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ABSTRACT

The Prescriptive Counselor Model, as proposed for the elementary school, focuses on changing specific student behaviors through a particular prescription of materials, activities, and suggestions for teachers, parents, and the child himself. The theoretical emphasis is on dealing with behaviors by observing, conferring, setting goals, developing prescriptions, providing materials, and following up on the success of the prescriptions. The goals of the model are to increase the ability of teachers and parents to work with students and to permit the services of the counselor to have greater effect with more students. The prescriptive counselor translates his concern and care through the concreteness and specifics of the prescriptive process. (Author/PC)

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The Prescriptive Counselor

in the

Elementary School

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THE PRESCRIPTIVE COUNSELOR IN THE ELEMENTARY SCHOOL

Ask the average elementary classroom teacher what the counselor does in his school and you frequently will hear such comments as, "Who is he?" "He takes students out of my class, and I never know what happens.," "I send him my problem students," "He gives them tests," "He deals with special learning problems," "You mean, we have one?" This is not to suggest that the present models for elementary school counselors are inadequate but that counselors do not involve the teacher enough and do not directly influence what goes on in the classroom or home. In other words, important influential people -- teachers and parents are often neglected in the one-to-one counseling paradigm.

A model for the elementary school counselor, The Prescriptive Counselor Model (PCM), has been developed, tested for two years in elementary schools in western Massachusetts, and continues to evolve. This model defines the counselor's role in such a way that it combines the efforts of the counselor with those of teacher and parent. It effects not only a single student, but also benefits other children since it is a model whereby the counselor shares or develops the skills of his clients to deal with others.

A Prescriptive Counselor has three major functions -- prescriptive consulting, in-service training, and maintaining resource materials. The term prescriptive refers to the consulting function where in the counselor consults with teacher or parent, and they mutually plan a course of action which is a "prescription" to change the behavior of a child. The prescriptive counselor does in-service training with teachers or parents. This often takes the form of workshops or other short learning experiences, such as programmed texts, cassettes of lectures, or mini-lectures. The third function of a Prescriptive Counselor is to develop and maintain a collection of

resources that may be used for in-service training or incorporated in prescriptions. Thus, the emphasis of the Prescriptive Counselor is on more contact with the teacher or parent and less with the child personally. The Prescriptive Counselor supports attempts to intervene in ways that are self-enhancing for the student as well as the teacher, and that improve the classroom as a learning climate for all students.

One of the assumptions on which the model is based is that if the parent and teacher can deal more cooperatively with the youngster's behavior, the youngster will be more successful and rewarded and prized by those around him. The PCM places considerable faith in the intent and style of the teacher and parent and recognizes that the elementary school counselor, following a Prescriptive Model, will be working within the teacher's philosophy and style.

The Consulting Function

In the current push for counselors to leave their offices and to become more involved in active shaping of the elementary school, a number of models have been developed whereby the counselor becomes a consultant to his teaching colleagues. Methods of consultation have been delineated by a number of authors (Faust, 1968; Caplan, 1970; McGehearty, 1969; Dinkmeyer, 1968). Dinkmeyer's definition of consulting states: "Consulting is the procedure through which teacher, parents, principals, and other adults significant in the life of the child communicate. Consultation involves sharing information and ideas, coordinating, comparing observations, providing a sounding board, and developing tentative hypothesis for action...the emphasis (is) on joint planning and collaboration...to develop tentative recommendations which fit the uniqueness of the child, the teacher, and the setting. (P. 187)." The Prescriptive Counselor amplifies this model of collaboration since he or she

shares the information and expertise each consultee can offer, and works to develop action-oriented recommendations with the consultee that will serve the child through his or her teachers or parents.

The emphasis on consultation generates at least two mandates for the counselor. He must develop and improve skills at putting across ideas to other adults so that they can use them effectively, and he must be able to consult in an idiom that takes into account the theoretical outlook and skills of his consultees.

Since most of this or her consultations will be centered on issues relating to schools, the Prescriptive Counselor uses learning theory and behavior modification. A typical consulting sequence is described in the next several paragraphs.

Contact. After inservice training sessions, the first contact is initiated normally by the teacher, the counselor sets up an appointment and reviews a number of services available to the teacher such as classroom observation, conference prescriptive units and prescriptive materials. She asks the teacher to complete a behavior checklist which tends to isolate one behavior of concern.

Observation. The second step in the prescriptive process is classroom observation. Ideally, the counselor observes during the time period when behavior designated by the teacher as problematical occur with greatest frequency. During the initial observation, no attempt is made to observe a particular behavior; rather, a behavioral survey is done which consists of observing for very short periods of time and writing in phrases what has occurred. The focus is on the student's behavior, not on the teacher's, unless he or she has requested to be included. After a short observational segment, the Prescriptive Counselor records any questions or personal obser-

various about what is going on. This summary includes questions about health, curriculum, room arrangement, patterns of behaviors, peer involvement, classroom climate, etc., written so that they may be discussed with the teacher during the conference. In subsequent observations by the counselor or teacher, specific behavior counts are made on the targeted behavior. This is done to help the teacher learn observational skills so that he or she or an aide can establish a baseline record of the behavior against which to measure the effectiveness of the prescriptions.

Verification of counselor observations are accomplished by pooling information derived from counselor, teacher, and parent observations, a behavior checklist, previous test results, baseline charts, and possible referral reports for special services. The Prescriptive Counselor attempts to verify his or her observations and inquires about any apparent disparities between what the teacher is saying and what has occurred during the observation period.

Further information is collected about the student's interests in order to establish likely reinforcements, preferred activities, subject matter, friends, objects, or social reinforcers. If the teacher is uncertain about these, he is asked to apply the Premack principle, noting what the student chooses to do in his free time. He may also ask the student to fill in a reinforcement questionnaire such as the Dollar Reinforcement Survey (Dollar, 1972). An important part of the observation phase is to find out what steps have already been taken by the teacher to change the student's behavior and how affective they have been.

Information Sharing. During the information sharing part of the conference with the teacher, the Prescriptive Counselor focuses on objective behavioral data. At this time, the Prescriptive Counselor does not encourage discussions of motives or family life, since neither is directly observable. This is sometimes difficult, since many teachers see behavior as symptomatic

of underlying emotional conflicts, yet do not have the time nor the training to deal with such causes.

Goal Setting. In the goal setting part of the prescriptive phase, the teacher states the goals he has in working with the student. The counselor helps the teacher to define or pinpoint them as discrete behaviors and state them positively. Then the goals are prioritized, and the target behavior is selected. The counselor aims to reinforce the teacher's confidence in his ability to determine and achieve behavioral change with the child and to reassure him that his professional judgement and ability are valued.

Prescriptions. The most crucial part of the consulting phase is to establish the prescription, by which the teacher or parent may work to change the behavior of the student. When the target behavior has been defined, baseline observations set up, potential reinforcers identified, then the plan often proceeds from these definitions. Contracts, token systems, modeling, reinforcing incompatible alternatives, time out... any one or a combination of many behavioral techniques may be employed, as well as alterations in the instructional process, or other environmental interventions. If there are appropriate resource materials for use with or by the student, the prescription specifies them. Prescriptive Units published by the Learning Problems Laboratory (1973) may be incorporated.

What the teacher has tried to do previously to change the student's behavior may suggest some possibilities for new prescriptions. Since behavior modification is being written about currently in many places, some teachers attempt to institute it with their classes but become discouraged because they do not know how to implement the details. The authors find that these teachers welcome technical assistance and support as they try to improve their skills. If referral for other special services such as testing, speech, or social work seem advisable as part of the prescription, the referral procedure

...outlined. Every attempt is made to provide a workable plan which is ready for immediate implementation.

Follow-up. An important part of the prescription is planning the follow-up conference between the teacher and counselor and parent. Arranging for such a follow-up is never left to chance. It normally takes place approximately a week after the prescriptions are instituted. The Prescriptive Counselor, however, encourages the teacher to contact him if something special occurs, or if there are any further questions.

During follow-up conferences, the counselor and teacher review baseline data and the chart of the targeted behavior. They evaluate in detail the prescriptions that are being used to modify behavior, altering them as necessary. The counselor helps the teacher plan an intermittent reinforcement schedule when it is appropriate. Another follow-up meeting is scheduled. Observation, conferring, and planning may begin for another behavior which needs to be strengthened, maintained, or extinguished. The counselor tries to be alert to whether the prescriptive plan is manageable, given the classroom situation.

Some general remarks about conferences with teachers seem appropriate here. It is important to attend to practical arrangements because conference time is generally stolen from coffee breaks, lunch hours, or after-school hours, and is limited. A half hour is about the maximum amount of time that can be squeezed out of an elementary teacher's schedule. The limitation of time may be an issue to work out with building principals so that teachers are released in order to have conferences.

When the initial conference date is made, the counselor stresses the necessity for a half hour of clear conference time. Ideally, the follow-up arrangement is set up in such a way that classroom coverage is assured and the teacher does not lose all of his free time for the day. A quiet place with minimal interruptions is another essential to insure privacy to the teach-

and confidentiality for the student being discussed. Teacher lounges are public and do not serve well as conference locations. The counselor in a teaching situation for the consultee, remembers that modeling is a potent teaching method and is attentive to such details as time and place.

Although these remarks about consulting have been geared to working with teachers, they apply to parents as well. The Prescriptive Counselor may not be able to observe directly in the student's home. Then training the parents to do the observations is essential, and such training may be facilitated by the counselor and the parents co-observing the student in the school.

The Prescriptive Counselor's prescriptions includes the parent because without their cooperation, many behavior changes in the classroom are short-lived. Parents and teachers are hungry for concrete suggestions and materials to help them become more competent in their own eyes and thus willing to change and focus on the student's welfare.

The In-Service Education Function

The Prescriptive Counselor takes responsibility for providing in-service training workshops on various behavioral techniques, particularly targeting behavior, charting, and reinforcement principles. These are skills which will be called upon during consulting sequences. In-service training may also include a review of materials from the prescriptive resource center and how to use them through the prescriptions. He or she may offer workshops on conferencing skills or classroom management. Gelatt (1971) speaks in terms of giving away expertise, helping others learn how to help students. The Prescriptive Counselor considers the education of teachers and parents to be of great importance.

There are other benefits for the counselor in assuming responsibility for in-service education, as well as that of increasing his or her own skills.

Workshops permit the Prescriptive Counselor to establish his credibility, to school personnel in a non-evaluative atmosphere. If school administrators attend workshops, they will have a base on which to support teacher efforts with students and will understand how the counselor works in the Prescriptive Counselor role. In instances where an all-faculty workshop is not possible, a group of teachers may come together with the counselor to work on issues of behavior management. This is an opportunity to develop a teacher-counselor support group on the model of a Fredrickson Supportive Resource Team (Fredrickson, 1971) or Binkmeyer C-group, with a behavioral orientation (Binkmeyer, 1971), where techniques can be learned, teachers can help one another carry out observations, and a variety of perspectives can be exchanged on a particular behavior management problem.

The Resource Function

Because of red tape and budget delays, the teacher is often not in a position to identify and acquire books, games, or audio-visual materials which could be used with prescriptions. The Prescriptive Counselor is in a good position to establish and maintain a school-wide prescriptive materials resource center which includes all types of materials which focus on behavioral and attitude change. Teachers and parents can be served by a school-wide prescriptive resource center operated by the counselor and his staff. Part of the collection may include plans and materials for workshops (handouts, overhead transparencies, etc.). Adequate information on referral services outside of the schools is kept in the resource center. A directory of people skilled in certain techniques or who have materials they are willing to loan increases the resources available. Inviting parents and teachers to help review and select materials to be purchased involves more people in the PCM. The library or instructional materials center in the school may cooperate in housing the resource materials.

Qualifying to be a Prescriptive Counselor

The Prescriptive Counselor needs a wide range of skills and experiences. Experience as a classroom teacher sensitizes the counselor to many of the needs a teacher has for support, personal reinforcement, and resources. It also develops some of the teaching techniques necessary for designing and presenting workshops and other in-service training events. A background in learning theory and behavior modification is essential. Working knowledge of special education methods is useful, as is awareness of symptomatology that indicates need for referral outside the school. The Prescriptive Counselor also needs counseling and consulting expertise, the former primarily with children, the latter mostly with adults - and the ability to transmit these skills to others. Learning how to select, organize, and circulate materials from the resource center are other facets of the training program.

The background and training of a Prescriptive Counselor is a composite of all the preceding skills and others, all leading to being able to write prescriptions for individual children that will effectively change their behavior, thereby enhancing their own and others' learning experiences. Such a training program includes a field practicum or internship, observing, consulting, prescribing, and evaluating. At the University of Massachusetts (Amherst) a Prescriptive Counselor training program is being developed.

The Prescriptive Counselor Model has been utilized by the Learning Problems Laboratory for Small Schools in Western Massachusetts which is funded by the Elementary and Secondary Education Act (ESEA) title III through the Massachusetts State Department of Education. Preliminary results indicate the model is effective in changing student behavior. Teachers and principals also appear to support the Prescriptive Counselor Model to the extent that it helps them to be more effective in their own roles.

APPENDIX

A Prescriptive Counselor Model for the elementary school counselor has been developed and tried in Western Massachusetts Schools. The Model has three major functions, providing in-service training, developing prescriptive activities, and operating a prescriptive resource center. The focus is on the counselor helping the teacher and parent be more effective in changing the behavior of the child. Prescriptive units which contain practical suggestions and materials are provided for teachers and parents. Copies of a number of sample prescriptive units are available from the Learning Problems Laboratory, South Amherst School, Amherst, Massachusetts, 01002. Further work is continuing on the model. A graduate training program is being developed at the University of Massachusetts to implement the model in other elementary schools.

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