more or less healthy.

Although efforts to define mental disease meet with considerable contradictions and ambiguities, the most widespread attempt at a definition of mental health has been to describe it as the opposite to mental disease (Szasz, 1961). After reviewing the relevant literature, Jahoda (1958) concluded there were six basic approaches to the concept of positive mental health: (1) the attitude of an individual towards his own self; (2) the individual's style and degree of growth; development or self-actualization; (3) the individual's ability to synthesize these psychological

functions (as mentioned in one and two); (4) autonomy or the degree of independence from social influences; (5) the adequacy or accuracy of an individual's perception of reality; and (6) the individual's level of environmental mastery. You will note that items four, five and six concentrated more on the person's relation to reality or to his external environment.

The common element fundamental to most of these definitions, is the interaction between man and his environment. Obviously man must adjust to his environment or adjust his environment to suit his purpose. Keezer (1971) suggested it is these adjustment processes which are the concern of mental health. It follows that adjustment is often viewed as a vague state of well-being or happiness.

Relationship Between Constructs

One of the key issues in mental health literature is the relationship between well-being and activity. This relationship is rooted in the activity theory (Havighurst and Albrecht, 1953) and disengagement theory (Cumming, Dean, Newell and McCoffrey, 1960). Activity theory predicts a positive relationship between well-being and participation in social and non-social activities (Havighurst and Albrecht, 1953).

While several investigators, as reported in Kozma and Stones (1978), report a decrease in the number of

activities with advancing age, neither a reduction in the enjoyment of activities or a negative effect on well-being appear to accompany such a decrease. A major problem facing the researchers attempting to study the activity/well-being relationship, is the diversity among the activities measured.

Disengagement theory postulates a mutual withdrawal of the elderly and society. Since the withdrawal from society of elderly subjects is voluntary, a decrease in activity is not expected to effect their mental well-being. (Palmore, 1968).

Three approaches were recommended by Lawton (1971) to be used as indicators of mental well-being. They were perceived health, physician rated health and medical records. If positive experiences promote mental well-being and negative experiences subtract from it, then Lawton's approach would appear to be logical.

Palmore and Luikart (1972) and Smith and Brand (1975) presented evidence for a positive correlation between income and well-being. Still, Spreitzer and Snyder (1974) suggested perceived socio-economic status may be a better predictor of well-being. Palmore and Luikart (1972) also found belief in internal control to be the second best predictor of life-satisfaction for sixty to seventy-one year olds. Reid and Zeigler (1977) described nine separate studies in which they obtained positive correlations between locus of control and life satisfaction.

Kozma and Stones (1978) suggested it has been

impossible to determine the relationship between age and well-being because of the difficulty with experimental design.

> "First, researchers have failed to use longitudinal and cross-sequential designs to test for developmental effects, and secondly, they have failed to control for confounding correlates, in particular, chronic physical illness and socio-economic status" (p. 242)

Morris and Sherwood (1975), Schonfield and Hooper (1973) and Wolk and Telleen (1976) have focused their studies on a homogeneous group at a particular point in time. Although these studies have proven to be effective predictors of well-being, they still do not focus on the issue of the age/well being relationship. Other studies have been done (Bradburn and Caplovitz, 1965; Cameron, 1975) but they have produced conflicting results because of the difficulties interpretating differences across age groups. Palmore (1968) and Graney (1975) have conducted longitudinal studies that attempted to resolve the age/well-being question. It may be predictors of well-being change with age, while the degree of well-being remains unchanged (Kozma and Stones, 1978).

In light of this evidence, it would appear factors such as activity, perceived health and actual health, income and perceived socio-economic status and internal control are indicators of mental well-being, but that more research needs to be conducted in relation to the aging

variable and mental well-being.

The Measurement of Well-Being

There have been various attempts to define and to measure the psychological well-being of older people. Different terms have been used in approaching this problem (e.g. adjustment, competence, morale or happiness) and different criteria as well as different techniques of measurement have been employed. Strong criticisms have been directed at these attempts to define and measure the mental well-being of elderly people, mainly because of the emphasis on value judgements (Neugarten, Havighurst and Tobins, 1961). Kozma and Stones (1980) claimed once the researcher presents his value judgements explicitly, in relation to his terms and his criteria, there is no reason why the actual construction and validation of the instrument cannot proceed in a scientific fashion.

According to Neugarten, Havighurst and Tobins (1961), researchers have emphasized two general points of view when approaching this problem of measuring the mental well-being of the elderly. One focuses on the overt behavior of the individual and uses the social criteria of success or competence. These studies are ones in which the level and range of activities and the extent of social participation are the variables to be measured. The assumption is made that the greater the degree of social participation and the less the individual varies from his or her pattern of

activity in middle age, the greater is the person's well-being. The other point of view focuses upon the individual's internal world, with only secondary emphasis placed upon his or her level of social participation. Here the variables to be measured have been the person's own evaluation of their present or past life, his satisfaction or his happiness. Therefore, the assumption has been made that the individual himself is the only proper judge of his well-being. Neugarten, Havighurst and Tobins (1961) stated in this case the researcher's value judgements are minimized and it is not considered appropriate to measure well-being in old age according to standards applied to activities or social involvement in middle age.

Most of the measurement instruments used in studies before 1960, combined elements from both general approaches (Havighurst, 1957). Neugarten, Havighurst and Tobin (1961) attempted to develop a measure of the second general type in their Life Satisfaction Rating Scale (LSR). It was designed to measure a five component construct, using the individual's own evaluation as the criteria, and it is relatively independent of levels of activity or social participation. Results from a study conducted by Adams (1969) on the Life Satisfaction Rating Scale concluded that only three components were identified and the validity coefficients, based on interviewer ratings, were only .36 and .37 for the two tested subscales. Although these conclusions were based on one study, the results are not

encouraging.

The morale interpretation was the focus of Lawton's (1972) studies, in which he attempted to clarify the meaning of adjustment in elderly subjects. According to Lawton, the components that should be stressed in a measure of the psychological well-being of the elderly are freedom from distressing symptoms, satisfaction with self, feeling of harmony between self and the environment and the ability to strive appropriately while still accepting the inevitable. The major scale developed to measure morale is the Philadelphia Geriatric Center Morale Scale. Researchers have had difficulties confirming the components as defined by Lawton. Morris and Sherwood (1975) identified three factors, while Morris, Wold and Klerman (1975) could only identify two factors. Lawton (1972) claimed the gerontological literature presents many correlations between morale and other behaviors or internal states, but he called for improvements to the present subscales of the Philadelphia Geriatric Center Morale Scale.

Bradburn (1969) employed the construct of happiness as a criteria for measuring the mental well-being of the elderly population. According to Bradburn, viewing happiness as adjustment and unhappiness as maladjustment to one's environment leads to equating unhappiness with at least the milder forms of mental illness, and happiness with mental health.

Still, one of the most difficult aspects of an

empirical study of psychological well-being or happiness, is that the concept has only a vague definition and there is no established research tradition. These factors have discouraged researchers from pursuing such investigations (Bradburn, 1969).

On the other hand, studies conducted by Wessman (1956), Wilson (1967), Gurin (1960) and Inkeles (1960) have all concluded self-reports of happiness have correlated with other indicators of psychological well-being. Bradburn and Caplovitz (1965) have limited their efforts to an assessment of avowed happiness. Mental health or well-being is assumed by them to be mainly the result of positive and negative affect states promoted by recent and relevant experiences. Therefore, the items included in their Affective Balance Scale refers to recent and relevant experiences in the elderly subject's daily living. In a pilot study, conducted by Bradburn and Caplovitz (1965), they reported that differences in positive and negative affect were independent of one another and they were in fact correlated with different variables.

In a study focused on the hypothesis that future commitments are associated with successful aging, Schonfield (1973) concluded there was a significant correlation between future activities and success in aging. The most sensitive scales were happiness, health, challenging/boring activities, transportation and usefulness.

In a study conducted by Kozma and Stones (1980)

happiness emerged as the construct that best represented the mental health concept in relation to elderly subjects. According to Bradburn (1969) self-appraisal as a measure of one's internal state has been used quite successfully as a measure of avowed happiness.

In conclusion, it would appear that present scales frequently used to measure the mental well-being of elderly subjects, should be re-evaluated and new scales must be developed. Secondly, the construct of happiness does appear to be a reliable criteria to use as the basis for developing an appropriate measurement scale.

IV. METHODOLOGY

This section describes the sample, the procedures used in the study and the development of the instrument.

The Sample

The Memorial University of Newfoundland Scale of Happiness was administered to a total of 102 elderly subjects residing in Harlow, England. The sample consisted of 64 females and 38 males, ranging in age from sixty-five to ninety-one years.

The Harlow Council For Voluntary Services co-ordinates the duties of seventy-five wardens distributed throughout all the municipal districts of Harlow. These

wardens are responsible for serving up to eighty or more elderly citizens living in their area. In order to make contact with the 102 subjects, seven wardens were randomly selected by drawing their names out of a hat.

All the elderly subjects lived independently in municipal council flats or apartments. Once the flats were located, the subjects were randomly selected by picking apartment numbers out of a hat. The 102 subjects resided within an urban population in excess of 80,000.

Collection of the Data

The MUNSH was administered verbally to the 102 subjects by the intern and two fellow graduate students from the Department of Educational Psychology at Memorial University. The scale was administered over a two month period, commencing on May 8, 1980 and ending July 10, 1980. A meeting was held with the fellow interns on May 6, 1980 to review the administration procedures of the MUNSH and to discuss the scheduling of meetings with the appropriate wardens.

Scoring the MUNSH

Scoring of the MUNSH involved assigning negative and positive values to each of the responses on the 24-item scale. The scoring key was as follows: (a) all positive items on the scale that received a positive response (i.e. yes) were assigned a +1 value; (b) all negative items on the

scale that received a positive response (i.e. yes) were assigned a -1 value; and, (c) all other responses received a 0 value.

In order to calculate the internal consistency coefficient, it was necessary to determine the total test score variance for the 102 subjects, as well as the sum of variances associated with each item. The intern tabulated a frequency distribution of scores and utilized the ungrouped variance formula to compute the total test score and between item variances. The computation of Cronbach's Alpha led to a standardized internal consistency coefficient (see Appendix G).

Instrumentation Research

The Memorial University of Newfoundland Scale of Happiness (MUNSH) was developed during a three phase study conducted in the province of Newfoundland. During Phase I, Kozma and Stones (1980) randomly sampled three elderly populations representing urban, rural and institutionalized settings. An array of items from the Affect Balance Scale, the Life Satisfaction Index-2, the Philadelphia Geriatric Center Scale, along with some newly devised items, was presented to all subjects. Simultaneously, avowed happiness ratings were obtained. All items were correlated with self-appraisal (i.e. avowed happiness ratings and only those that displayed a high degree of relationship were accepted for inclusion in the scale. This method attempted to ensure

all scale items were relevant to the happiness construct.

During Phase One urban and rural settings were defined as locales with populations in excess or less than 3,000 residents. Institutions were defined as residential home for senior citizens exceeding a population of 25. The sample size from urban, rural and institutional settings was 104, 100 and 97 respectively. The elderly adults were between 65 and 95 years of age. Samples proportionate to the total population of each area were randomly selected.

The test battery consisted of the 21-item Philadelphia Geriatric Centre Morale Scale (PGC), the 11-item Life Satisfaction Index-Z (LSI-Z), the 10-item Affect Balance Scale (ABS) which included its positive affect and negative affect subscales. Kozma and Stones (1980) also included 30 newly constructed items of the ABS-type, but with 10 items sampling long-term affective states rather than current affect.

Prior to the administration of the test battery, two types of avowed happiness ratings were obtained. They represented avowed happiness "at this moment in time" and happiness "over the past month." The order of presentation of the avowed happiness ratings was varied across subjects. The test battery then was administered with a systematic varied presentation sequence. Since reading difficulties presented some problems, all items were presented orally by members of the research team. The responses were simply scored yes/no.

Correlation coefficients were computed between the two avowed happiness ratings to estimate the amount of common variance associated with their use. According to Kozma and Stones (1980), correlations were obtained for each of the three samples, as well as the total subject population. The values ranged from .71 to .74 which they considered sufficiently high to combine the two avowed happiness ratings into a single general index (AVHT). Correlations between the AVHT and its two components ranged from .91 to .93. They concluded this general measure adequately represented its two components. Accordingly, AVHT was used as a criterion measure during subsequent stages of scale construction.

Follow-up analysis dealt with the development of the MUNSH and its relation to existing scales of psychological well-being. In order to reduce the size of the item pool and maintain its predictive power, only items significantly correlated with the AVHT were retained. ($r > .28$, $p < .005$). Kozma and Stones (1980) discuss this process more extensively.

The final balanced form of the MUNSH contained five positive affect type items (PA), five negative affect items (NA), seven items of general positive experience (PE) and seven items of general negative experience (NE).

In order to examine the predictive powers of the MUNSH, Kozma and Stones (1980) did a regression analysis with the other three scales to predict AVHT. Test results

showed the MUNSH to be significantly better at predicting AVHT than the ABS, LSI-Z and PGC. Results suggested the last three scales do not appear to differ in their predictive powers.

The internal consistency of the ABS, PGC, LSI-Z and the MUNSH were assessed by computing standardized alpha coefficients for each of the scales. The following standardized alpha coefficients were obtained: ABS, .591; PGC, .775; LSI-Z, .624; MUNSH, .858. Of the four scales, only the MUNSH had a coefficient above .80 and meets the minimum criteria for consistency.

During Phase II a Cross-Validation study was undertaken. The selection procedure followed the guidelines described in Phase I in order to ensure representative sampling. New subject samples were used during Phase II. Sample sizes were 97 urban, 100 rural and 100 institutional residents. The ages of the subjects ranged from 65 to 95 years.

All subjects were presented with the 24-item MUNSH developed during the validation phase of the study. Only the final set of items obtained during the validation process were included in Phase II. In addition to the MUNSH, Kozma and Stones (1980) decided to administer the LSI-Z for the following reasons: (1) its ability to predict AVHT during the validation phase was as good as the PGC and the ABS; (2) it was shorter than the PGC; and (3) it had a higher internal consistency coefficient than the ABS.

The major difference in procedure lay in the administration of the restricted items comprising the MUNSH. Kozma and Stones (1980) claimed that this difference makes Phase II a cross-validation and not a replication.

Happiness ratings for "at this moment in time" and "over the past month" were obtained from all the subjects and combined into a single AVHT criterion score. Correlations between the MUNSH and AVHT were obtained for total, rural, urban and institutional subjects to determine the MUNSH effectiveness in predicting the criterion measure. The respective values for the four groups were .616, .737, .564 and .605. These values were slightly lower than those of the validation phase.

Correlation coefficients between AVHT and MUNSH, AVHT and LSl-Z and MUNSH and LSl-Z scores were calculated for the total subject sample. The respective values were .62, .50, and .76. The MUNSH was significantly better at predicting AVHT than the LSl-Z.

The final question considered during the cross-validation process was the internal consistency of the MUNSH. The computation of Cronbach's Alpha led to a standardized coefficient of .853. This value is almost identical to the one obtained during validation and reflected an acceptable consistency.

These results suggested the superiority of the MUNSH as a predictor of AVHT. The MUNSH's internal consistency remains within an acceptable range; its

predictive powers remain significantly greater than those of the LSI-Z; and there was no appreciable loss in the prediction of AVHT from the validation to the cross-validation phases.

Phase III involved a test-retest reliability study. Thirty-two subjects from Phase I and twenty-three subjects from Phase II were randomly selected from the institutional sample for re-evaluation. All subjects were re-administered the MUNSH, the LSI-Z and the two happiness ratings. In addition, the subjects from Phase I were presented with all PGC items and all ABS items. The latter two tests had been administered to Phase I subjects. By re-administering them, Kozma and Stones (1980) could make a comparison of the test-retest reliability of the MUNSH with the PGC and the ABS. The administration procedures were similar to the previous two phases and the test-retest intervals ranged from six months to one year.

The test-retest reliability coefficients were as follows: MUNSH, .70; AVHT, .57; LSI-Z, .35; PGC, .36; ABS, .27. The value associated with the MUNSH exceeded the values of all but that for the AVHT ($p < .05$).

Both the AVHT and MUNSH scores remained more stable over a longer period of time than did the ABS, PGC and LSI-Z scores. Although a test-retest coefficient of .70 is not high, it is significantly higher than .36.

In comparison with other scales in common use, the MUNSH was a better predictor of the criterion measure; was

the only scale with an acceptable level of internal consistency; and, had the greatest temporal stability. Therefore, the MUNSH would appear to be a good measure of psychological well-being.

Kozma and Stones (1980) attributed the superior performance of the MUNSH to its correspondence to what they believe to be the best model of happiness. In support of Bradburn, they believe the construct is best assessed by subtracting negative from positive affective experiences. Therefore, a balanced scale (such as the MUNSH) in which negative and positive items are equally represented, should be a better measure than one in which the two components are unequally represented. In the construction of the MUNSH, Kozma and Stones (1980) attempted to make use of the strengths of the LSI-Z, PGC and the ABS (see Appendix F).

Kozma and Stones (1980) cautioned readers that there may exist significant differences between elderly subjects in Newfoundland and those in major cities outside the province.

Note - The description of the instrument was extracted, with permission, from an unpublished research paper written by Dr. Albert Kozma and Dr. Mike Stones, entitled "The Measurement of Happiness: Development of the Memorial University of Newfoundland Scale of Happiness."

V. RESULTS OF THE INTERN'S STUDY

The data from the study are presented under the following headings: the sum of variances associated with each item; the variance for the total test score; and, the Cronbach Alpha internal consistency coefficient.

Sum of variances associated with each item of the MUNSH

The list of raw scores for the twenty-four items of the MUNSH range from a low of 14 on item number eight to a high of 89 on items three, ten and twenty-four. The standard deviation scores for each of the twenty-four items, in the 102 subject sample, ranged from a low of .335 to a high of .501 for items four and nineteen (see Table 1).

The subjects maintained the lowest frequency of positive (yes) responses for a negative affect question on item number eight (i.e. In the past months have you been feeling flustered because you didn't know what was expected of you?) The subjects maintained the highest frequency of positive responses for positive affect items numbered three and ten (i.e. In the past months have you been feeling particularly content with your life? In the past months have you been feeling generally satisfied with the way your life has turned out?) and positive experience item numbered twenty-four (i.e. My health is the same or better than most people my age.) Positive affect and positive experience items three, ten and twenty-four recorded the lowest standard

TABLE 1

VARIANCES ASSOCIATED WITH EACH ITEM

(n = 24)

Items	Raw Scores	Standard Deviation	Variance
1	40	.490	.241
2	47	.500	.251
3	89	.335	.112
4	48	.501	.252
5	34	.473	.224
6	23	.419	.176
7	19	.391	.153
8	14	.346	.120
9	16	.366	.134
10	89	.335	.112
11	31	.463	.214
12	56	.500	.250
13	28	.448	.201
14	62	.491	.241
15	88	.346	.120
16	64	.486	.236
17	40	.490	.241
18	59	.496	.246
19	50	.501	.252
20	18	.383	.147
21	64	.486	.236
22	27	.444	.197
23	86	.366	.134
24	89	.355	.112

deviation scores which reflects considerable consistency in the responses of the 102 subject sample.

The items recording the highest standard deviation scores were questions four (positive affect) and nineteen (positive experience). i.e. In the past month have you been feeling lucky? If you could live where you wanted, where would you live? The subjects maintained the lowest level of consistency in their responses to these items.

The sum of variances associated with each item equals 4.602.

Total Test Score Variance

The total MUNSH scores for each individual subject, taking their positive and negative scores into account, ranged from -11 to +12. The mode was +5.

Tabulations resulted in a $\Sigma f_1 x_1$ score of 454 and a $\Sigma f_1 x_1^2$ equal to 4210. The total test score variance for the MUNSH was 21.676, with a standard deviation of 4.656 (see Table 2).

Cronbach Alpha Coefficient

The sum of variances associated with each item on the MUNSH was 4.602. Given the total test score variance of 21.676, the intern utilized the Cronbach Alpha Coefficient formula:

$$\alpha = r_{kk} = \frac{K}{K-1} \left(1 - \frac{\Sigma\sigma^2}{\sigma_y^2}\right)$$

to tabulate the level of internal consistency. The result was $r_{kk} = .822$.

TABLE 2

TOTAL TEST SCORE VARIANCE

(n = 102)

x_1	f	f_1x_1	$f_1x_1^2$
12	2	24	288
11	4	44	484
10	7	70	700
9	7	63	567
8	7	56	448
7	8	56	392
6	11	66	396
5	13	65	325
4	9	36	144
3	8	24	72
2	5	10	20
1	3	3	3
0	1	0	0
-1	4	-4	4
-2	3	-6	12
-3	2	-6	18
-4	5	-20	80
-5	0	0	0
-6	1	-6	36
-7	0	0	0
-8	0	0	0
-9	0	0	0
-10	1	-10	100
-11	1	-11	121

$$\Sigma f_I' x_I' = 454$$

$$\Sigma f_I' x_I'^2 = 4210$$

VI. DISCUSSION OF FINDINGS

The hypothesis stated the Memorial University of Newfoundland Scale of Happiness would prove to have high internal consistency when applied to a sample of elderly subjects in Harlow, England.

During Phase I of the Kozma and Stones Newfoundland validation study of the MUNSH, the internal consistency coefficient proved to be .858, when compared with other instruments commonly used to measure the well-being of elderly subjects. During the cross-validation phase of their research, computations of the Cronbach Alpha formula led to a standardized coefficient of .853, which was almost identical to the validation score. The intern's study resulted in a slightly lower standardized coefficient of .822, but it still meets the .80 minimum criteria for consistency. Thus it appears the MUNSH is a consistent instrument to use as a measure of mental well-being for elderly subjects.

VII. SUMMARY

This chapter reported on the research component contained in the internship. Included were: a brief introduction; a statement of the problem; a review of the related literature; a description of the methodology used;

the limitations of the study; statistical results; and, a discussion of the findings. The intern also achieved the objective of conducting numerous individual counselling sessions with many of the elderly subjects. This experience proved very beneficial, since the intern had little previous exposure to counselling senior citizens.

CHAPTER IV

SUMMARY AND CONCLUSIONS

The purpose of this chapter is to present a summary of the objectives of the internship and of the varied activities undertaken to achieve these objectives. Included will be a brief review of the research findings and recommendations for future internships.

The internship proposal outlined eight general objectives. Under each general objective, there were specific objectives and activities presented, which were intended to help the intern achieve the broader goals. A comprehensive review of how the intern achieved these objectives is contained in Chapter II of this report.

Due to the tentative nature of the intern's placement upon arrival in Harlow, a minimal number of changes were made in the original objectives, as stated in the internship proposal. For example, while the intern intended to gain experience in the administration and interpretation of individual and group testing procedures applied in Harlow, it was necessary to limit the exposure to individual assessments.

The Harlow internship provided the intern with knowledge and experience in counselling theories and techniques applied in England. As well, the intern benefited from visitations to a variety of social service

agencies, special schools and alternative counselling programs. The internship proved to be an invaluable experience because of the expertise of competent professionals who provided the intern with daily supervision.

The intern became increasingly involved in individual and group counselling, as well as staff consultation, as the internship progressed. Although all of these experiences were advantageous in that they contributed to the intern's personal and professional growth, the long-term counselling sessions and the therapeutic exercises undertaken at Princess Alexandra Psychiatric Hospital proved to be the most rewarding.

Many opportunities were provided for the intern to work with teachers, clinical psychologists, physiotherapists and educational psychologists in the process of helping students and patients deal with their problems. Included were: meetings with individual teachers; attendance at Princess Alexandra Hospital and the Secondary Tutorial Unit staff meetings; consultation sessions with educational psychologists and clinical psychologists; meetings with the physiotherapist staff; and, regular discussions with the intern's field supervisors. These experiences introduced the intern to new and valuable insights into the helping relationship.

In addition to consulting with individuals working in the counselling professions, the intern gained experience and knowledge in a variety of therapeutic approaches. Included were: behavior modification techniques; relaxation

training; biofeedback strategies; hypnosis; behavioral contracting; and, cognitive restructuring.

In conjunction with undertaking counselling practices, the books and articles the intern was responsible for reading helped him to develop a broader theoretical base in counselling strategies. In addition, the requirements for the graduate course in exceptionality and visitations to special schools, provided the intern with an awareness of classroom procedures, current ideas and controversial issues in special education.

Experiences of considerable value to the intern were the family counselling sessions held at Princess Alexandra Hospital. These meetings contributed to the intern's increased interest in family counselling as a possible area for future study.

A number of other experiences were very beneficial in the professional and personal development of the intern. Included were: administering an individual assessment battery; exposure to intelligence and personality testing procedures previously unfamiliar to the intern; visits to juvenile court and the Epping probation office; as well as visits to the Leywood Adult Training Centre and two secondary schools. The intern participated in five culturally oriented field trips offered to the special education and graduate counsellors. They included visitations to Cambridge University, the National Art Gallery, St. Alban's Roman Ruins, Waltham Abbey and a performance of Shakespeare's Romeo and Juliet at

Stratford-on-Avon.

The final general objective was to conduct an internal consistency study of the MUNSH, with a sample of elderly subjects from Harlow, England. The intern, assisted by two fellow graduate students, administered the scale to 102 subjects, ranging in age from sixty-five to ninety-one years of age, residing in Harlow. A review of the literature related to the theoretical constructs on which the measurement of mental well-being is based and the previous research conducted on the validity and reliability of the Memorial University Scale of Happiness, led to the following hypothesis: the MUNSH will have high internal consistency when applied to a sample of subjects in Harlow, England. After tabulating the sum of variances associated with each item and the variance for the total test score, the intern employed the Cronbach Alpha formula which recorded a .822 standardized coefficient for the MUNSH. Although the result was slightly lower than the internal consistency coefficient computed from the Newfoundland samples, the MUNSH still meets the .80 minimum criteria for consistency.

In retrospect, on examining the internship experience, two specific recommendations are suggested by the intern. Although a variety of experience was gained from the exposure of two settings, in depth involvement in either setting was sacrificed. There were frequent cases requiring more attention than time would allow, due to this dual responsibility. Consequently, the intern would recommend a

single setting placement for future internships.

The intern's university advisor was in Harlow for a three week initiation period only. After his departure there were many occasions when consultation would have been appreciated. Therefore, a second recommendation would be to extend the advisor's stay so that he would be more available to graduates conducting their internship in Harlow, England.

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APPENDICES

APPENDIX A

LIST OF READINGS

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APPENDIX B

THREE BOOK CRITIQUES

(A) "Relationship Counselling and Psychotherapy," written by C. H. Patterson, provided the intern with a concrete approach to individual counselling. Relationship therapy is similar to client centered strategies, but at the same time emphasizes the relationship between therapist and patient as being the crucial ingredient to success. Patterson examines the basic differences between counselling and psychotherapy. He concludes that no essential differences can be agreed upon, other than the fact that psychotherapy is conducted in a medical setting or under medical supervision. Both are defined as a helping process in which the relationship is necessary and sufficient.

Patterson proposes two levels of goals, short and long term. The ultimate goal is achieving what Rogers refers to as the self-actualized man. The immediate goal of counselling or psychotherapy should be to help the client continue the therapeutic process and the by-product of this relationship will be positive change. Still, the assumption is made that if an influence is positive, then the response will be positive. The intern suggests it would be naive to accept that in most circumstances the brief counselling process and subsequent relationship will be enough to change the client's behavior.

The author claims man is basically good and his primary and most powerful motivation is the will to become self actualized. Psychological and emotional disturbances arise when a person is deprived socially and emotionally.

Their environment thus prevents them from responding to this basic drive. Although the therapist is helping the client achieve self-understanding in promoting the self-actualizing process, the question arises whether these methods will assist the client in coping with his environment. According to the author, through the relationship process, the counsellor can provide a channel for the client to cope with this frustration.

Patterson refers to Truax, Carkhuff and Rogers when discussing the actual therapeutic process. He concludes the three basic conditions necessary for a therapeutic interpersonal relationship are empathic understanding, respect or warmth, and personal genuineness.

The author reviews three action-oriented conditions that should be present if the therapeutic process is to be successful. These conditions are: therapeutic confrontation, self-disclosure, and the immediacy of the relationship. Patterson emphasizes that unless the client feels the therapist's respect and concern for him, accurate empathic responses will have little effect.

As the counselling process evolves the therapist comes to know and understand the client and, therefore, the relationship becomes more intimate. The therapist responds more spontaneously and feels more freedom to attempt confrontation and self-disclosure.

The relationship counselling process is based on the assumption that most clients will make their own choices and

decisions and will act on these without direct guidance by the therapist. Patterson contends that the therapist must be more concerned in being someone with the client, as opposed to doing something for him. One cannot separate the counselling techniques from the counsellor's personality. The therapist's attitudes and values will be primarily responsible for change in the client, not the counselling strategy he chooses. Every effort is made to avoid manipulating the client's behavior. From the intern's perspective, if the short-term goal is change, then influence must be an integral part of the therapeutic process. The question then arises, where does influence end and manipulation begin?

Describing the client's role in the process, Patterson states that the subject must be motivated and essentially his or her task is one of self-exploration. The author discusses the dispute of insight versus action. He concludes that behavior (action) parallels or follows self-awareness. The process of self-exploration helps the client after his or her self-concept and behavioral change is a natural consequence of an improved perception of self. Although psychotherapy is a learning experience, there is a danger in oversimplifying it in terms of stimulus-response thinking. Learning is a very complex process involving cognitive, affective and environmental influences. It is not simply a matter of the therapist introducing into the process what he perceives will bring the desired response.

The major criticism directed at relationship therapy

is that this form of counselling is nothing more than a placebo or a good friendship. The author disputes these objections by reaffirming that the essence of the counsellor-client relationship is to provide treatment for what is lacking in the client's life, namely, such a relationship.

Patterson discusses the issues related to diagnosis in counselling and psychotherapy. The diagnostic concept appears to be a carry over from (1) the medical model and (2) developments in techniques of behavior modification. Researchers have placed considerable emphasis on collecting data to determine what techniques are most effective under given conditions. According to Patterson, studies of clients have suggested socioeconomic levels, client motivation and the extent of the disturbance as the only factors that consistently correlate highly with successful results. The author postulates that the actual interpersonal relationship, which evolves in due process, is the truly effective factor in counselling. One could question the assumption that all clients will respond to efforts to develop such a relationship.

In the final chapter, Patterson describes relationship counselling as naturally extending into group counselling. While group dynamics are more complex, as the client is exposed to a broader range of experiences, the process is not fundamentally different. The client has an opportunity to receive feedback on how he or she affects group members and during the process learns to interact with people. Since most of the problems that clients bring to their therapists

are concerned with interpersonal relationships, it would appear group therapy could be the most appropriate means for helping these individuals. Still, there are numerous pro and con arguments related to the small group experience. The intern suggests that until the social sciences develop more reliable methods for measuring the factors that contribute to human growth and human regression in the group context, there is a danger in placing too much faith in the group experience as a therapeutic process.

(B) Group Counselling: Theory and Process, co-authored by James C. Hansen, Richard W. Warner and Elsie M. Smith, introduced the intern to psychoanalytic and behavioral counselling in groups. Since the intern's formal training concentrated on a non directive approach to group dynamics, the authors provided another perspective to group synthesis and analysis. Part one deals primarily with group counselling theories, while part two emphasizes group processes.

Hansen, Warner and Smith suggest that the use of group process by untrained leaders is a major problem with the whole movement. As well, they consider the assumption that good counsellors make good group leaders is unacceptable. Although group counselling can provide an affective milieu for helping the client deal with interpersonal problems, it is essential that the group leader have an understanding of theories in group dynamics.

Since an individual interacts with other humans in his environment, it is reasonable to assume a positive group experience will help the client improve his interpersonal behavior. The authors stress the importance of the leader in planning and directing the group process. While theories will help the facilitator understand the group members and their role in the group, the leader should personalize these formal theories. Hansen, Warner and Smith encourage the union of textbook approaches and personal concepts.

The psychoanalytic approaches to groups concentrate on individual therapy sessions within the group context. Whether one discusses individual or group analysis, the foundation of both techniques is rooted in psychoanalytic theory. Psychoanalysis is viewed as the treatment of patients with serious personality problems. According to the authors, analytic group counsellors tend to concentrate on Freud's levels of human awareness and his concepts concerning the structure of the individual's personality.

One of the main questions concerning analytic counselling is whether it can be applied in a group setting. Hansen, Warner and Smith refer to numerous sources in outlining the difference between group and individual analysis. The authors reviewed such psychoanalytic techniques as free association, resistance, transference and countertransference within the group situation.

Neo-Freudian personality theories and the group approach are presented in a condensed form. The authors

concentrate on Adlerian strategies referred to as teloanalytic. It appears to be a typical psychoanalytic technique involving uncovering and interpretating.

The distinct differences and similarities between T-groups and group counselling are discussed. Both utilize reinforcement and feedback as teaching methods and focus on the here and now and behavior change. However, differences do exist in terms of structure and processing. Hansen, Warner and Smith describe T-groups as being less structured, with leaders tending to place more emphasis on analyzing member interactions, group process and achieving insight. On the other hand, counselling approaches focus on empathy and support for group members as they express their innermost thoughts and feelings.

The intern was particularly interested in the attitudes of educational authorities towards counsellors who direct T-groups in schools. According to the authors, parents, school officials and legislators in the United States have reacted negatively to this usage. The major fear is that school counsellors who are ill-trained will likely create more harm than good. Conversely, the intern would suggest sensitivity training might help students deal with emotional issues and conflicting values. Assuming there is competent leadership, the encounter group process can be a powerful learning and growth experience.

The encounter group movement and Gestalt approaches to group counselling are discussed in Chapter four. Carl

Rogers, referred to as a giant in individual psychotherapy, coined the phrase encounter group and his positive humanistic views provided the thrust for the movement. The Rogerian approach avoids analyzing group dynamics. The leader tends to focus on interpersonal and intrapersonal processing. Rogers' basic encounter group model is outlined and discussed.

Fritz Perls and the rise of Gestalt Therapy has made a significant impact on group counselling. Gestalt psychologists are system oriented in their belief that the whole is more than the sum of parts and that individuals tend to organize their perceptions in the direction of the wholes. Perls appears to borrow from existential thought, stressing one's existence in terms of the moment. Basic principles of Gestalt Therapy involve a concentration on body movement as an expression of one's mental state, emphasizing moment-to-moment experience, stressing confrontation and using simple language to avoid intellectualization. Whether it is Gestalt or Rogerian encounter, the intern concludes both processes are intended to help people deal with the dehumanizing technological age we have entered.

In contrast to non directive group counselling, the Transactional Analysis approach promotes a leader-oriented strategy. Hansen, Warner and Smith have identified a unique aspect of TA therapy. It places equal emphasis on personal insight and actual behavior change. The TA leader will concentrate more on analyzing a group process and, for this reason, specific leadership training is recommended.

Behavioral counselling is based on the premise that acts, more than merely expressing thoughts and feelings, influence human behavior. Counselling strategies are developed to help the client achieve short-term behavioral change within his or her problem area. The authors refer to research studies which suggest that numerous behavioral procedures apply to a variety of school, clinic and hospital settings. In the group context, the facilitator would apply these strategies to several people, as opposed to one individual. Minimal emphasis is placed on group process. The group is intended to help individuals learn new behaviors and to reinforce their progress.

Hansen, Warner and Smith develop two conceptual models based on examining the process and goals of group counselling. Model number 1 combines a rational-affection dimension along with an insight-action dimension. This combination design (four-celled model) helps the counsellor understand the relationship among counselling approaches in terms of what actually occurs during counselling and the intended outcome of counselling. The various counselling theories are pictorially positioned within this four-celled model in relation to their purpose and methods. It offers the practitioner an overview, in diagram form, of the different theories. Conceptual Model number 2 is based on the process/outcome and leader-centered/member-centered dimensions of group counselling.

Part two in the book deals primarily with the process

of group counselling. Hansen, Warner and Smith advocate an eclectic, participatory approach to group leadership. Basically, the leader helps to create an atmosphere where members will feel comfortable dealing with conflicts and expressing interpersonal needs. He facilitates open communication, clarifies feedback and directs the process towards self-understanding. The leader encourages and supports new behaviors within the group which hopefully will carry over into the outside world.

Since many of the authors' principles parallel the writer's personal theory of group leadership, the intern thought it appropriate to discuss these ideas. The first quality the intern would expect to observe in a group leader is sensitivity. The ability to be aware of the thoughts and feelings of the individual members and to communicate a sincere concern and empathy for them. Being reasonable and respectful are characteristics the intern considers essential to leadership. A leader should display healthy thinking and behavior so that he serves as a model for group members. Another important quality is being imaginative. A group leader should be open-minded and prepared to consider a wide scope of possibilities. He must encourage participation from all the group members for the sake of solidarity. If individuals contribute to the making of a decision, then they are more likely to be committed to it. The intern favors the democratic style of leadership, whereby any member of the group can assume the leadership role and decisions are made

during open group discussions. Although the leader might maintain a low profile, he has a responsibility to use whatever skills he possesses to help co-ordinate the group function.

To be effective in either a discussion or growth group, a leader should possess particular skills that will help the group reach goals, develop open communication, work through controversies and create cohesion in the group. In the intern's mind there are several skills a competent group leader should demonstrate. First, the ability to describe or interpret the group process. Being able to describe what seems to be happening in the group and bringing it to the attention of the other members. Another important skill is the ability to respond to particular thoughts and feelings being expressed by individuals. Although the leader never loses sight of the group concept, this must not deter him from responding empathically to each member. The person who assumes leadership should help other group members become aware of the inconsistencies in how they think, feel, relate and behave. The ability to deal with the here and now factor is important if the group is to provide an opportunity for growth. There seems to be a tendency to introduce irrelevant matters that do not apply to the direction or purpose of the group. Having the skill to bring people back to what is relevant, especially in the initial stages of the group, is a very important process. Also, when the group reaches a deadlock or there appears to be a serious confront-

ation occuring, a leader must have the skill to step forward and promote open communication.

Hansen, Warner and Smith discuss the effects of member roles in the group process. The authors cite four major factors influencing the roles individual members assume within the group process: personal expectations and anticipation of how others will react; personality factors; the characteristics of the leaders; and group characteristics. Hansen, Warner and Smith maintain the belief that the success of the group is dependent upon the interaction between group members and the leader. Assuming their premise is accurate, it is essential the counsellor be aware of membership dynamics.

Methods of establishing and maintaining the group are discussed in detail. Social scientists have described numerous changes that occur within the complex social system of the group. These changes can create personal disharmony for individual members. For this reason, preparing for the group in terms of selection, composition, size and setting are important considerations. The counsellor must be sensitive to the process of initiating group action, be prepared to deal with conflict and confrontation in the group, and utilize methods of maintaining the group. It is essential that the leader be aware of the life stages of the group, if the experience is to be successful for all concerned. Dealing with group closure and individual frustrations, fears and disappointments that might arise is an important stage of this development. Members may need

positive feedback and reassurance that their decision to join the group will prove fruitful in time.

Hansen, Warner and Smith conclude with a discussion of ethical considerations. Group experiences have the potential to help or to harm. The rapid escalation of the group movement has created various problems related to ethical practices. They involve the leader's competence, responsibilities towards members, safeguards against hurt, confidentiality, freedom of choice, informed consent and numerous research questions. The authors quote pleas from researchers and theorists for controls on group practices and professional training programs. From the intern's perspective, the central issue underlying these problems appears to be the professional competence of the group leader. It is imperative that potential group leaders have a firm theoretical base, know their limitations and act accordingly, as well as adhere to an objective, professional code of ethics.

(C) Today's youth face a world where psychological needs and human relationships are the main concern. In their book the School Counsellor-Consultant, authors Fullmer and Bernard propose consultation is a legitimate function of the counsellor involved in helping these students. By working with and through the key adults in the pupils' lives, he can improve the total learning milieu of the school.

There should be less emphasis on administrative edict and more emphasis on communication, on becoming and growing. Fullmer and Bernard suggest In-Service education as a means for all school personnel to assess pupil growth, establish open communication and facilitate group interaction. The teacher emerges from this struggle in improving communication and adapting to new tasks, not as a shaman or magician, but as a teacher responsible for what is learned.

Such postulations as good self-concept, peer acceptance, mental readiness and motivation are now shaping teaching procedures. According to the authors there is an increasing awareness of the pupils' needs for autonomy, involvement and decision-making opportunities, which can be achieved through the small group process.

The group is the basic structure in human organization - the means of communicating relationships and influencing the identity of the individual. Small groups based on interdependence, concensus and relevancy of purpose in membership are effective methods for solving problems. The small group is the focus of the consultation method, bringing a mixture of resources and people together for better access to information. A basic encounter strategy is appropriate for working with students, teachers and parents, in a short time-span, to resolve their problems through self-help and guided group interaction. The counsellor-consultant, often the only link in an otherwise divergent group, has a primary function in facilitating communication between pupils, teachers

and parents.

The authors contend that poor communication fosters alienation, which in turn is due to generation gaps, rapid change and increases in city populations. Therefore, effective communication is a pressing problem in today's schools where students are seeking to examine their role and identity. An improved teacher-teacher communication will greatly enhance the teacher-pupil relationship, i.e. the teachers' success in their own sphere will transfer to the teacher-pupil arena.

Also, the teacher-learning process must be evaluated, but the present assessment instruments are not yet able to effectively measure the important areas of personality growth, intuitive judgements and social effectiveness. The counsellor-consultant who stresses these concerns can bring about appreciable change.

APPENDIX C

SPECIAL EDUCATION PAPER

G6800

The Role of the Counsellor In Special Education

A Paper Presented to Memorial University Special Education Students in Harlow, England

by

Lawrence Ryan

June, 1980

Dr. L. Karagainis

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I Special Education and School Counselling

The first issue to deal with when considering the role of the counsellor in special education, is how one defines these entities. What is meant by special education? According to Rogow and David (1974), it means special learning opportunities for those not able to benefit to the fullest extent from normal methods of instruction. It usually involves the adaptation of methods and materials. At times it will mean a more carefully planned developmental curriculum, more structured, a reduction in distractions and likely a radical shift in teaching methods. The basic assumption is that the educational plan must fit the child.

The purposes of special education are no different from those of regular education. The focus is on the individual and on his or her development as a skilled, free and purposeful person (Morris, 1975). This corresponds to the contemporary trend of having children who were formerly kept in isolation and labelled "special education" integrated into the regular programs and activities.

What is the purpose of school counselling? Basically, it is providing broad services which help each individual child in his total development. The focus of a counselling program should be to help students understand their potentialities and contribute to the process by assisting students develop them to the full. The uniqueness and the personal worth of each individual is central to this definition.

II The Need for Change

It is becoming more apparent that the traditional guidance system is reaching obsolescence and is incapable of reaching the vast majority of young people who require special care. A conservative estimate of the total need reveals that approximately ten percent of the child and adolescent population requires mental health services and programs. It is estimated that of this group only twenty to forty percent receive any sort of adequate care. This means, that despite our best efforts, some sixty to eighty percent of those in need receive no care or only minimal aid.(Couchman, Freel and Golombek, 1976).

There is a current public disenchantment with school counselling and Freeman and Thompson (1975) suggest that one of the major problems is role definition. The school guidance movement has been marked by more changes, criticism and diverse role descriptions than probably any other single educational development in history. At the turn of the century the emphasis was on job placement. Then it switched to an ongoing educational function concerned with abilities, interests and personal goals. Diagnostic assessment became the focus for several years and more recently an emphasis has been placed on social and emotional development (Couchman, Freel and Golombek, 1976).

Carlson (1973) claimed counsellors must be removed from professional isolation. The author predicts that the

counsellor's role will shift away from the building of a larger personal caseload to a role in which consultation with teachers and the co-ordinator of team activities becomes equally important. This mental health team-concept would mean more people would be involved in the decision making process. The energies and talents of doctors, teachers, principals, psychologists and psychiatrists would be focused on the troubled student. Theoretically, this process should lead to more accurate decisions.

For years counsellors have been guilty of ignoring the total living environment of people. Since they have not been trained to deal with rampant social problems, sexual dysfunction, drug abuse and so on, they have often withdrawn from such involvements. Rather than promoting divisions in the helping professions, this teamwork concept is a logical approach to serving children and young people with emotional and social problems (Carlson, 1973).

III School Counsellor as Consultant

The counsellor is expected to be a competent specialist in human behavior and his primary goal is the improvement of the student's sense of personal worth and achievement. Still, in recent years counsellors have experienced and responded to a relatively new role, that of consultant. This means working both with teachers and

administrators as a consultant, as well as with students as a counsellor, to improve the learning milieu of the total school environment.

Individual counselling in isolation can be an effective vehicle for helping students understand, to cope with and change their behavior. But people do not normally live in isolation, therefore one might assume that a professionally trained counsellor can have a significant impact on students by working with and through the key adults in the lives of those students (Fullmer and Bernard, 1972).

Consultation as an intervention strategy assumes that human environments influence human behavior significantly. It is generally accepted that a positive environment helps the individual grow in a healthy way (Schmidt and Atlas, 1976).

Consultation is a process for planning and developing action. It is a small group experience, usually between two to eight persons, where information flow is vital to effectiveness. The counsellor in his consultant role becomes the facilitator of this information flow. His communication skills, gained from experience and formal training, will help the group clarify and evaluate data, as well as help the members understand group dynamics in order that they might function more effectively.

Fullmer and Bernard (1972) define several generalized goals related to counsellor consultation. They are as follows: (1) the overall goal is to improve and enhance the

learning environment for children, parents and administrators. The counsellor can achieve this end by bringing together all the human behavior specialists and resource people he can convene. (2) Consultation is intended to improve communication by improving the information flow among the significant persons in the learning milieu. (3) It extends the services of experts. Consultation allows the input of specialists beyond the limited boundaries of the school. (4) The counsellor-consultant may also function as an inservice agent to help teachers and administrators understand and cope with social control problems, learning disabilities and irrational behavior. The idea is to teach the skills and knowledge to teachers, parents and administrators with whom the counsellor-consultant works.

Blower and Paterson (1976) observe two trends in relation to the role of counsellor. Firstly, an emphasis on counselling at the elementary school level and second, the shift from one-to-one counselling to the concept of an educational team with the counsellor serving as consultant-facilitator.

IV Family Counselling

Recent developments in family therapy have focused on a systems approach to dealing with family breakdowns. The family is like a miniature society that develops its own

set of norms, values and expectations for its members. A system is defined as an arrangement of parts so related as to form an organic whole which is so organized as to preserve its integrity and to perpetuate itself (Chinn, Winn and Walters, 1978). The persons in the family are so related and connected as to form a unit -- an organic whole that is greater than the sum of its component parts.

Understanding this concept will help the counsellor observe the pattern of relationships and interactions among components, so as to better comprehend the functions of the total unit. According to Chinn, Winn and Walters (1978), using the systems approach means we not only focus our attention on the characteristics and actions of each component, but we must attend to how each component acts in relation to other components in the system.

The birth of a child has a tremendous impact on the foundation of this family system. It may have a positive or negative effect on the relationship already existing between husband and wife. It may draw the parents closer together or cause conflict and disharmony in the family unit. Reiss (1971) found that a large percentage of couples indicated that there was a decline in the positive aspects of the relationship as time progressed. The decline was greatest among couples with children. Their lives became more complex. The daily routines and sacrifices the parents are required to make may create an imbalance of responsibility or breakdown in communication.

A child represents an extension of the parents' self and the birth of an abnormal child can represent a serious threat or even damage to the parental ego (Ryckman and Henderson, 1965). Parental feelings towards the handicapped child will vary because the parent feels frustrated, hurt, guilty, disappointed and even desperate or resentful.

Morton (1976) identifies six basic problems common to the parents of an abnormal child that the counsellor may be asked to help resolve:

1. The acceptance by the parents of the fact that the child is mentally deficient.
2. The financial burden that may be placed on the family.
3. Coping with emotional tension build up by carrying a burden that they cannot share with others.
4. Facing the sin-guilt conflict they may have in regard to their retarded child.
5. Assisting the parents in seeking a solution to the question of satisfactory lifetime care for their handicapped child.
6. Helping parents cope with inept, inaccurate and ill-timed advice they will receive at one time or another.

(p. 202)

Initially, getting the parents to accept the fact that their child is mentally handicapped is the most difficult task. Once acceptance has been achieved, emphasis must be placed on what can best be done to help meet the basic needs of the child. Parents need answers to the many questions about the child's development (Norton, 1976). Keeping in mind the systems approach to family counselling, the parents must consider not only the needs of the handicapped child, but the needs of every member of the family.

Being aware of this reality and responding to it will help the parents create a more cohesive family unit.

The parents of mentally handicapped children need professional skill, support and sensitivity to help them deal with their concerns and questions. Helping the parents and all the significant adults in the child's life will unquestionably benefit the child.

V The Counsellor and Mainstreaming

Counselling is based upon the premise that the behavior of the client can be modified. But as Morris (1975) points out, there are factors that stand in the way of the average school counsellor working effectively with the average trainable mentally retarded student and his family. The first and most important factor might be the difference in the backgrounds of each. It is not easy to maintain a sustaining relationship if you do not use the same language to communicate. If the student has difficulty following a conversation because of language problems and his inability to conceptualize, then frustrations can arise. In addition to developing a rapport with the disabled student, Morris suggested there may be a very real difficulty getting beyond the family distrust of schools, teachers and counsellors.

According to Forsyth's (1975) guidance and counselling

practices survey, there are four major reasons why school counsellors spend less time with special education students. (1) It's not the counsellor's responsibility. (2) Counsellors do not know what would be helpful. (3) Not enough time considering the ratio of students. (4) And in actual fact it is the responsibility of the special education teacher.

All of these factors lend support to the argument that there should be more communication between special education and counselling specialists, as well as an increasing need for a mental health team concept. Co-operation and co-ordination will help eliminate these shortcomings and will likely lead to more effective decision-making and more efficient services.

These factors are important considerations since recent developments to help the physically and mentally handicapped to function within the core of society, through mainstreaming, can have serious repercussions for the child, the school and the child's family. The movement towards mainstreaming conveys complexities. Implicit in the idea is that there will be some form of ongoing evaluation of the exceptional child's individual placement, progress and personal adjustment as it relates to the school environment (Baker, 1976). If these changes are to occur and to become established in our school system, the helping profession (i.e. teachers and counsellors) must develop the attitudes and skills necessary to help the handicapped to function maximally. This does not mean merely helping them to

survive in the mainstream.

The counsellor must take an active part in the delivery of this special service. Just as regular teachers are being expected to accept and teach exceptional students, so should counsellors be expected to accept and counsel the exceptional child. This does not mean the counsellor must become an instant specialist, but that he be a contributing member of a professional team working with all children (Baker, 1976).

Since many counsellors are already in the field and they are functioning in senior positions, the emphasis should be placed on In-Service Training. The counsellor can play an important role in promoting such programs by bringing specialists (i.e. clinical psychologists, doctors, speech-therapist, developmental psychologists) into the school environment to conduct these workshops.

Teacher-parent communication is essential in an ideal educational environment and considering the multiple implications permeating from the whole notion of mainstreaming, such communication becomes even more essential. Counsellors can help teachers develop particular human relations skills that will facilitate understanding and problem-solving in their relationships with parents. Schmidt and Atlas (1976) have developed a Six Step Model to be employed with teachers and parents in a group setting. The counsellor may also refer to Carkhuff (1971), Egan (1975) and Gazda (1973) for training models to introduce human relations skills.

VI Counsellor's Role with the Learning Disabled

Children who are learning disabled have long been misunderstood. The diverse characteristics exhibited by the learning disabled child have often remained undetected or been misdiagnosed, thus precluding appropriate treatment (Freeman and Thompson, 1975). Learning disabled children become school failures early and often develop emotional problems as a result of not being able to perform within their ability level.

Compounding the problem is the fact that most teachers and counsellors have not been adequately prepared to work with these students. Teachers, parents and counsellors will label them slow learners, retarded, spoiled, delinquent, neurotic or behavior problems. But even more crushing to the self-esteem of these students are the labels of stupid and trouble-makers which their peers give them (Freeman and Thompson, 1975).

Morris (1976) recommends, to offset these negatives, helping efforts should immediately focus on the student's bruised self-concept. The author suggests peer group counselling might help ease the student's feeling of being different, as well as role playing, so he can immediately see the effects of his actions. In this fashion his behavior can be made more acceptable and it will in turn improve his self-concept.

In the United States, the number of students

suffering from a learning disability has been estimated to be between five and ten million. One authority reports that as many as one out of every five children sitting in U.S. classrooms suffers from some form of a specific learning disability (Rossuck and Sartore, 1974).

Studies have indicated that learning disabled students are potential drop-outs and unemployable citizens (Morris, 1976).

School counsellors must assume a key role in helping learning disabled students on all grade levels. The counsellor can assist in disseminating information on learning disabilities to the regular classroom teacher. He can press for follow-up after the child has been assessed and see to it that the recommendations are implemented. The time to help is while these children are in the school setting.

VII Group Decision-Making

With an emphasis on mainstreaming and the rights of the special education child, it is now law in the United States (Public Law 94-142) that each child be provided with a written individualized program. Mainstreaming is no longer an educational innovation but a legal right. Obviously, such specially designed instruction will help meet the unique needs of the handicapped child. But the

real challenge is accentuated by the legal requirement that a group of people formulate, co-ordinate and monitor the program. The writer is not aware of corresponding Canadian legislation, but this team concept is certainly a reasonable approach to dealing with such programming.

From research in social psychology, the accuracy of the group's decision is improved through training in group decision-making techniques (McMiroff and King, 1975). Once again the counsellor can play an important role by using his skills to impart some general rules and instructions for arriving at better decisions.

According to Blower and Patterson (1976), the counsellor is likely to be much more involved right in the classroom, with the teacher, not only in diagnosing exceptionality, but also assisting to find materials and strategies that will be useful in helping to find a solution, as well as an educational label.

VIII Vocational Educator

James Forsyth's (1975) studies reveal that many counsellors feel it is the responsibility of the special education teacher to give exceptional children occupational information. Still, this does not necessarily have to be the case. There is a considerable amount of research being done on the development of career education programs for the

mentally and physically handicapped.

Perhaps the most successful and well received of all the experimental activities was the On-the-Job experience program. The exceptional students were exposed to the various duties and responsibilities carried out, during a normal day, in the career areas of their choice (i.e. interest and aptitude). Whenever possible, the students learned by doing. The project was sponsored by the South Carolina State Department of Education (1974). A major emphasis is to identify practical ways of implementing career education concepts.

The Rowan County Project (Milne and Lindekugel, 1976) provided students, in special education, with an opportunity to follow-up on clusters of occupations they had chosen. Once again, actual work experience was considered essential. Students learned to assume responsibility while gaining the knowledge and attitudes necessary for successful job performance. Results of the experiments were as follows: the exceptional students acquired good working habits and realistically tested their objectives; and classroom studies tended to become more meaningful (i.e. increased their motivation).

The counsellor's basic goal as a vocational educator should be to assist the educable and disadvantaged youth in making career choices and to help him plan approaches to implement his decisions. Because so many of these students are potential drop-outs, special attention

should be focused on follow-through with the home (Kentucky Research, 1976).

The counsellor can be instrumental in setting up a Career Educational Program, for exceptional children, that will: provide for the exploration of appropriate educational/occupational clusters for special education students; provide for an in-depth study of all the occupational clusters and relate vocational subject matter to these clusters; focus upon the need for basic skills in the world of work; provide activities for students to learn desirable habits and attitudes for life and work; provide individual and group activities that enhance occupational aspirations, student self-concept and the ability to get along with others; provide activities for students to explore and assess their interests, abilities, values and needs and help them to apply this knowledge in narrowing career choices; encourage teachers to try to relate course material to career preparation and the world of work (Milne and Lindekugel, 1976).

IX Diagnostic Assessment

Knowledge and understanding of learning disorders is vital to school counsellors, principals and special education teachers, if the school is to carry out its primary function: helping people achieve to the maximum of their ability, congruent with good mental health (Bush and Waugh, 1976).

Developing ways and means of taking up-to-date looks at relevant data and relating it to appropriate teaching methods is the basis for improving the instructional program and for reducing the emotional problems of the child with learning and behavioral handicaps. Accurate diagnostic procedures will aid in prescribing appropriate techniques for remediation of academic problems. As a consultant, the school counsellor can help the special education teacher in bringing about behavior changes in such children. Fortunately, there have been new tests devised to help in this diagnosis and there are many remediation techniques, beyond the experimental stage, that can be recommended in most cases.

There is a trend in school psychology away from the traditional individual assessment of children for diagnosis -classification-placement purposes. The school psychologist is becoming more of a consultant to the entire school system, even to the community. He is gradually becoming a social change agent. As such, he is tending to decrease his testing function. This is a very healthy trend considering the questions and issues concerning the usefulness of tests. Still, one must examine the validity of tests in relation to the purposes for testing, characteristics of the tests, subjects and examiner. The best we can do until better methods come along is to do the best we can with the tests available (Lutey, 1977).

With this in mind, the special educators and the counsellor, can work together to help individual teachers

acquire the skills to conduct classroom assessments. In areas where psychologists and expert educational diagnosticians are not available, the counsellor will likely be called upon to conduct these clinical procedures.

Bush and Waugh (1976) express a need for classroom assessment by teachers, because three to six months have often elapsed before children are evaluated and/or reports are returned. Although assessment instruments require study and practice by the administrator, there are some tests that do not require formal training. The counsellor can help classroom teacher to develop observation skills and to use and interpret screening instruments and behavioral checklists.

Test results should not be depended upon as the sole basis for making diagnosis. A major problem in the use of tests is the likelihood that some subjects will be identified as members of a handicapped group who do not belong to that group (Lutey, 1977).

Because of the overlapping of emotional problems with learning disabilities, teachers are urged to use their most sensitive observations to check for emotional symptoms. Counsellors can provide the teacher with guidelines to identify the most commonly observed characteristics of emotional problems in children. All of these methods should be used by teachers, prior to clinical testing, for the purpose of making a more accurate diagnosis.

In order to develop an appropriate assessment procedure, the consultant or counsellor must have more than one or two test score results on which to rely. Testing batteries are called for in many instances which typically include intelligence, development and communication, social maturity and achievement instruments. If it is deemed necessary, the counsellor will call a case conference whereby the classroom teacher, special educator, administrator and community resource specialists will have an opportunity to plan a course of action to help the disabled student.

X Counselling the Academically Gifted

Avner Zir (1976) stated that it is important to remember a significant number of gifted students drop out of education. This non-utilization of intellectual potential is not only a loss for society, but individuals not using their capacities usually develop feelings of inadequacy, frustration and disappointment.

Perhaps provoked by a lack of challenges, failure to find friends, resentment from threatened teachers, scoffing from classmates and undefined goals, these students tend to withdraw and to become angry and indecisive (Pace, 1976). This does not mean that all exceptionally bright students will follow this pattern, but counsellors and

teachers must be aware of this process.

Gifted and talented children, by virtue of their outstanding abilities, are capable of high performance. These children require differentiated educational programs and/or services beyond what is normally provided by the regular school program, in order to help them realize and develop their potential (Milne and Lindekugel, 1976).

These exceptional students can be helped by counselling. Appreciating them for being uniquely different and helping the students to understand themselves are two ways the counsellor might respond to their needs. They will likely maintain explorative, innovative and creative abilities and helping them to gain insight into the depth of their potentialities will likely have a positive effect on these students (Pace, 1976).

Problems arise from differences between emotional and intellectual development and from the difficulties parents, teachers and peer have in understanding the gifted child's special ways of thinking and dealing with cognitive problems.

Generally, the higher the degree of giftedness, the more difficult it is for the student to decide on a life's occupation. Therefore, it is essential the counsellor provide the subject with a wide range of work experiences in and among the occupational clusters (Milne and Lindekugel, 1976). Providing opportunities to spend a working day in a profession, business or industrial setting and participating

in vocational seminars conducted by professionals, will be helpful to the student's decision-making process (Pace, 1976).

Any program for the vocational preparation or career exploration of the gifted student must allow for three important ingredients: (a) an individualized program unique to the needs, abilities and aspirations of the exceptional child; (b) Long uninterrupted periods in a career resource for thinking, planning, research and testing; (c) The freedom or absence of forces which restrict the fulfilling of the creative process (Milne and Lindekugel, 1976).

It is essential that counsellors and special education teachers act vocally to improve conditions for these students. Interpreting their needs and behavior patterns to teachers and parents will also benefit the child. Parents of the gifted may need some vocational guidance. The wide range of interests of the student, accompanied sometimes by unclear vocational choices, could be very unsettling for the parents. Perhaps the counsellor could discuss, with the family, the possible range of vocational choices.

In order to face the gifted student with a challenge, the counsellor can work with teachers, to implement special programs apart from the regular classroom curriculum (Zir, 1976).

Conclusion

The success of a special education program in administration, supervision and instruction is in large part dependent upon two main factors. First, the special education system must develop a wide range of organizational strategies and instructional methodologies to meet the variety of needs of exceptional students. Secondly, the education system must be able to provide an extensive range of expert support services and be able to develop and maintain a co-operative working relationship between those resource personnel and the extra curricular services of the community (Lamrock, 1976). To expect an isolated indivfdual, the special education teacher, to have the time, will, energy and expertise to achieve these ends is unreasonable. The counsellor has a professional responsibility to contribute to this process.

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APPENDIX D

COUNSELLING REPORT SUBMITTED TO THE DEPARTMENT OF CLINICAL PSYCHOLOGY AT PRINCESS ALEXANDRA HOSPITAL, HARLOW, ENGLAND

COUNSELLING REPORT

- Lawrence Ryan

The following report is a condensed version of my counselling experience with the physiotherapy department at Princess Alexandra Hospital. In May of 1980, Mrs. Inge Hudson (Principal Psychologist), Dr. Norm Garlie (University Supervisor) and I agreed (as an internship requirement for my Masters Degree in Educational Psychology) that I would be placed in the psychology department, for two days weekly, under Mrs. Hudson's supervision. An integral part of my responsibility was to spend a minimum of two hours per day in the Physiotherapy Department.

In spite of the fact my time was limited, a general impression is that the Physiotherapy Unit needs psychological services in the form of individual and family counselling, clinical assessments and staff consultation. Over the course of these seven weeks I observed several incidences whereby the physiotherapists were called upon to deal with the personal problems of their patients, as well as conflicts within their families. The therapists felt they had neither the time nor expertise to deal with such issues. In these situations psychologists would serve a useful role as a consultant. The physiotherapists and psychologist could combine their skills and ideas to develop approaches for helping these individuals. A good portion of my time

was spent discussing several of these problems with the physiotherapists.

Considering the time factor, I thought it advisable to accept only one patient for continuous counselling. The physiotherapists were concerned about a young mother, who is confined to a wheelchair, after being the victim of a car accident, nine months ago. They felt she was progressing with her treatment, but because of her moodiness and depression, they thought she might be on the verge of giving up. I arranged four counselling sessions for Mrs. P. During our conversations she expressed concern about her boredom, her loneliness being separated from her family and her reservations about moving to another hospital. Mrs. P. suffered brain damage in the accident.

Another area where I feel a psychologist could make a valuable contribution is to counsel the family members of physio patients. During the final three weeks of my internship, I served as a consultant for Mrs. Hughes, who was doing therapy with two brain-damaged babies. We discussed how to help the parents accept and cope with the reality of their situation. As well, I met briefly with the mother of the first baby and both the father and mother of the second child. In my opinion, both of these cases called for family counselling.

In summary, the four areas where I see a psychologist being helpful to physiotherapy are: (a) individual

counselling, (b) family counselling, (c) consultation, and (d) psychological assessment.

16th July, 1980

APPENDIX E

INDIVIDUAL ASSESSMENT REPORT

[illegible] in mind, the special educators and the counsellor, can work together to help individual teachers

Our ref: LR/DE/353192 8th July, 1980

Psychological Assessment

Examiner: Lawrence Ryan
Subject: Stephen B.
Dates tested: 28th June, 1980
4th July, 1980

Mr. B. was referred to me for assessment of his intellectual ability and to aid with the diagnosis.

His full scale score on the Wechsler Adult Intelligence Scale was 110, which places him at the 75 percentile rank and in the lower portion of the Bright Normal grouping. His Verbal score was 113 while his Performance score was 106. Half of the general population would be expected to have a V-P discrepancy of 7 I.Q. points or more in the 18-34 age group, therefore this cannot be considered a significant difference.

Mr. B. appeared rather anxious during the initial subtests (WAIS) and he expressed irritation at not having been informed that he was to be tested. He was continually smoking and would not maintain eye contact for more than a few moments. His verbal responses tended to be very short and indeed precise. When I encouraged him to expand on his answers, he replied, 'that's enough.' He sat rather rigidly for most of the sessions and was often quick to say 'pass' (without guessing) when he was confronted with an unfamiliar

or difficult task.

The subject's lowest verbal subtest score was Digit Span (9) - a measure of attention and rote memory. Since this subtest is one of the most sensitive to anxiety, we might assume his nervous state affected his score. Mr. B.'s lowest performance scores were Picture Completion (8) and Picture Arrangement (6). During the Picture Completion subtest the subject passed on 7 out of 21 pictures. It is interesting to note that this particular subtest assesses the subject's ability to differentiate essential from non-essential detail. The subject's familiarity with these frequently seen objects may give some indication as to the degree of reality control. Although he behaved very systematically during the picture arrangement subtest, he appeared confused and several times he altered the sequence of the pictures after giving the appearance of having completed the exercise. The subtest measures the subject's ability to comprehend and size-up a total situation.

Mr. B. appeared to improve his performance on both the verbal and non-verbal subtests whenever I gave him positive feedback and encouragement. As we approached the end of the WAIS he appeared to become tired and somewhat distractable. His responses were consistent and rational for the most part, although, at times, his behaviour was peculiar. When I asked him about his problem, he responded, 'It is something that is very unlikely to occur again. I mentioned nerves to a doctor and he started to talk about

students will follow this pattern, but counsellors and

psychology, mistakenly I believe.' He talked about the difficulty in reasoning with his parents and trying to convince them to treat him better. His discontent with their behaviour appears to arise from the fact they will not allow him his own living space. 'They are very conservative in their ways and quite unreasonable. Still they will help me with my education. They're pushing me to study and the only real choice I have is what I will study.' He talked about his parents' refusal to have him return to their home. Because he is a patient at the hospital, he is hoping that some terms can be worked out so that he might be able to return home, although he does not expect much change in their attitude. He feels he has made considerable improvement since arriving at the hospital and believes it is important for him to maintain a positive attitude.

On the Bannister-Fransella Grid Test the subject fell outside the acceptable level in the normal population. (i.e. his results placed him within the thought disordered population). One effect that may have influenced his performance was the fact the Grid Test was administered after the WAIS. Although Mr. B. verbally stated he would prefer to continue and he was not fatigued, he appeared to rush his selections during Grid II and appeared tired to the examiner.

His Rorschach results were normal in that his

perceptions matched the stimuli. Once again his responses were very short, as if he was attempting to keep a tight control on what he was revealing. I felt he was observing more than he was expressing, but when I encouraged him to expand on his answers, he replied, 'I've said enough.'

In Summary

It is always precarious to base a diagnosis on a single assessment, but the Bannister-Fransella Grid Test does suggest some underlying disturbance in his thinking and the overall impression is of quite a profound underlying disturbance. The subject is putting a great deal of energy into defending his own behaviour, criticizing others and keeping control. In the structured testing situation he was mostly successful in maintaining control or his behaviour.

LAWRENCE RYAN (Mr.)
Psychologist

APPENDIX F

THE MEMORIAL UNIVERSITY OF NEWFOUNDLAND

SCALE OF HAPPINESS

THE MEMORIAL UNIVERSITY OF NEWFOUNDLAND
SCALE OF HAPPINESS

We would like to ask you some questions about how things have been going. Please answer "yes" if a statement is true for you and "no" if it does not apply to you. In the past months have you been feeling:

1. On top of the world? (PA)
2. In high spirits? (PA)
3. Particularly content with your life? (PA)
4. Lucky? (PA)
5. Bored? (NA)
6. Very lonely or remote from other people? (NA)
7. Depressed or very unhappy? (NA)
8. Flustered because you didn't know what was expected of you? (NA)
9. Bitter about the way your life has turned out? (NA)
10. Generally satisfied with the way your life has turned out? (PA)

The next 14 questions have to do with more general life experiences.

11. This is the dreariest time of my life. (NE)
12. I am just as happy as when I was younger. (PE)
13. Most of the things I do are boring or monotonous. (NE)
14. The things I do are as interesting to me as they ever were. (PE)
15. As I look back on my life, I am fairly well satisfied. (PE)

16. Things are getting worse as I get older. (NE)
17. How much do you feel lonely? (NE)
18. Little things bother me more this year. (NE)
19. If you could live where you wanted, where would you live? (PE)
20. I sometimes feel that life isn't worth living. (NE)
21. I am as happy now as I was when I was younger. (PE)
22. Life is hard for me most of the time. (NE)
23. How satisfied are you with your life today? (PE)
24. My health is the same or better than most people my age. (PE)

APPENDIX G

STATISTICAL FORMULAS

Variance Formula for Ungrouped Data:

$$S_x^2 = \frac{1}{N-1}\left[\Sigma f_{x_i} X_i^2 - \frac{1}{N}\left(\Sigma f_{x_i} X_i\right)^2\right]$$

Cronback Alfa Internal Consistency Coefficient:

$$\alpha = r_{KK} = \frac{K}{K-1}\left(1 - \frac{\Sigma\sigma^2}{\sigma_y^2}\right)$$

i.e. K = number of items

$\Sigma\sigma^2$ = sum of variances associated with each item.

σ_y^2 = variance for total test score.