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ABSTRACT

This practicum addressed the self-concept and self-esteem problems of 10 upper elementary grade students with learning disabilities through development, implementation, and evaluation of a group counseling program. The program involved educating students about their learning disabilities as well as using counseling strategies which stressed student strengths and challenged their erroneous belief systems. The students were also given opportunities for reverse-role tutoring (in which students tutored first graders in reading). Role models were developed through the influence of an adult model with learning disabilities and a library project on famous historical figures with learning disabilities. Meetings were held with teachers, parents, and the children's regular education peers to provide information on learning disabilities and enhance the students' acceptance. Results from both standardized self-report measures and informal questionnaires showed that all 10 students demonstrated significant improvements between pretest and posttest in self concept and self-esteem. Reduced levels of anxiety and improved behaviors were also observed. Letters, questionnaires, and forms used during the practicum are appended. (Contains 39 references.)

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Enhancing the Self-Concept and Self-Esteem of Upper Elementary  
Grade Students with Learning Disabilities Through  
Counseling, Modeling, Reverse-Role Tutoring,  
and Parent and Teacher Education

by

Jerry Guindon

Cluster 43

A Practicum II Report Presented to the Ed.D. Program  
in Child and Youth Studies in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Education

NOVA UNIVERSITY

1993

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PRACTICUM APPROVAL SHEET

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This practicum report was submitted by Jerry Guindon under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

July 31, 1993  
Date of Final Approval of Report

Mary W. Stagg, Ed.D.  
Mary Stagg, Ph.D., Adviser

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## ABSTRACT

Enhancing the Self-Concept and Self-Esteem of Upper Elementary Grade Students with Learning Disabilities through Counseling, Modeling, Reverse-Role Tutoring, and Parent and Teacher Education. Guindon, Jerry, 1993: Practicum Report, Nova University, Ed. D. Program in Child and Youth Studies. LD Student Self-Concept and Self-Esteem/ Elementary/ Parent, Teacher and Student LD Education/ Adult LD Modeling/ Reverse-Role Tutoring/ Group Counseling.

This practicum was developed to address the self-concept and self-esteem problems that many students with learning disabilities (LD) have which become associated with their learning struggles. Through both teacher and student reports, the data indicate that these children generally feel incompetent and tend to view themselves with poor self-regard.

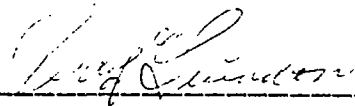
The writer developed a group counseling program at two elementary schools working with ten upper elementary school students who have LD and who reportedly had low self-esteem and some behavioral problems. The focus of the intervention was both educational and therapeutic. The students were informed about what learning disabilities are. They were provided with eclectic counseling strategies that stressed their strengths and challenged their erroneous belief systems. They were given opportunities for reverse-role tutoring. The use of an adult LD model and a library project on famous historical LD figures provided good identification roles for them. Further, instructional meetings were held with teachers, parents and the targeted children's regular education peers to provide information on learning disabilities in order to enhance the students' acceptance.

Results from both standardized self-report instruments and informal questionnaires confirm that both self-concept and self-esteem measures showed significant improvement between pre- and posttest scores. All of the 10 targeted children with LD improved their self-concept and self-esteem. Additionally, they also showed reduced levels of anxiety, and most showed improved behaviors.

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\_\_\_\_\_  
Jerry Guindon



## CHAPTER I

### INTRODUCTION

#### Description of Work Setting and Community

The writer is employed in two elementary schools located in a small New England city of approximately 29,000 residents. This city has historically been a center for trading and banking in the county. Its geographical location on Long Island Sound has made it into an important seaport for the distribution of oil and various cargo to other areas of New England. Long dependent on the military, the city is currently experiencing high unemployment due to federal cutbacks on shipbuilding. It has a private junior and senior college. The nearest state university is 20 miles away.

The city's racial and ethnic population has changed dramatically over the last 20 years. Made up mostly of Italian-Americans and Jews, the city became populated by immigrating Puerto Ricans and African-Americans from the South who were drawn here by the availability of employment and inexpensive housing. The current population is made up of approximately 55% blacks, 33% whites, and 12% Hispanics who are mostly Puerto

Ricans. The shift in population has brought with it a great change in its cultural and socioeconomic climate. Single parent homes predominate within the city. For the first time, this small city has found itself to represent a microcosm of the larger urban areas. No longer is it the orderly, thriving seaport composed of a fairly homogeneous population. In recent years, as an example, it has been experiencing a rising crime rate fueled by the desperation of many unemployed, poor, underprivileged groups who often risk everything to keep their families clothed and fed. Those who are fortunate enough to own a home and a car have found themselves in recent years facing soaring tax rates as the industrial base keeps dwindling away. Taxpayers, as a result, are burdened by levies to pay for increases in welfare, unemployment and educational costs. Most recently, a city referendum to approve the increase of \$450,000 in the Board of Education budget was soundly defeated by the taxpayers even though the increase would have meant only a \$35.00 per year tax increase to each taxpayer.

The city has five elementary schools, one junior high school and one senior high school. Due to low-income housing being concentrated in certain parts of the city, there is a large concentration of poor black and Hispanic families living there. Except for a centralized Hispanic bilingual program, busing has been enforced by the State Department of Education in recent years to effect an adequate racial balance in each elementary school.

### Writer's Work Setting and Role

The writer functions as a school psychologist in two of the five elementary schools in this city. He provides psychoeducational evaluations, collaborative consultation and student counseling. His other duties include being a team member of various committees, including Staff Development, School Discipline, Child Study and Planning and Placement. Moreover, the writer conducts parenting groups with the help of a social worker.

The writer has targeted two elementary schools for this program that have approximately 800 students with a racial-ethnic diversity of 52% African-Americans, 38% whites and 10% Hispanics. One of the schools is the newest of the kindergarten-to-sixth grade schools and is situated in the wealthiest section of the city. Besides regular classes, it houses a birth-to-five year preschool program, a centralized educable mentally handicapped program, a cooperative kindergarten special needs program for the developmentally delayed, a half-day special education class and a learning disability resource room. The other elementary school is situated in a poorer section of the city. It also has a regular K-6 program but additionally includes a Hispanic bilingual program, two half to full-time special education classes and a learning disability resource room. Both schools also participate in a Chapter 1 program for remedial help to the underprivileged students.

At one of the two schools, the administration and staff have been proactive in their implementation and support of innovative programs. Two years ago, as an example, the school principal volunteered to undertake a breakfast program for needy students as a pilot project that has since grown to include all five elementary schools. A curriculum-based early intervention project was begun a few years ago which provided immediate help to students with learning problems and which helped to lower the special education referral rate. The writer implemented an in-school suspension program at this school last year that reduced home-bound suspensions thereby providing continued instruction, rehabilitation, reduced recidivism and safety to at-risk children. The program continued this year with grant funding acquired by the writer from a local business to supply staffing for the in-school suspension room. Along with another elementary school, this school has received a Primary Mental Health Project grant for establishing a counseling program for at-risk youngsters that began mid-year last year and which continued through the 1992-1993 school year. The Regular Education Initiative began last year in all of this city's schools for the optimum inclusion of special education students within the mainstream. The goal for the schools is to make these students feel as normal as possible despite their physical or learning differences. Finally, the school principals at both schools are fully supportive of this writer's program that was implemented this 1992-1993 school year of helping educationally and behaviorally at-risk students with learning disabilities become more knowledgeable about their

learning difficulties and to help them find ways to feel better about themselves.

## CHAPTER II

### STUDY OF THE PROBLEM

#### Problem Description

Many children with learning disabilities (LD) typically develop a poor self-concept and a diminished self-esteem that interfere with their psychological functioning and school adaptation.

Many of these children with LD are confused about their academic struggles and they tend to view themselves as incapable and dumb. Many have experienced some failure in achieving competency in some realm of academics for two to three years before being diagnosed and given services. This lapse of time has helped to reinforce their false beliefs about their competency. Lacking information about their learning disabilities, they tend to have a distorted view of their learning problems and exaggerate their meaning. They tend to generalize their specific learning difficulty to other cognitive and social areas, and they often see themselves as having no other intellectual, creative or social assets.

Moreover, some children with LD develop feelings of poor self-worth because they tend to feel so frustrated by their lack of ability that they develop feelings of personal dislike. As they inevitably compare themselves to their peer group, they feel unsuccessful and discouraged. Often the overwhelming pressures cause them to try to cope by acting out through school misbehaviors. Even inappropriate attention-getting behaviors tend to become rewarding as an ego-salvaging coping strategy. However, feeling that they are failures both educationally and socially, they become alienated by their peers. Through a sense of despair, it is not unusual for children with LD to become anxious due to their conceptual misperceptions and poor self-regard that act to immobilize their learning. In time, they develop a sense of helplessness due to their academic inadequacies and feelings of inferiority that take their toll on their self-esteem.

In brief, many children with LD have misperceptions about their learning problems which distort their view of their disability and they tend to develop poor self-esteem. They become confused and they generally see themselves as inferior and incapable of learning. Through generalization, children with LD may often fail to recognize their assets and they do not view themselves as being successful in academic or other areas. Moreover, these children may become anxious through their social and cognitive frustrations which hinders peer bonding and learning. Through their developed feelings of inferiority, they often develop a sense of helplessness and they often give up trying.

### Problem Documentation

Evidence of this problem comes from the writer's personal observation as well as teacher interviews and questionnaires.

The writer has observed classroom behaviors of many children in the course of his work as a school psychologist, and he invariably has found some students with LD exhibiting school misbehaviors, such as being impudent and generally acting out. Moreover, these children at times may be impulsive, unable to sit still and lack good concentration. Many will generally give up easily on assigned tasks despite the extra help given them. During lunch and recess, they tend to be loners as they sit and play with very few friends. Many of them do not appear happy.

The writer has counseled some children with LD in the past due to behavioral referrals and they generally have many misperceptions of their learning disabilities as well as showing reduced self-regard. Typically, these children view themselves as inadequate, unable to learn, and as one student with LD said to the writer last year: "I'm dumb and nobody likes me." They also tend to generalize their specific learning problem to other academic areas, such as being a poor reader might also make them necessarily poor in writing or in calculating. On the whole, they appear to lack much basic information about their problems, feel sad and become pessimistic about their future social and academic success.

Interviews with teachers along with teacher behavioral questionnaire results suggest that there are problems suggestive of



the presence of inadequate self-concept and self-esteem in children with LD. Regular fourth, fifth and sixth grade teachers who have children with LD partially mainstreamed and two LD resource room teachers were interviewed and asked about their opinions on the children with LD that they were servicing. While some of their students with mild learning disabilities were coping adequately, all teachers were able to identify those children with LD who were not adapting well to their classes in a variety of ways. They described these children as being confused much of the time, not being on task, unable to concentrate and wanting to give up easily. Further, they appeared unhappy, uptight, unable to make friends easily and they were described as loners. Moreover, these students often became behavioral problems and were periodically sent to the principal's office.

Six regular education teachers from the fourth, fifth and sixth grade and two resource room teachers who service students with LD part-time at two elementary schools filled out the Behavior Questionnaire devised by the writer (Appendix A) on 21 students. Questions were designed to elicit affective, social and educational characteristics on the students with LD they serviced. Eleven of the 21 students were judged to be adapting fairly well except for academic struggles. The ten other students with LD who were from a fourth and a fifth grade had "N" (for no) marked by their teachers on all six characteristics listed on the questionnaire. The questionnaire asked if the students they were describing were friendly, happy, good in groups, had good behaviors, learned well and seemed

positive. Interestingly, the LD teachers agreed unanimously with the same behavioral characteristics the classroom teachers found on all ten youngsters. These ten identified youngsters became the focus of this practicum.

In summary, the evidence presented suggests the possible presence of a poor self-concept and a low self-esteem in some children with LD because the teaching staff and the writer have personally observed their inability to function adequately in a number of ways in school. They seem to lack information about their learning problem so they appear to distort facts and generalize their own educational shortcomings. They fail to see much positive in their world-at-large. The facts indicate that they tend to misbehave, appear confused, frustrated, lack concentration and have a sense of helplessness. They also tend to be loners in peer relationships and they generally appear unhappy.

#### Causative Analysis

The writer feels there are many reasons children with LD develop a poor self-concept and a low self-esteem. Many of these children are basically confused about their learning disabilities as they have no knowledge that would help them understand why they struggle so academically. They view themselves as incapable of learning in other areas as well. They neglect to understand that a limitation in one area does not mean that other skills, such as other academic areas, arts, creative and gifted abilities may also be

deficient. They generally do not like themselves very much because they view themselves as failures in comparison to their more successful peers. They feel frustrated and act out as way of coping by diffusing anger and anxieties over their shortcomings. Further, classroom misbehaviors tend to be motivated through attention seeking which becomes rewarding. As their disabilities make them feel inferior, they isolate themselves from their peers in activities and friendships due to poor self-worth and self-regard. They feel they are not good enough to socialize with their peers. Further, most learning disabilities contain some perceptual dysfunction. This may also cause some children with LD not to interpret social situations accurately. Their disabilities, in fact, may preclude them from fitting well in peer groups.

#### Relationship of the Problem to the Literature

The literature reveals research support for the existence of an inadequate self-concept along with a low self-esteem in children with LD. The problem is viewed by the authors from a variety of perspectives, but their consensus notably includes the existence of a faulty perception in these children. In turn, this often leads to an inadequate self-concept that may partially affect reduced self-esteem. Their inability to learn well leads to frustration with resultant poor self-regard. Moreover, the literature adds that these children's poor reasoning skills cause them social alienation from their peers, and they tend to develop an external locus of control.

Their ongoing academic struggles and poor interpersonal relationships may also result in anxiety states causing these children to dread their school life. They often feel helpless and want to give up. Teachers, parents and their peers may unwittingly contribute to their poor self-image.

The literature draws a semantic distinction between self-concept and self-esteem that is important to make as we consider the problems of children with LD. Blyth and Traeger (1983), as an example, feel that both terms are not synonymous as they mean two different things, although some contend that very little difference exists between both constructs. Self-concept, they feel, refers more to the image one has of oneself and is therefore a "descriptive" term (p. 91) which denotes the values and attitudes a person has. Self-esteem, on the other hand, is a more "evaluative" construct (p. 91) which adds an emotional tone to those attitudes. Children with LD, as an example, may attach certain beliefs, values and attitudes about themselves that may be an erroneous self-concept in some cases. How they feel about themselves, as they evaluate their academic weaknesses, as an example, may result in a pessimistic outlook with resultant feelings of lowered self-regard and self-acceptance.

Burka (1983) also agrees with this dichotomy viewing the self-concept, in essence a cognitive element, as a way that children with LD think about themselves that may often turn out to be distorted points of reference. Self-esteem, on the other hand, has more to do with affective considerations and is determined in how

these children psychologically react to their circumstances through their emotions. The author stresses the need to consider self-concept and self-esteem as separate issues in trying to understand the problems of children with LD. Is there an interrelationship between them?

It would make sense if we examined the constructs of self-concept and self-esteem and found a strong correlation. Children with LD, as with any child, establish certain beliefs and values that drive attitudes that make up the concept of who they are and how they feel about who they are. Heyman (1990) found in her studies of 87 children with LD from the third to the sixth grade that academic self-concept and self-esteem were indeed causally related. The self-perceptions these youngsters had about their learning disabilities influenced greatly their academic competence. The problem children with LD possess is found in having a faulty perception of their disabilities that tends to exaggerate their condition. They become confused as to who and what they are and they unrealistically feel poorly about themselves. This usually leads to a chain reaction where faulty perceptions eventually lead these children to personal and interpersonal maladaptive behaviors. How do these children develop such false perceptions?

While it may be argued that it is inherent in human nature to think worse of certain negative situations than is actually the case, children with LD may not be any different, and, indeed, their disabilities may preclude them from holding more rational and optimistic views. Pearl and Bryan (1982) found in their studies of

fifth, sixth and seventh grade students with LD that they generally showed equally good motivation toward good behavior as their nonhandicapped peers but that other factors interfered with their sociability. As an example, the authors found that children with LD typically have perceptual problems that make it difficult for them to problem-solve social relationships well. They felt that these children typically cannot figure out what to do in their social circles although they basically have the desire to fit in.

Grolnick and Ryan (1990) also compared students with LD to nonhandicapped and low achieving students on self-concept dimensions. They found that children with LD perceive themselves to be less academically capable than other students with the same IQ who are achievers, although they found no differences in academic self-perceptions with the low achievers. Poor self-regard and self-worth, moreover, were also found in other low-achieving students due to their continuing struggle with learning. All children who find themselves in an academic failure cycle at school tend to develop poor self-worth that ultimately leads to lower self-regard. If children do not think they have much value, they will naturally feel less able to like themselves.

While being academically competent naturally drives feelings of self-esteem, Renick (1985) found that criterion not to be as important in motivation as how well they perceived their intelligence. The author examined the motivation of 90 children with LD in grades three to seven. She concluded that the children with LD who do not become motivated to learn may not have the self-concept

of being smart. It is more important for them to have this concept than to feel competent at any one academic task. Additionally, the author found these children to have poor internal controls over their actions as they tended to attribute their problems to external sources.

Attributing one's problems beyond one's control serves as an important coping mechanism for children with LD in that they can relegate the responsibility of the outcome of their failures to external sources. Rogers and Saklofske (1985), as another example, studied children with LD and determined that their major problems generally revolve around having a poor self-concept, a high locus of external control and poor achievement expectations. In their comparative study of 45 children with LD, the authors conclude that the impact of continued school failure has a detrimental effect on their expectations which lead to "negative affective characteristics" (p. 276). Ultimately, these children develop a sense of "learned helplessness" (p. 277) and end up coping with their frustrations by not exerting sufficient academic effort.

Chapman and Boersma (1979) studied the self-perceptions of 81 children with LD in grades three to six and compared them to controls. It appears that the educational and social struggles that originate in the early primary grades create a negative additive and cumulative effect on their self-concept and self-esteem. They determined that children with LD develop low self-perceptions of ability by grade three and, concomitantly, a poorer outlook for future academic success. As with previous authors cited, they agree that

children with LD have a strong external locus of control along with their negative self-perceptions. This allows them to cope by attributing their problem to others and becoming irresponsible.

Children develop their mental status of who and what they are from their whole environment, not just the school. Their self-concept and modes of psychological functioning and adjusting to their world are influenced largely by their families, teachers and peers.

Children with LD, in particular, become inadvertently molded to take on an external locus of control by their well-meaning special education teachers. Rogers and Saklofske (1985 ), as an example, state that these teachers are "overzealous of praise" (p. 276) in dealing with children with LD and others. Praise and token reinforcement are typically the hallmark of behavior modification when appropriately used. However, this overuse of rewards and praise by well-meaning teachers keeps these children from developing a more internalized motivation to perform behaviorally and academically better. External rewards without proper gradual extinction of reinforcement make these children so dependent on the "carrot" that they often fail to make the necessary internalization shift that develops the responsibility to improve their conduct and learning for its own ego-satisfying sake.

Regular education teachers as well may add to the problem if they treat students with LD so differently because of their disability by showing them little respect and with low academic expectations (Rosenthal & Jacobsen, 1968). Social comparison



theory has long held the concept that self-worth springs from a favorable comparison of oneself to others, and that significant people, such as teachers, have a profound influence on students' perception of how successful they are (Battle & Blowers, 1982). This impact is evident in a study by Carroll and Friedrich (1984) who found that teachers' perceptions of academic self-concept of their mainstreamed children with LD matched the students' own faulty self-perceptions.

The family has also been found to perceive their children's learning problems more pessimistically. In a study by Coleman (1984), mothers' perceptions of their children's self-concept were even worse than the children's own self-concept of their disabilities. Interestingly, mothers who had children without LD tended to exaggerate their children's self-concept. Stone (1984) also examined the self-concept of children with LD and found that their families' perceptions correlated well with their children's low self-concept. Moreover, children who fail to develop positive self-perceptions and evaluations do so because of three antecedents that failed to take place (Coopersmith, 1967). Their parents failed to show them acceptance, respect and provide "clearly defined and enforced limits" (p. 236).

The learning environment has a great impact on the self-concept of children with LD and their resultant self-esteem. A longitudinal study showed that these children's senses of belonging and self-worth may be damaged when they are mainstreamed full-time (Battle & Blowers, 1982). In another study, Bear, Clever &

Proctor (1991) found that mainstreaming children with LD reduced their self-perceptions of competence and conduct. Further, Chapman (1988) agrees that long-standing academic struggles take their toll on these children's self-concept. He also found that when they were identified and placed for services, the mainstream did not increase their self-concept at all.

Students with LD also have much difficulty with peer relationships. Bursuck (1989) found, as an example, that while children who are low achieving have poor social ratings among their peers, children with LD scored even lower in social acceptance ratings apparently due to the fact that they tended to be more disruptive in class. In another study of peer acceptance (Fox, 1989), significant differences were found between social acceptance of children with LD and their nonhandicapped (NH) peers. The author found that children with LD tended to accept their NH peers, while NH children rated their LD peers much lower in acceptance.

Dickstein and Warren (1980) found that children with LD tended not to socialize well with their peers because of role-taking deficits. The authors compared 38 children with LD with NH controls and found the former consistently performed poorer on role-taking tasks. They feel that these children cannot easily become empathetic because they have some difficulty taking someone else's perspective well. In order for children to socialize well and make friends it is important for them to be sensitive to others and to be able to interpret social situations well. Predictably, they found that the younger the child was, the greater the role-taking deficit.

In summary of the problems with the development of self-concept and self-esteem of children with LD, the literature finds that these children do develop negative self-perceptions which impact on their feelings of self-worth, self-acceptance and self-regard. The negative self-image they develop creates anxieties that further prevent them from learning. Some authors feel that many of these children are unable to feel good about themselves and this becomes a self-fulfilling prophecy. They have social role-taking deficits. Their school placement, teacher expectation, class treatment and peer denial all add to their dilemma. Further, these children's families tend to have similar if not worse negative perceptions of them which compounds their plight. How can they feel good about themselves and develop an optimistic outlook if so much of their world is non-supportive?

## CHAPTER III

### ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

#### Goals and Expectations

The goal of this implementation was to have the targeted students with learning disabilities obtain a more accurate concept of their learning problems and feel better about themselves through demonstrating more appropriate behavior and better academic performance.

#### Expected Outcomes

The targeted students with LD would:

- 1. be more knowledgeable about learning disabilities.
- 2. view themselves as intelligent.
- 3. feel better about themselves.
- 4. feel less anxious.
- 5. learn better.
- 6. behave better.
- 7. socialize better.
- 8. be more optimistic of their future.

### Measurement of Outcomes

An accurate log was kept all school year which contained all pertinent information about the targeted students, their teachers and their parents. As an example, the students' specific learning disability was recorded in the log, including the year identified and serviced, who their teachers were and the socioeconomic status of the family. Schedules of interventions and meetings were additionally recorded. Measurement data of informal questionnaires, standardized pre and posttests and intervention information was recorded. Data collection was felt to be an important aspect of the plan in order to try and control for as many variables as possible.

As mentioned earlier, an initial screening instrument, the Behavior Questionnaire, was devised by the writer to be filled out by involved teachers as an informal inventory to assess preliminary program eligibility.

Specific standardized measures that were used on the targeted students were chosen to help assess what their self-concept status was and how anxious they felt. Pre and posttest measures were obtained in order to measure change. One self-report instrument, the Multidimensional Self Concept Scale (Bracken, 1992), was used as an instrument which provided a measure of social, competence, affect, academic, family and physical dimensions of the self-concept. This instrument gave the students the means to describe their feelings about themselves and others, including their feelings of being

intelligent, being good in school behaviorally and academically and their sociability with their peers, among other things.

The Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985), was the other standardized self-report instrument which provided a measure of anxiety based on the students' self-perceptions. This instrument measured the students' level of physiological anxiety, worry and oversensitivity, and social concerns and concentration. This instrument was felt to be ideal as a way of measuring pre and posttest changes before and after the intervention.

It was felt necessary to use only the total scores of each of the two standardized instruments with which to measure pre and posttest changes in self-concept and anxiety for statistical analysis. While individual data listing the pre and posttest changes would be recorded and reviewed, it was felt that a group test analysis of all ten students' pre and posttest means would provide meaningful program data.

It was decided to calculate means, standard deviations and a t-test for determining statistically meaningful group changes by which to determine whether progress had occurred in their self-concept and self-esteem, as well as anxiety reduction, following the year-long counseling intervention. Positive changes would indicate that some of the targeted students' expected outcomes would be met in that they would now view themselves as more intelligent, feel better about themselves, learn better, socialize better, behave better and feel less anxious based on their own self-reports.

Post-intervention questionnaires and rating scales were developed by the writer to help judge program effectiveness. The Teacher Posttest Rating Scale would help to confirm whether the students' expected outcomes had indeed been met by showing whether they were actually improving behaviorally, socially and academically, and whether they seemed happier following the year-long intervention. The Student Posttest Questionnaire additionally provided the needed input to help determine whether the targeted students felt more knowledgeable about learning disabilities and whether they felt more optimistic about their future at the culmination of the program. They also reported on their perception of their intelligence, their capability to do better in school and on how they felt about themselves.

Moreover, classroom observations took place, interviews were conducted with the selected students and their peers, and comments were sought from their teachers and parents. Any findings and changes that occurred were noted.

In summary, pre and posttest standardized tests, post-intervention questionnaires and rating scales as well as observations and interviews all were deemed sufficient to help determine whether the expected outcomes had been met and the success of the intervention realized.

## CHAPTER IV

### SOLUTION STRATEGY

#### Discussion and Evaluation of Solutions

Inadequate self-concept and reduced self-esteem notably take their toll on the ability of children with LD to adapt well in school. They often show signs of being unhappy, anxious, lonely and helpless, and sometimes through their frustration, they act out and become discipline problems. The literature suggests that the way to help these youngsters overcome their self-concept and self-esteem problems is to provide them with a holistic, therapeutic approach which involves the child, the school and the home environment. Strategies proposed by the authors involve providing LD information, counseling to help reduce anxieties and improve self-regard, modeling, reverse-role tutoring and peer, staff and parent education.

An important philosophical underpinning of this intervention is that the writer agrees with the need to consider both the self-concept and the self-esteem as separate but interrelated constructs (Bear, Clever & Proctor, 1991; Blyth & Traeger, 1983; & Burka, 1983). In this regard, the purpose of instruction about LD and other



supportive activities served as a building block toward the construction of a better self-concept, while the eclectic counseling approaches focused more on their getting to feel better about themselves because they would then know more positive things about their abilities and potential for success.

Children with LD need information about their disabilities in order to improve their self-perceptions so they can view themselves in a more realistic light and not feel helpless and hopeless. Heyman (1990) agrees with other clinicians that these children can improve their perception if "their interpretation of the disability is understood and clarified" through counseling (p. 474). She states that knowledge about their problems can enhance their academic self-concept and self-esteem, and she calls for some longitudinal studies to further support her thesis.

In an excellent review of the emotions of children with LD, Burka (1983) stresses that, in counseling and teaching them, an important focus needs to be made of their perceptual limitations. Children with LD need unambiguous messages that need repeating and which require verbal feedback to effect understanding. These youngsters need to express their feelings and receive clarification in both their class settings and in counseling. The use of concrete approaches, such as videos and role-playing, in explaining and demonstrating concepts and feelings, is important for them to understand their problems better.

Counseling children with LD who have role-taking deficits, as found by Dickstein and Warren (1980), requires getting them to

change egocentric behavior by teaching them to take on others' perspectives. Through role playing exercises which builds empathy, children can learn about other children and how they can have different social and affective perspectives. Through understanding this, children with LD will increase their ability to socialize and make friends.

The learning motivation of children with LD can be promoted by imparting upon them a more intrinsic orientation. Renick's (1985) studies indicate that because these children "rely more on their environment" (p.10) than NH children, it behooves teachers to become sensitive to this and treat them as normal as possible. Further, counseling children with LD will help eliminate their misperceptions if they can be made to feel intelligent rather than being good at some specific academic task. This is consistent with the fact that these children are smart yet have problems in some area of learning.

As social acceptance is a strong determinant in how children with LD perceive their sense of belonging, it is important that counseling approaches impart them with information on social skills building (Fox, 1989). She states that using strategies which embody modeling techniques while emphasizing problem solving have worked well. Further, educating NH peers about children with learning disabilities creates empathy in regular students and understanding becomes reciprocated.

Many authors concluded that children with LD often became anxious because of their limitations which tend to further immobilize their learning and socialization. Counseling techniques

to help them by alleviating their discomfort through stress reduction are suggested (Jones, 1985; Margalit & Zak, 1984; Patten, 1983).

Omizo and Omizo (1987) particularly recommend the application of relaxation training to small groups of children with LD, and to incorporate role playing as an effective modeling technique to help ameliorate stress and anxiety.

Amerikaner and Summerlin (1982) also suggested relaxation training for children with LD as they tend to become agitated at times due to academic and social demands. They feel that the relaxation programs work best if they are "structured and sequenced" (p.343). Loffredo, Omizo and Hammett (1984) also concur that relaxation training is helpful for children with LD, and they have found it effective particularly for off-task, inattentive and hyperactive boys.

Another solution described by the literature to enhance the social, affective and educational domain of children with LD is to have these children use reverse-role tutoring (Osguthorpe, et al., 1985). This allows children with LD to tutor regular children in the lower grades. The authors had 39 fourth to sixth grade children with LD tutor regular first graders in reading. Their results showed that the reading scores of the children with LD went up and their social acceptance and academic perception increased compared to nontutors. Results indicated that these children gained a sense of competence and a resultant pride of accomplishment by teaching what they know to younger children.

The environment of children with LD often contributes to their overwhelming dilemma and precludes their acquisition of a better self-concept and an improved self-esteem. Ecological solutions to help overcome these problems come from both the school and home. As an example, does class placement affect these children, and do parents support their children who have learning disabilities?

Proponents for full-time mainstreaming through the Regular Education Initiative (REI) try to argue convincingly for its presence which is felt will help special education children become full-fledged, participating members of a classroom (Skrtic, 1991). Chapman (1988) could not find any increase in the self-concepts of children with LD when they were mainstreamed, however, and felt that class placement was fairly equivocal. Many others, moreover, argue that special education class placement can have a beneficial effect on the self-concept and self-esteem of children with LD as well as other special education children. Battle and Blowers (1982) feel that the solution to increasing the self-esteem of children in special education classes is to keep them in their special settings, at least part-time, where they do not have to constantly competitively compare themselves to regular students. Their comparative study of 158 boys and girls with LD showed higher self-esteem and perception of ability scores than those mainstreamed full-time. The stress is made in their research, however, that only part-time resource help is beneficial and keeping children with LD full-time in special classes might undermine their self-esteem.

These findings are additionally supported by Bear, Clever and Proctor (1991) who were able to show in their comparative study that mainstreaming children with LD was counterproductive to their self-concept and self-esteem, in effect challenging the REI assumption. They suggest also that children with LD need their special setting on a part-time basis as they are "less likely to develop perceptions of themselves as exceptions or failures" (p.424).

Another important solution to helping youngsters with LD feel better about their learning differences is to change negative teacher expectation (Battle & Blowers, 1982; Carroll & Friedrich, 1984; Rosenthal & Jacobsen, 1968) into a positive framework which becomes facilitated through education and consultative approaches. It is difficult for these children to cope with their disabilities. They need understanding teachers that will purposefully support their every class effort while downplaying their obvious limitations. Making teachers more aware of their possible bias toward children with LD (and others) would increase their sensitivity on the issue.

Finally, parental involvement is a strong key to boosting their children with LD's self-image and self-regard. As noted earlier, parents also have a negative perception of their children who have learning disabilities. It is important to educate them by providing information about their children's learning differences and to suggest ways to increase their child-rearing skills. As an example, Hammett, Omizo and Loffredo (1981) used the Systematic Training for Effective Parenting (STEP) program as a supplementary approach to helping parents with children with LD understand how to deal

with their charges. Importantly, many of the negative attitudes that the parents had changed as they began to understand their children more. This better acceptance of their children with LD created a turning point in these children's self-concept development.

Stone (1984) concurs that there is a strong need to change negative family perceptions which do the most damage, in her estimation, to a child's self-concept. From an "ecological perspective" (p. 43), Stone strongly advocates changing all of the adult caretakers' points of view about learning disabilities and making them more informed.

Finally, children with LD need to learn about prominent, famous people who themselves had learning disabilities and be viewed as exemplary role models (Fox, 1984; & Waldron, Saphire & Rosenblum, 1987). People like Einstein, Thomas Edison, Woodrow Wilson and many others had distinct learning disabilities which did not preclude them from becoming important and famous scientists, inventors and statesmen.

#### Description of Selected Solution

The writer agrees with much of the literature about the presence of poor self-concept and low self-esteem in children with LD and with the solutions cited to help counteract the problems. The solutions selected are holistic in nature in that they involve creating changes from within the children's inner selves as well as in their world-at-large. Children with LD need to change their

perception of themselves. They will learn to view themselves as bright and capable youngsters with relatively minor learning differences of which they need not feel ashamed. Moreover, they will learn to like themselves as, without self-love, they will lack the drive, ambition and care that it takes to strive harder to learn. They will gain new insights into who and what they are, and to know how others with similar problems have coped and overcome. They will adopt new role models by learning about famous people and ordinary people who were able to overcome their learning disabilities and become successful. Their school and home environment will also become more supportive as their teachers and parents become more knowledgeable about them.

What was first attempted was to inform the school, the home and the children about this plan to help enhance the self-concept and self-esteem of the selected children with LD.

The principal of the school and the teachers were approached at the end of the last school year for their comments and suggestions. As already mentioned, teachers in the fourth to sixth grade have filled out a Behavior Questionnaire devised by the writer (Appendix A) in order to help find partially mainstreamed students with LD who were at-risk emotionally, as they appeared to lack self-esteem, and behaviorally, as they may have been difficult to manage and at times referred for disciplinary action. Ten students with LD from out of a possible 21 were identified from two different elementary schools, and they became the targeted fourth

and fifth graders for the intervention during the 1992-1993 school year.

Parents were next notified of this proposed program and their permission sought for their children's participation in it. Further, the parents were asked to become part of a group with a common goal of information gathering and sharing as well as problem-solving child-rearing issues. An audio tape presentation, "The Survival Guide for Kids with LD" (Fisher & Cummings, 1990) helped provide information to the parents. Another program, "Project Heroes" (Wurtzell, 1985) developed by the Churchill School and Center for Learning Disabilities in New York which uses video interviews of famous learning disabled people as part of its presentation, also was used with parents. The parent education group met at the school, late afternoon for at least a one hour duration, four times during the year.

The selected fourth and fifth grade students with LD were interviewed and informed about this special program. The students were given pre and posttests of the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985) and the Multidimensional Self Concept Scale (Bracken, 1992) in order to acquire standardized data of total anxiety and total self-concept measures.

The children were counseled each week for 30 minutes in a group session for seven months. The counseling was eclectic in nature, but for the most part Rogerian techniques were used giving these children reflective listening approaches and shown total respect in an accepting and democratic setting. However, some more



directive strategies like Rational-Emotive Therapy (RET) (Ellis, 1973) were also employed on occasion to help in clarifying thoughts, feelings and actions as they related to their established belief systems. Bibliotherapeutic strategies through their readings from "The Survival Guide for Kids with LD" (Fisher & Cummings, 1990), a book they were given by the writer, was used and lessons developed from each chapter. That program's audio tape was also used. Two video tape presentations, "Self-Esteem Tips for Special Needs Children" and "The Kid's Guide to Self-Confidence" (The Guidance Club for Kids, 1992) were shown and discussed. Structured hands-on activities were used to help these children better understand their self-concept and self-esteem in a wide enough variety to enhance their comprehension. The students developed interviewing skills and had a live interview with a successful adult who had LD while in school. As already mentioned, another important core of the counseling centered around the Churchill School's "Project Heroes" concept where the all students viewed the video tape. They were additionally responsible for a library project researching a famous person who had a learning disability while growing up and reporting on it to the group.

The writer addressed four regular fourth and fifth grade classes to which these students belonged on the topic of children with learning disabilities to make them more aware of how bright many children with LD happen to be, yet through no fault of their own, may struggle in a particular academic area. This provided

information to regular education students whose purpose was to instill understanding and empathy for their less capable peers.

The writer addressed all classroom teachers during a scheduled staff meeting and he provided information and encouraged discussions on learning disabilities. Specific eligibility guidelines on the need for at least an average intelligence and the discrepancy formula by which these children qualify for services were stressed. Negative teacher expectation was tactfully addressed as a possible contributor to lowered self-esteem in children with LD. The use of the "Project Heroes" video program was also used whose goal was to help them better realize that these special needs students can become successful.

The writer asked the learning resource room teachers to supervise reverse-role tutoring assignments given to the targeted children with LD. With the cooperation of first grade teachers, these fourth and fifth graders with LD were matched with regular first grade students and were given the responsibility to teach struggling readers how to read. This strategy was used to help in boosting the children's own sense of academic efficacy and pride.

Observation data on the selected children was gathered by the writer in their special and regular education classes as well as in group sessions. Ongoing comments from teachers and parents were sought and logged.

### Report of Action Taken

Action on this plan began in June, 1992 at one elementary school and in September, 1992 at the second elementary school. Both school principals gave permission for carrying out the group self-esteem counseling program, and both LD resource room teachers agreed to coordinate the time required for the group sessions. At that time, a Behavior Questionnaire (Appendix A) was completed by four regular classroom teachers and two special education teachers on 21 students with LD who were partially mainstreamed. Based on the results of the questionnaire, ten students with LD, aged 10 to 12 years of age, five from each school, who were deemed to be at risk for poor self-concept and low self-esteem were chosen for the proposed program which began at the end of September, 1992, after obtaining permission from each child's parents (Appendix B).

An ongoing log was developed during September, 1992, and was used to maintain an accurate accounting of all pertinent events with the school staff, parents and students during the school year. Additionally, all personal and demographic data on each student was logged which contained their names, age, school history, special education information, teacher's name and family status. Dates of student counseling sessions and parent meetings were kept and meeting outcomes and unusual events were recorded. Raw data of all informal and formal assessments were added.

A conference room located across the hall from the LD resource room was used for the weekly group sessions at one school with the targeted children with LD and with the parent groups. The room has a blackboard and a large oval-shaped table which facilitated discussions. At the second elementary school, the resource room itself was used for both student and parent sessions and it had three blackboards, many student desks and a teacher desk. Audio-visual equipment was available at both schools for audio tape and video tape presentations.

The first of four meetings with parents took place at the end of September, 1992 at both schools. Only six parents showed up. They were told about the goal of the program, given clarification information on learning disabilities and their cooperation was sought for the year-long intervention. Three other parent meetings were interspersed throughout the year. In order to increase parent participation, home telephone calls were made and mailed invitations were sent. Additionally, the students receiving counseling were told to remind their parents of an upcoming meeting. Parent communication was felt important to the success of the program. A letter were sent to them about ongoing progress and upcoming events (Appendix C ). In January, 1993, seven parents attended. The "Project Heroes" (Wurtzell, 1985) video presentation was made and discussions followed with special emphasis on the need to be supportive and not give up on their child despite the learning hardship. If others can be successful, their children can too, became the strong message to the parents. Only four parents came to

the third meeting held in March, 1993. An update on their children's program was reported by explaining to them what activities their children had been involved with and what apparent progress appeared to have taken place based on personal and teacher observation. It was decided to send an informative letter to all parents following this meeting to ensure all parents were informed about the ongoing activities. The last parent meeting took place in May, 1993 at each student's formal annual review when all parents were informed about their children's academic progress. This provided a unique opportunity for the writer who participates at all special education annual reviews to address each group of parents on their children's self-concept and self-esteem goals as well as their educational progress.

At the second staff meeting of the year, the writer lectured all teachers and aides at both schools on the subject of learning disabilities. Current LD identification guidelines were described, and a particular emphasis was made in portraying students with LD as generally bright but unable to learn in one or more particular areas due to processing difficulties. Additionally, teachers were sensitized to the plight of the LD learner and the need to boost their morale when they experience learning difficulties. The group self-esteem program was described to them and their cooperation was sought for its implementation.

Classroom observations were made three times during the school year at both schools with the goal of judging peer interaction and general classroom behavior. Additionally, the students were

observed numerous times on the playground, occasionally in the cafeteria and often in their resource room.

The ten targeted students were counseled 28 times during the school year for 30 minute sessions with the participation of their special education teachers. The counseling sessions took place at 8:30 AM on Tuesdays at one school and at 12:30 PM on Wednesdays at the other school. The presence of the resource room teacher during counseling at each school was felt important as the students related well to them and the teachers knew their charges extremely well. During the counseling sessions the teachers helped with behavioral management, test-taking activities, setting up audio-visual equipment and with support in counseling approaches.

It was felt that obtaining standardized self-report measures on the students' level of anxiety and self-concept before and after the group counseling intervention would provide a comparison with which to judge the efficacy of the program. The Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985), with the questionnaire titled "What I Think and Feel" was used as a measure of physiological anxiety, worry, and social concerns and concentration. This instrument was used due to its excellent standardization sample of almost 5000 children, aged 6 to 19 years of age, showing good cross-representation, validity and reliability. The authors feel that anxiety is a particular concern with children who struggle academically. The second standardized pre and posttest instrument that was used was the Multidimensional Self Concept Scale (MSCS) (Bracken, 1992). This instrument was used as a self-

report measure of self-concept involving children's perception of their social, competence, affect, academic, family and physical domains. It has been standardized on 2500 children from 9 to 19 years of age, and has good cross-representation and sound validity and reliability data. Pretesting began during the second group meeting and the children were again tested on the same measures the next to the last class meeting. The students were separated during testing to prevent their copying from one another. The special education teachers and the writer read the questions to the students in order to help explain the meaning of some questions that may have been confusing to them. Pre and posttest results were tabulated and will be reported in the next chapter.

Additional questionnaires were developed by the writer in order to elicit additional impressions from both teachers and students on the expected outcomes of the program. During the last week of the intervention, the four regular and two special education teachers were asked to rate each targeted student on the "Teacher Posttest Rating Scale" (Appendix E). They rated the ten children by marking Yes, No or N/C (no change) on the behaviors: Improved Socially; Improved Academics; Improved Behaviors; and Appears Happier. The other instrument the "Student Posttest Questionnaire" (Appendix F) was developed to further assess the students' own perceptions about their self-concept and self-esteem issues. Eight questions were asked of the nine students: Do you know more about LD now than you did before?; Do you now think more of yourself as intelligent than you did before?; Do you now think of yourself as

more capable in school?; Do you now feel better about yourself?; Are you planning on finishing high school when you go?; Are you planning on going to college?; Do you feel that you too can be successful like the famous people that you heard and read about?; Do you feel that you too can overcome your learning disability like the adult did that you interviewed?. The student questionnaire was read to them to ensure comprehension. The students were asked to answer the questions by writing Yes, No or DK (don't know) and to be as truthful as they can be.

The 10 students with LD ( five from each school) that were chosen by their teachers from the 21 students screened with the Behavior Questionnaire (Appendix A) at the outset of this implementation all showed to be at risk for all of the six behavioral characteristics of being happy, friendly, good in groups, showing good behavior, learning well and appearing positive. As mentioned earlier, these students then met with the writer and the LD teacher on a regular basis, once per week, 30 minutes per session for eight months, beginning in October, 1992 until June, 1993. While a few weekly meetings were missed, a total of 28 sessions took place during that time.

The following describes the student population that was chosen for this practicum: Out of 10 selected students, 4 were fourth graders and 6 were fifth graders; 6 repeated kindergarten, 1 repeated first grade and 1 repeated second grade; 2 students were retained twice; 5 are blacks, 4 whites and 1 Hispanic; 5 were ten-year-olds, 2 are eleven-year-olds and 3 twelve-year-olds; 2 are



dyslexic, 4 are both dyslexic and dysgraphic and 4 have pervasive learning disabilities; finally, they all had WISC-R IQs ranging from 93 to 128.

The first meeting at the end of September, 1992 took place with the targeted students, and the groundwork was set by introducing them to the goals of the program and what was to be accomplished. The students were told to maintain confidentiality about what they heard from other students during the meetings, treating each other with respect was needed and that raising one's hand before speaking would ensure everyone was heard. Pretesting was done over the first two meetings using both the RCMAS and the MSCS with the students separated from each other, and with the questions orally presented as the students read along with line markers. They were told how to properly mark their choice answer and to be truthful. None of the students were told that they were part of a study; only that we would meet on a regular basis and talk about learning more about learning disabilities and learning how to feel better about themselves.

Three main counseling approaches were implemented over the life of the eight-month program. The first approach involved providing information about learning disabilities in order to give the students self-concept clarification; the second major emphasis involved an eclectic counseling approach using an indirect and a more confrontative model to help improve their feelings of self-worth and self-regard; the third approach used was based on a "heroes" perspective where identification with successful adults

who had LD would be modeled so they could envision themselves as becoming successful also. This model involved getting them to learn about famous people who had LD (Aaron, Phillips & Larsen, 1988), interviewing a live LD "hero" and the development of a personal time line which drew upon their life experiences since birth.

In addition, each of the 10 students were teamed up with a first grader in the second half of the school year and became tutors for them in reading. Each involved special education teacher from each school arranged for the once per week meeting which began in January, 1993 and continued until May, 1993. This goal was felt important as it provided them with an opportunity to see themselves as facilitators to others in need thereby helping to view themselves as capable despite their own learning limitations.

The first two months of the implementation involved having informative sessions about the nature and etiology of learning disabilities. Discussions took place about why learning is difficult for some children by explaining to them about perceptual problems and other LD concerns. Strategies taken from the "Survivors Guide for Kids with LD" (Fisher & Cummings, 1990) were employed as the authors stressed "learning differences" as a preferred terminology for LD. The authors state that there are basically six concerns that children with LD face: No one explains to them what LD is so they worry needlessly; they are confused in school; others are not patient with them; they do not have many friends; other children pick on them; and they "do not like being called retarded or dumb" (p. 6). An audio tape of "The Survival Guide for Kids with LD" was tried during

one session but was abandoned at future sessions as the children had difficulty concentrating with just auditory cues. Instead, excerpts were gleaned from the guide which allowed for better group discussions. The students were all given a copy of the book and encouraged to read it with their parents at home.

In the next two months, December and January, 1993, the students were encouraged to talk freely at rap sessions about school, home and their life in general. A recurrent theme from most of them was their perception of how academically incapable they were and how dumb they felt. Discussions were brought back to the concept of intelligence and the emphasis on how bright they all are despite some of their learning problems. Six specific strategies that were listed in "The Survival Guide for Kids with LD" (Fisher & Cummings, 1990) to enhance children's self-esteem were stressed: Talking to someone when you feel blue; drawing a picture describing how you feel; authoring a book about your feelings made up of several chapters highlighting important things about yourself; doing some "I like me" exercises; instead of worrying about the future, live one day at a time; and finally, being patient with yourself (p.42). Additionally, two animated videotapes were shown them from The Guidance Club for Kids (1992) titled: "Self-Esteem Tips for Special Needs Children" and "The Kid's Guide to Self-Confidence". The first video tape lists 20 suggestions such as "Accept Yourself" and "Like Yourself" to "Strive for Success" and "Build a Better You", and the second video tape has 25 hints such as "Think Positive" and "Have a Winning Attitude" to "Overcome Your Shyness" and "Make Friends".

After several helpful suggestions were made from the video tapes, the viewing was interrupted to discuss in detail the points made.

Besides teaching students how to feel better about themselves, strategies were also used to help them behave better. Their relationships with their parents, teachers and peers were discussed in open dialogue and many students voiced their concern about their lack of acceptance by them. This led into rational-emotive counseling techniques where their belief systems became directly challenged via the ABC method (Ellis, 1973; & Young, 1974). They were taught how thoughts, feelings and actions interrelate and the importance of being inner-directed and not controlled by outside forces that usually gets them into behavioral trouble. Opportunity was provided for role playing.

The third counseling focus began in February, 1993 using some portions of the "Project Heroes" program (Wurtzell, 1985) which was developed for children with learning disabilities. The program has both a video tape and a curriculum guide with a major orientation of creating an identification with some famous personality who also had learning disabilities while growing up. The portions of the program adapted for this counseling implementation involved their learning about an adult who has LD who has been successful; about other famous personalities who had LD; a library project on one of the chosen heroes and developing their own personal time line covering their own lives.

Before interviewing their live "hero", the students were taught interviewing skills. They were asked to develop their own questions

for their guest and to categorize them under main headings. As an example, one student wanted to know if their guest ever ran away from home; another, if she played any sports in high school; and another, what subjects were hard for her in elementary school. The students at both schools developed 25 questions each and grouped them under the categories of childhood, adulthood, family, employment and social life. This had the effect of their learning how to categorize which is often a difficult task for many children with LD, particularly those who suffer from organizational disorders. Each group then had a practice model come in for a mock interview. One of the school principals agreed to be interviewed at one school, and one of the school counselors was interviewed at the other school. The writer knew of an adult who had severe dyslexia as a child who agreed to be interviewed at both schools. She was an excellent model as she recounted to them her struggles throughout her life with learning problems yet she had managed to graduate from college, become a graphic artist, be employed, become married and have her own family.

A second phase of this "Project Heroes" (Wurtzel, 1985) program involved a discussion about famous historical personalities who had learning problems while growing up and yet were able to become famous. Out of the numerous examples cited, the children each chose one of five famous "heroes" on which to do a library research project: Woodrow Wilson, Hans Christian Anderson, Albert Einstein, Leonardo da Vinci and Thomas Edison. With help from their special education teachers, the students went to the library between

meetings and garnered as much information as they could find on their chosen "hero", put the information on a card, and made their report at the next scheduled group meeting. Their parents were also a help at home. Some students chose to obtain this information from their home encyclopedias with the aid of their parents.

The final phase involved the development of a time line as suggested by the "Project Heroes" (Wurtzel, 1985) program. The students were given two weeks to obtain from their parents a list of life events since their births. The students developed some ideas about what questions to ask their parents about their lives, and they were additionally given suggestions by the resource room teacher and the writer. As in the interview questions with the live "hero" earlier, the students again learned how to categorize their own life information. As an example, questions were solicited under the heading of birth, and answers were obtained about the time of birth, the day, the year, their birth weight, etc. Similarly, other time line ideas were developed and placed under general headings such as toddler, preschool, elementary school, hobbies etc. A horizontal line was drawn on large construction paper and stretched across the blackboard in the counseling room. Each paper was labeled for each student. Small perpendicular lines were added to the line to mark off each chronological year. Events that occurred at each period of their lives was added to coincide with the lines. The purpose for this activity was to have them learn as much about themselves as possible in order to make them feel more intimate about their own selves and to enhance their self-concept of who and what they are.

Prior to the posttests, a wrap-up meeting took place at the end of May, 1993 to provide an overview of the year's program and its activities. The purpose for the year-long program was emphasized with the hope that they could now view themselves in a more positive light and feel better about themselves.

A week later the posttests mentioned earlier were given to all students who sat separated, with the usual caution to answer as honestly as they felt. The questions were again read off by the facilitators. The celebration party took place the following week in June, 1993. A cake and soft drinks were provided for each group, but only one resource room teacher agreed to invite the first grade tutees to the party due to scheduling concerns.

CHAPTER V  
RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

The self-concept and self-esteem of children who continue to struggle academically over a long period of time may become altered and diminished. Children with LD, in particular, face similar concerns as they experience frustration for several years over their lack of mastery of school subject matter. They are traditionally passed on from grade to grade with failing marks. These students with LD are eventually singled out for an often embarrassing psychoeducational evaluation that often serves to reinforce how dumb they may feel. They are then pulled out of their mainstream class and subjected to the glare and sometimes snicker of their friends as they leave on a daily basis for their special education class. Because they lack much information about their learning difficulties, their concept of who they are and what is causing their hardship is perplexing and they often tend to develop a poor self-acceptance and a dislike of themselves. Additionally, often their



learning disability and learning frustrations will cause them to misbehave, perhaps as an ego-saving coping mechanism.

Results from this counseling practicum show that this problem of diminished self-concept and lowered self-esteem was addressed and that all objectives set out in the plan were met. All of the targeted students with LD now show a better self-concept surrounding their disability, feel better about themselves and feel less anxious. Moreover, most students now view themselves as bright, more capable, optimistic and their school behaviors and peer interactions are better.

The data that follow will help support the conclusion that the group counseling program has helped all 10 targeted students with LD to have a better self-concept and self-esteem, to feel less anxious and that most of them have improved behaviors.

As mentioned earlier, all 10 students received a pretest on the Multidimensional Self Concept Scale (MSCS) (Bracken, 1992), before the year-long group counseling intervention began, and again as a posttest at the end of the program. The purpose for the test was to help provide a standardized self-report measure of the students' feelings associated with their perception of their social, competence, affect, academic, family and physical status. By comparing pre and posttest standard scores of the total self-concept measure, a gauge of program effectiveness was derived.

In order to show the statistical outcome, a one-group pretest-posttest design was employed with an implied null hypothesis statement: There will be no significant difference between the mean

self-concepts of the students with LD before and after the counseling intervention at  $p < 0.05$ . The following data ( Table 1) conclude that when making statistical comparisons based on both the t-test for significance between group means, and a practical significance test (Borg, 1987), the null hypothesis was indeed rejected, indicating that there was a meaningful enhancement of the self-concept of all ten students.

TABLE 1  
MULTIDIMENSIONAL SELF-CONCEPT SCALE DATA:

PRETEST		POSTTEST	
Group mean: ( $M_1$ )	85.1	Group mean: ( $M_2$ )	98.8
Standard deviation:	4.8	Standard deviation:	13.8
n:	10	n:	10
t-test = 3.89 ( $df = 18$ ) $p < 0.05$			
Practical significance = 0.91			

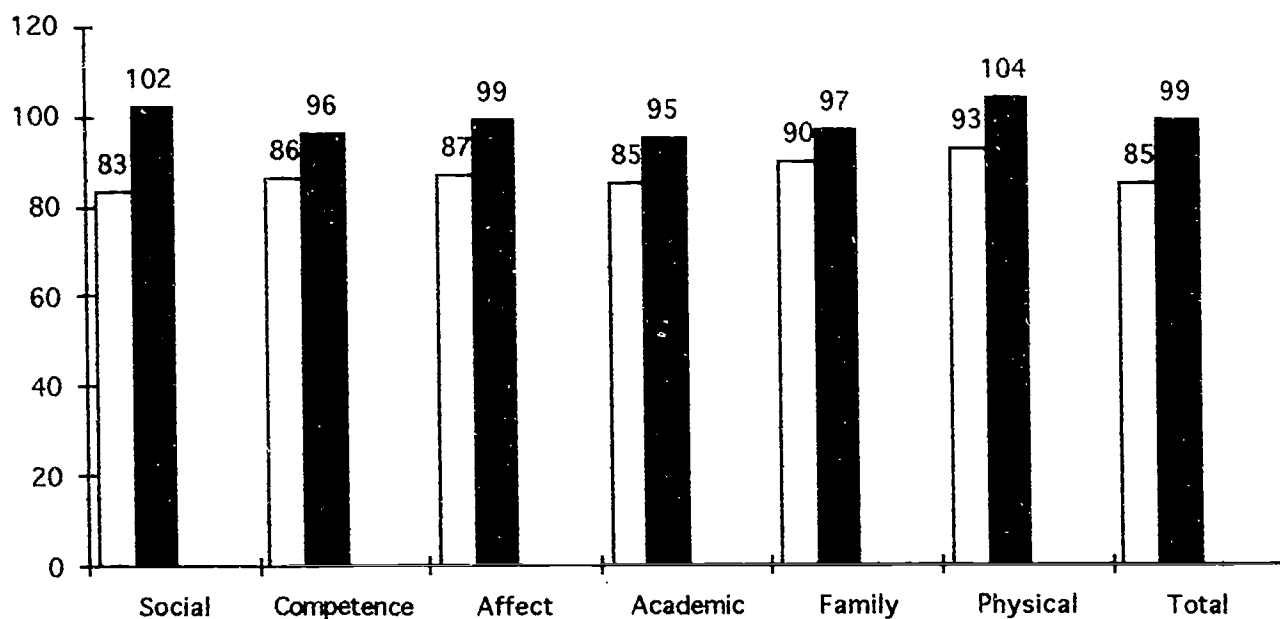
The above data indicate that the difference between pre and posttest group means measured in standard scores shows an increase of 13.7 ( $M_2 - M_1$ ) on the posttest. The increase found in the posttest standard scores indicates the expected direction of the scores as a measure of enhanced self-concepts was achieved. The t-test shows that it is a significant increase of measurable total self-concept at the 0.05 level of confidence. The reader will note that almost a full standard deviation of growth took place on the dependent variable (self-concept) measured by the MSCS posttest (13.7), when considering the independent variable (MSCS) standard deviation is 15. When the test for practical significance was further applied, the posttest score was also measurably meaningful as a score over 0.5 is considered statistically significant.

Moreover, when comparing the individual six dimensions of the MSCS for the group, the Social, Competence, Affect, Academic,

Family, and Physical, all standard scores were found in the predicted positive direction indicating that self-concept gains were uniformly made. Interestingly, the widest positive change was found in the Social dimension, where the lowest group average pretest standard score (83) was found and compared to the second highest posttest score (102). Graph 1 on the next page illustrates the pre- and posttest changes for each MSCS dimension using group means.

GRAPH 1

## MULTIDIMENSIONAL SELF CONCEPT SCALE (STANDARD SCORES)



The MSCS bar graph illustrates the uniform positive changes that occurred in each measured self concept dimension. The white column is the pretest for the group of 10 children with LD, and the higher black column represents the higher posttest gains made by the group. The reader will note that there is a consistent incremental change in each averaged posttest self-concept score with the Social dimension showing the largest gain.

A second standardized pre and posttest measure was performed on the average total standard scores of the Revised Children's Manifest Anxiety Scale (RCMAS) (Reynolds & Richmond, 1990) on all 10 students. The same statistical treatment used for the MSCS was employed: a t-test to determine whether the mean differences before and after the year-long intervention was significant, and a test for practical significance to further help determine its educational value. The null hypothesis stated that there would be no difference between the student group standard score means of total anxiety before and after the counseling intervention. The following data (Table 2) indicate that when making the pre and posttest comparisons, the null hypothesis is not statistically rejected at  $p < 0.05$ , but that the test of practical significance does reject the null hypothesis. For educationally significant data, the t-test at  $p < 0.05$  may be too stringent a criterion, while the test of educational significance most probably reflects the more useful statistic. In any case, raising the expectation of the t-test to 0.25 does reject the null hypothesis. The implication, therefore, is nevertheless made that the self-report measures of anxiety on the RCMAS do show statistically valid reduced levels of anxiety on the posttests.

Although there were some individual differences found, it was felt unnecessary to perform an individual statistical analysis on each student on the MSCS and the RCMAS as the group statistics would provide sufficient information with which to conclude program effectiveness.

TABLE 2  
REVISED CHILDREN'S MANIFEST ANXIETY SCALE DATA:

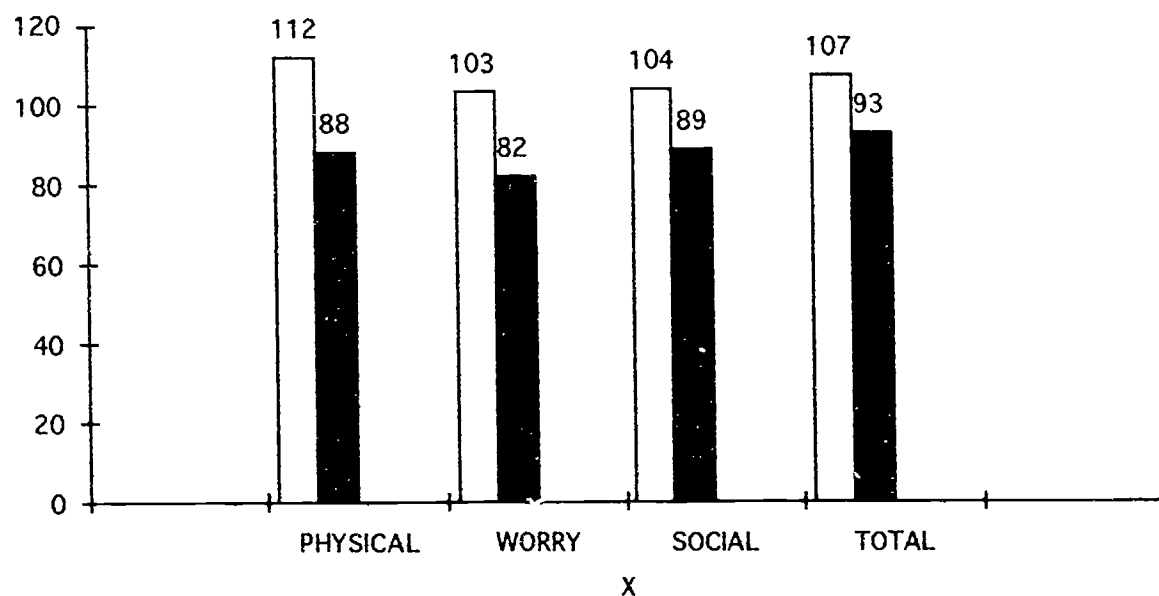
PRETEST	POSTTEST
Group mean ( $M_1$ ) = 106.9	Group mean ( $M_2$ ) = 93.2
Standard deviation = 15.1	Standard deviation = 11.3
t-test = 0.96 ( $df = 18$ ) $p = 0.25$	
Practical significance = 0.93	

The above table shows that the difference between group means ( $M_1 - M_2 = 13.7$ ) shows a decrease in standard scores of total anxiety on the basis of self-reports done by the 10 students on the RCMAS. This is the expected direction as the goal of the intervention is to reduce anxiety levels following the year-long intervention. Statistical treatment of the data by the t-test does not reject the hypothesis at the 0.05 level of confidence but does so at the 0.25 level. However, the test for practical significance, which is used frequently to make educational decisions, does reject the null hypothesis as a score above 0.5 is significant. The conclusion is made, therefore, that there is sufficient evidence when measuring pre and posttest scores that total anxiety has indeed dropped with sufficient statistical significance following the intervention.

Moreover, when examining the three anxiety characteristics measured by the RCMAS, the Physical, Worry and Social concerns categories, all standard scores were found in the predicted negative direction indicating that the posttest scores were uniformly lower, indicating reduced anxiety levels, as illustrated in Graph 2.

GRAPH 2

REVISED CHILDREN'S MANIFEST ANXIETY SCALE ( Standard Scores)



The white columns in the bar graph represent pretest RCMAS standard scores, and the black columns demonstrate the posttest changes. The entire group of 10 students showed a decreased level of measured anxiety in all three anxiety factors.

Results from the Teacher Posttest Rating Scale (Appendix E) rated by four teachers generally show that most of the ten students improved socially, academically and behaviorally as well as being happier. The following Table 3 indicates the percentages of students that showed changes on the four behavioral criteria which were rated YES, NO or N/C (no change).

TABLE 3

## TEACHER POST-TEST RATING SCALE (Percentages)

	YES	NO	N/C
Improved socially:	65	10	25
Improved academically:	100	0	0
Improved behaviorally:	55	0	45
Appears happier:	50	5	45

The data indicate that, from the four teachers' perspective, social and academic gains have been made while both behavioral improvement and appearing happier were viewed as more marginal. It is noteworthy that a rating of N/C (no change) also reflects a teacher's perception that, if the student had these characteristics in the first place, an N/C designation meant that they remained the same. As an example, if a student appeared happy or was well-behaved before for that teacher, N/C would only confirm that the student is still that way. It is important to note that these posttest questionnaires were filled out by their current teachers, not last year's teachers who initially singled them out for help. In summary, this teacher report is considered positive on the whole, and is a further affirmation of improved peer interaction and academic progress with some positive behavioral change and the appearance of being happier.

Results from the Student Posttest Questionnaire (Appendix D) provided additional documentation that most of these students have better self-concepts and self-esteem and generally have a more



positive outlook. The following Table 4 is a breakdown of the questionnaire's eight questions showing the percentage of the ten students who said YES, NO or DK (don't know) to the listed questions.

TABLE 4  
STUDENT POST-TEST QUESTIONNAIRE (Percentages)

	YES	NO	DK
1) Do you know more about LD now than you did before?	90	0	10
2) Do you now think more of yourself as intelligent ?	60	40	0
3) Do you now think of yourself as more capable in school?	90	10	0
4) Do you now feel better about yourself?	100	0	0
5) Are you planning on finishing high school when you go?	90	0	10
6) Are you planning on going to college?	100	0	0
7) Do you feel that you too can be successful like the famous people that you heard and read about?	70	0	30
8) Do you feel that you too can overcome your LD like the adult did that you interviewed?	80	0	20

As can be observed when viewing Table 4, the majority of the youngsters viewed themselves as having better knowledge of learning disabilities, thinking themselves more capable, feeling generally better about themselves and having an overall good optimistic outlook about their potential for academic success. It is noteworthy, however, that only 60% of the children felt that they thought more of themselves as intelligent than they did previously indicating that this is indeed a difficult perception to change.

In summary, this additional self-report from the students also supports the other mentioned data that the 10 students have made significant gains throughout this academic year in enhancing their self-concept and self-esteem.

Other staff comments and behavioral observations by the writer additionally confirm the presence of behavioral improvement in most of the youngsters. The principal, as an example, has noted that there have been fewer disciplinary referrals this year from this group. From the three informal classroom visits the writer made

during the year, 9 of the 10 students appeared to be on task most of the time, and being cooperative with their teacher. One student continued to act out during the year and did not seem to be making a good behavioral adjustment although he was doing well academically. Further, two of the 10 students from the group had an altercation observed one time during recess with both of them ending up in the principal's office. At both of the elementary schools, some students tended to be more off task and required teacher reminders to pay attention on occasion. The students always responded well to reminders and they generally behaved well as a group. While in their special education classes and during the counseling sessions, as an example, all students tended to be attentive, took turns answering questions by raising their hands and generally cooperated well with their teachers and the writer.

### Discussions

The group counseling program is considered a success in that all 10 students with LD have shown enhancement of their self-concept and self-esteem. The results show that the outcome sought by this practicum has been met. As an example, students now have a better understanding of learning disabilities. As a result of this knowledge, these students now have some clarification of their learning dilemma. They have learned that persons can still be intelligent yet have a learning problem through no fault of their own. They have come to accept themselves better while recognizing that

they may continue to struggle in certain areas of learning. They are now aware that their frustrations have led them to behave inappropriately at times, and that due to this insight, they now have the wherewithal to help create positive behavioral and social changes. They have also learned to feel less anxious about their self-image and competence by being less fearful and becoming more self-directed and less controlled by others. They have found that they can still learn despite their hardships and they have developed a more positive outlook on their future. They also have learned to feel better about themselves, and along with an enhanced self-regard, the capacity for better peer relationships has emerged.

Much of the success of this program is largely due to the counseling approach which groups together individuals with similar concerns. Through mutual sharing, these students have formed a close bond with strong identification ties. Many opportunities for discussing each student's personal learning and social problems were provided.

One of the first goals that was achieved in counseling these children with LD was the need to provide information about learning disabilities so that by being armed with a better understanding of their learning problem they would become less confused and their views less distorted. Renick (1985), as an example, found in her motivation studies of elementary school children with LD, that these youngsters knowledge of how smart they truly are was the most important concept to have them realize. As the posttest self-assessments of these youngsters showed, only 6 out of 10 of them

actually acknowledged they felt smarter. It appears to be a difficult perception to get them to accept. However, when considering their daily struggles with academic tasks, it is no wonder some of them would want to hold on to that distorted self-concept.

As reported earlier, all students made significant gains on their posttest standard scores on the MSCS. Most of the data additionally supports teacher feedback and observation. However, of note, when looking at individual data on the one student who made the greatest self-concept gain, he is also the youngster who continues to misbehave the most in his group! The cause-effect relationship implied between growth in self-concept and self-esteem and improved behavior is at times ironically not made. This same student has been recommended for individual counseling next year.

Another important focus of the group counseling, which was addressed by the more directive approach of Rational-Emotive Therapy (RET), was to develop a better belief system toward one's emotions and responsibilities. Statements such as "If I don't do what my friend says, I'll lose him as a friend" were disputed: "You mean, if you do what he wants you to do, and you know it's wrong, you'll still do it because you're afraid of losing a friend?" "So, let's discuss this class. Is this the only friend you have? Can you find someone else who won't get you in trouble? Even if you couldn't find another friend, is it so awful that you couldn't possibly stand it?" As others have found (Chapman & Boersma, 1979; Renick, 1985; & Rogers & Saklofske, 1985), children with LD, in particular, are strongly

controlled by others and feel less responsible for their own actions. It is felt that most of the students with LD that were part of this counseling program have become more inner-directed because of their better abilities to reason socially which is supported in better observed and reported behaviors.

Rational disputation techniques in RET counseling was felt to be one of the main reasons that overall measured anxiety on the RCMAS was reduced. Concerns about being incompetent, doing poorly on tests, appearing dumb, excess worries, not making friends and physical appearance were discussed and placed in correct perspective. Concerns raised by the students were exemplified by one student who said: "I'm so nervous, I shake when I take a test", and this was disputed with: "What are you telling yourself when you're about to take a test?" This was answered with: "I don't want to fail because other people will think I'm dumb!" At this point the class was brought in using disputation techniques, such as "Is it so terrible to fail that you have to upset yourself so much?" and continued with: "Do you feel that you need to be perfect?", and so on. Discussions such as these provided ample opportunity for these children to verbalize their feelings about feeling anxious in different settings, and to be given strategies with which to challenge their irrational thoughts.

It was also encouraging to find that these students could now see themselves more capable and success oriented judged by their self-report questionnaires in which they overwhelmingly felt that they could even go to college! Chapman & Boersma (1979) who

studied the self-perceptions of elementary school children with LD found conclusively that a typical hallmark of these children is to generally feel sorry for themselves and to develop a distorted outlook of their future, particularly as they near third grade. They tend to be very pessimistic due to the obvious academic and social struggles they must endure.

Although not measured, it is assumed that both teacher and parent instruction that took place over the course of the year helped to change their negative perceptions of their children with LD. As Rosenthal & Jacobsen (1968) have observed in their social comparison theory, children who are treated with respect and with good expectations are most likely to perceive themselves as successful because they bask in the sunshine of approval. Additionally, the parents of these children with LD were informed about this likelihood of negative perceptions and its effects upon their disabled children. It was stressed to them that their children need their full acceptance and respect yet with fair but firm guidance (Coopersmith, 1967).

Another area of social concern that was addressed in this counseling practicum was the need for greater understanding from these children's peers. The four regular grades in which these children were mainstreamed were lectured on the topic of learning disabilities stressing not only the good intellectual level of the children with LD but also their need to feel accepted. Bursuck (1989) had found low peer social ratings on children with LD, even lower than other low-achieving students. As the cause of the low social

acceptance was placed on the misbehaviors of children with LD, the writer feels that some of these children may be better accepted following this counseling and instructional intervention. Certainly, observations and teacher questionnaires indicate that most of these children with LD are behaving better on the whole and they appear to have made more friends.

Finally, it is felt that these children with LD gained much by becoming tutors. Feedback from the tutored youngsters at one school who attended the end-of-the-year party was positive in that they said they liked their tutors and they were helped in reading. Interestingly, both special education teachers commented that their own students had made better gains in reading this year and they attributed it partially to the reverse-role tutoring that made their students more confident.

In summary, the targeted students with LD have enhanced self-concepts and self-esteem resulting from a year-long eclectic counseling approach which additionally used modeling of successful adults who had LD, reverse-role tutoring and the provision of educational sessions with teachers, parents and peers. When considering the delay in LD identification which begins the academic and social frustrations for these children, combined with the embarrassing, daily pull-out program once identified, it is no wonder that many children with LD begin the long downward spiral in their self-regard and self-love. Partially at fault, too, are these children's caretakers who unwittingly show little acceptance and expectation for them. Add to the list the school professionals, such

as the school psychologists, who put these youngsters through the rigors of a formal psychoeducational evaluation, with the students knowing full well they will be asked about the things they do not know more than about the things they do know. With the diagnosis in hand, the special education "sentence" is generally meted out without so much as having another "hearing" to explain to the child why he or she needs the help. An unexpected insight for the writer was the realization that identified special education students are seldom, if any, provided with a follow-up meeting with their evaluator to help explain and ease their transition into the stress-inducing educational program changes that will ensue.

### Recommendations

As this group counseling intervention with elementary students who have LD has shown success in enhancing self-concept and self-esteem, it is recommended that a similar program be implemented next year using the same format. It is felt that the ecological approach used through the involvement of the students' peers, teachers and parents was instrumental in the success of the program and needs to continue even though there was not a complete success for each individual student in all areas, nor was it realistically expected. Nevertheless, the feedback from the students themselves as well as their teachers and parents was positive.

It is the recommendation that other schools within the district implement a similar counseling approach with students who



have LD. The writer will contact other school psychologists and school counselors and report on the success of this practicum.

### Dissemination

Due to the success of this program, the results from this counseling practicum to enhance the self-concept and self-esteem of elementary school children with learning disabilities based on an eight-month long intervention will be disseminated not only in other district schools but also at a state school psychologist convention. Another future dissemination goal is to have the practicum included in the ERIC database. Additionally, the writer will try to have the report included in a major special education publication.

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APPENDIX A

BEHAVIOR QUESTIONNAIRE

## BEHAVIOR QUESTIONNAIRE

TO: Grades 4, 5 and 6 teachers.  
 FROM: School Psychologist  
 DATE: June 1, 1992  
 SUBJECT: Behavioral Questionnaire

Dear staff:

I am planning on running a group counseling program in September, 1992 for children with learning disabilities. I would appreciate it if you would take a few moments to give me your input on the school behaviors of your mainstreamed children by answering YES or NO (Y or N) to the following statements. Thank you!

Child's Name:	Friendly?	Happy?	Good in groups?	Has good behavior?	Learns well?	Seems positive?

APPENDIX B

PARENT INVITATION



Dear Mr. or Mrs.

With your permission, I would like to include your child:

---

as part of a small group of youngsters with learning disabilities which will meet with me at school on a near-weekly schedule for 30 minutes each week for most of the year.

The goal of this program is to improve his or her understanding and knowledge of learning disabilities so that he will have a better idea why he is having trouble learning in some areas. Additionally, I would like to include counseling sessions that will make him feel better about himself and his learning problems. Studies show that many children with learning disabilities feel poorly about themselves, and they are often confused as to why they cannot learn as easily as their classmates.

Also, I would like to offer four parent information sessions during the year that will take place after school on Thursdays, 4:00 to 5:00 PM, and I invite you to join us. **Our first meeting is Tuesday, October 27, 1992.** There will be about five groups of parents altogether. I assure you the sessions will be helpful in understanding your child better as well as his or her learning disabilities. The sessions will be informal and you should consider them as rap sessions where you can have the opportunity to discuss your concerns freely.

If you have any objections to this program with your child, please let me know. I will also contact you by phone.

Please feel free to call me or come in to see me. I am at school on Mondays, Wednesdays and Thursdays. Thank you.

Jerry Guindon

School Psychologist

APPENDIX C

PARENT LETTER ON ADULT LD MODEL

Dear Parent:

Please find enclosed pictures taken from the recent visitation to our LD self-esteem class of Chris, our chosen "heroine", who was kind enough to take a day out of work to come and be interviewed by your child and others in the group. Chris, who is now an adult, had a severe learning disability while growing up. Throughout her educational hardship she was able to overcome her learning problems by striving hard to achieve. She graduated from college and became a graphic artist, and today, she is married and has a family.

I feel that your child was able to get first-hand information about what it's like to grow up with a learning disability through their well-developed questions to Chris. I am hopeful that your youngster's self-esteem was helped through this role model approach to their program. Studies show that there are many more people like Chris out there who made it because they took the challenge and ran with it. The will to strive and succeed is extremely important for these youngsters to be successful.

Their next project involves a library/reference project where your child was given a famous person to research who also had learning difficulties and overcame. Woodrow Wilson, Leonardo da Vinci, Albert Einstein are but few who became famous yet had learning disorders while growing up. Some of our entertainment stars, such as Cher and Tom Cruise also had problems learning.

Please continue to give your child much emotional and educational support while he or she is struggling with basic knowledge. Your love and understanding is what makes the difference!

Sincerely,

Jerry Guindon  
School Psychologist

cc: Joel Novitch, Principal

APPENDIX D

STUDENT POSTTEST QUESTIONNAIRE

**STUDENT POST-TEST QUESTIONNAIRE**

ANSWER YES, NO or DK (Don't Know) to the following questions:

- 1) Do you know more about LD now than you did before? \_\_\_\_\_
- 2) Do you now think more of yourself as intelligent  
than you did before? \_\_\_\_\_
- 3) Do you now think of yourself as more capable in school? \_\_\_\_\_
- 4) Do you now feel better about yourself? \_\_\_\_\_
- 5) Are you planning on finishing high school when you go? \_\_\_\_\_
- 6) Are you planning on going to college? \_\_\_\_\_
- 7) Do you feel that you too can be successful like the  
famous people that you heard and read about? \_\_\_\_\_
- 8) Do you feel that you too can overcome your learning  
disability like the adult did that you interviewed? \_\_\_\_\_

APPENDIX E

TEACHER POSTTEST RATING SCALE

## TEACHER POST-TEST RATING SCALE

June, 1993

Please rate the following LD students from your class that I counseled this year by marking **YES**, **NO** or **N/C** ( for no change) next to each student's name. These ratings are based on your observation of these youngsters since the beginning of the school year.

Thank you,

Jerry Guindon  
School psychologist

<u>STUDENT</u>	<u>IMPROVED SOCIALY</u>	<u>IMPROVED ACADEMICS</u>	<u>IMPROVED BEHAVIORS</u>	<u>APPEARS HAPPIER</u>
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