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The Effect of Intensive Individual Short-Term Supportive Counseling on Mentally Retarded Students

Patricia Griffin

Walden University

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SUPPORTIVE COUNSELING ON MENTALLY RETARDED STUDENTS

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B.S., Michigan State University, 1962

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Gerald G. Griffin
Gerald G. Griffin, Ph.D.
Advisor

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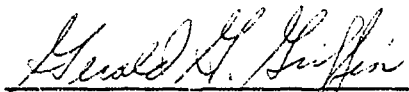
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ABSTRACT

THE EFFECT OF INTENSIVE INDIVIDUAL SHORT-
TERM SUPPORTIVE COUNSELING ON MENTALLY
RETARDED STUDENTS

by   Patricia A. Griffin

This research examined two hypotheses involving mentally
retarded students. The first hypothesis posited that an
Experimental Group of subjects receiving intensive, indi-
vidual short-term supportive counseling will display a
higher rating score improvement on the five personality
dimensions of confidence, maturity, self-discipline, assert-
iveness and independence following this counseling than will
a Control Group of subjects receiving no such counseling. The
second hypothesis posited that this same Experimental Group
of subjects, after receiving this counseling, will be distin-
guished by significantly higher job stability, defined as
continuous and successful employment for six months following
the end of counseling, than will the Control Group of
subjects receiving no such counseling.

To test these hypotheses, forty mentally retarded
students were drawn at random from the Bobby Dodd Workshop
for the Mentally Retarded; twenty were assigned to the
Experimental Group, twenty to the Control Group, with
members of both groups being matched as similarly as

possible regarding sex, age, I.Q. and race.

At the beginning of this study, members of both the Experimental and Control Groups were rated by a qualified, independent rater on the five personality dimensions of confidence, maturity, self-discipline, assertiveness and independence.   The ratings were made on a five point scale: a rating of 1 denoted poor; 2 denoted fair; 3 denoted average; 4 denoted good; and 5 denoted excellent.   Following these pre-counseling ratings, subjects of the Control Group continued the normal training regimen of the Bobby Dodd Workshop.   Subjects of the Experimental Group also continued this training, but in addition, underwent individual counseling twice a week for a six month period with a counseling psychologist who's counseling approach dealt with the conscious affective concerns of the subjects in an understanding, specific and exploratory manner.   Following the six month counseling period, members of both the Experimental and Control Groups were rated a second time on the five personality dimensions.   Comparison of post-counseling group rating score increases over pre-counseling group rating scores on each of the five personality dimensions were then made between the two groups.   This comparison disclosed that the Experimental Group displayed a much higher rating score improvement than the Control Group on each of the five personality dimensions, thereby supporting the first hypothesis tested.

Following the second personality dimension rating,

efforts were made to place the subjects of both groups in employment. Six months later, a follow-up study was made to discover which subjects were still employed. Each subject was rated a score of 2 if he was employed, 1 if he was not. The rating scores obtained by the subjects in each group were statistically compared using "t"-tests. There was a significant difference in the rating scores of the two groups of subjects in favor of the Experimental Group, thereby supporting the second hypothesis tested.

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CHAPTER I

THE PROBLEM

This research is primarily an evaluation of the effect intensive, individual short-term supportive counseling has on mentally retarded students regarding job stability following this counseling. Essentially, the employment progress of twenty students in training at the Bobby Dodd Workshop for the Mentally Retarded, Atlanta, Georgia, following intensive, individual short-term supportive counseling for six months (Experimental Group), was compared with the progress of twenty students at the Workshop after the same period of time who were involved in the Workshop's normal training activities but who received no individual counseling (Control Group).

In the remainder of this chapter the problem will be more explicitly defined under the headings of Specific Problems, Definition of Terms, Delimitations, Basic Assumptions, Hypotheses, Need for Study, and Organization of the Study.

Specific Problems

The specific problems of this research are:

1. Can mentally retarded students respond effectively to intensive short-term individual counseling?

2.   If so, can this effectiveness be substantially
     demonstrated using the criterion of job stability
     following intensive counseling?

Definition of Terms

The terms mental retardation, intensive, individual
short-term supportive counseling, confidence, maturity, self-
discipline, assertiveness, independence, and job stability
are defined in the following manner:

1.   Mental Retardation. A label applied to a student
     in the Atlanta Public Schools who obtains a Full
     Scale IQ on the WAIS ranging from 60 to 81, is
     distinguished by noticeable academic learning
     disability and, subsequently, is placed in the
     Special Educational Classes for the Mentally
     Retarded in the public schools. A student who's
     IQ ranges from 76 to 81 is considered to be mildly
     retarded; 70 to 75 moderately retarded; and 60 to
     69 severely retarded.

2.   Intensive, Individual Short-Term Supportive Counseling.
     Twice-a-week counseling sessions of an hour's
     duration over a six month period using the general
     counseling approach of being affective, understanding,
     exploratory and specific to the student's emotional
     needs, as outlined in Chapter III, so that confidence,
     maturity, self-discipline and assertiveness are grad-
     ually developed, thereby increasing independence

and diminishing negative self-regard.

3. Confidence. Possessing positive self-image, self-esteem and self-identity as demonstrated by feelings of untroubled adequacy, unanxious self-assurance in one's worth and capacity to deal with things, acceptance by others, and adaptable flexibility. In contrast, lack of confidence is the absence of these feelings, with a subsequent tendency to feel anxiously insecure, inadequate, inferior, unacceptable, moody and doubtful of one's ability, competence and worth.

4. Maturity. Tendency to be emotionally stable and calm and generally satisfied in such a manner as to evidence emotional consistency and an integrated view of life, including self-comfort, adequate capacity to tolerate frustration, realistic goals and attitudes, and awareness and acceptance of personal strengths and weaknesses. In contrast, immaturity is a lack of these traits, with a subsequent tendency to be changeable, evasive, worried, easily annoyed, easily upset and generally unstable.

5. Self-Discipline. Tendency to have strong control of one's emotions and general behavior, with an inclination to be considerate, careful and distinguished by what is commonly termed "self-respect". In contrast, lack of self-discipline is the absence

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of these traits, with a subsequent tendency to be impulsive and irresponsible in one's behavior to an extent indicative of a lack of will control and character stability.

6. <u>Assertiveness</u>. Tendency to be competitive, constructively aggressive, dominate and bold in one's approach to situations, standing up for and defending oneself when appropriate. In contrast, unassertiveness is a lack of these traits, with a subsequent tendency to be passive, submissive, quiet, a follower.

7. <u>Independence</u>. Tendency to be self-sufficient, resourceful, resolute, with a preference for making decisions and taking action on one's own, and taking responsibility for one's actions and behavior. In contrast, lack of independence, or dependency, is the absence of these traits, with a subsequent tendency to lean on others in making decisions, preferring action which goes along with the group in order to obtain social approval, admiration and acceptance, and seeking emotional protection and safety in others.

8. <u>Job Stability</u>. Ability to maintain a full-time job successfully and continuously for a period of six months.

Delimitations

The major delimitations of this study are:

1. The students studied in this research were limited to relatively small numbers.

2. The students studied in this research were drawn solely from those assigned to the Bobby Dodd Workshop in Atlanta, Georgia.

3. The length of the counseling practice followed in this study was limited to a period of six months.

4. All counseling sessions with students were conducted by the same counselor.

5. All ratings of students in this study regarding confidence, maturity, self-discipline, assertiveness, and independence were made by one independently qualified rater after consultation with other appropriate Bobby Dodd Workshop staff members.

Basic Assumptions

The basic assumptions upon which this research is based are:

1. The students used in this research typify the problems, general functioning, limitations, etc., found among all mentally retarded students and any change brought about by intensive individual counseling with these students is representative of what may be expected from such counseling with mentally retarded students in general

2. The pattern and manner of the research counselor's affective, understanding, exploratory and specific counseling style is consistent throughout his counseling interviews and is a style which can readily be duplicated by qualified counselors.

3. Any improved student ratings regarding confidence, maturity, self-discipline, assertiveness, and independence which is characteristic of the Experimental Group following counseling, but which is not characteristic of the Control Group after the same period of time without counseling, is assumed to be the result of such counseling.

4. Any significant job stability characteristic of the Experimental Group following counseling that is not characteristic of the Control Group after the same period of time without counseling is assumed to be the result of such counseling.

Hypotheses

First Hypothesis

The Experimental Group, after receiving six months intensive, individual supportive counseling, will display a higher rating score improvement on each of the rating dimensions of confidence, maturity, self-discipline, assertiveness and independence compared to initial pre-counseling rating scores on the same dimensions, than will the Control Group, rated at the same

times, receiving no counseling.

Second Hypothesis

The Experimental Group receiving six months intensive,
individual supportive counseling will later display
significantly more job stability than will the Control
Group receiving no counseling.

Need for Study

Historically, intensive counseling or psychotherapy with
mentally retarded individuals or students has been considered
to be fruitless because of the belief that retardates lack
the intellectual and ego strength required for developing
the proper insight and rapport necessary to benefit from
such a concentrated endeavor. This belief has been insignifi-
cantly researched.

While a consultant to the Bobby Dodd Workshop for the
Mentally Retarded, a work adjustment training facility for
mentally retarded students referred by the various Special
Educational Classes of the Atlanta Public Schools, Griffin
was asked to assist in remedying the appalling recidivism
among a great majority of the students who finished their
training at the Workshop and were placed in employment. In
many cases, these students were fired, laid-off or quit in
a matter of one or two weeks after beginning work and had to
be returned to the Workshop. Griffin felt that this
recitivism was symptomatic of the retardate's devaluated
personal worth and self-esteem precipitated by entrenched

negative self-image, immaturity, impulsivity, passivity,
and resultant childish dependency, all of which had been
continuously reinforced by the unfortunate stereotyping and
conditioning of various segments and institutions of society,
including the family and schools. Griffin thought that
these negative personality tendencies could be diminished by
a proven style of individual supportive counseling (Griffin,
1966, 1968, 30) conducive to promoting emotional independence
through the development of self-confidence, maturity, self-
discipline, and assertiveness. Thus, Griffin hypothesized
that with a minimum of six months of such intensive supportive
counseling, students' job stability should significantly
improve, thereby reducing the Workshop's recidivism.

Organization of the Study

A review of relevant research is presented in the
following Chapter. A description of the counseling practice
used in this research is presented in Chapter III. The
methodology for testing the hypotheses set forth in the
present chapter is presented in Chapter IV. The results of
this research are presented in Chapter V. The summary,
conclusions and implications are presented in Chapter VI.

CHAPTER II

REVIEW OF LITERATURE

The review of relevant literature presented here is
divided into six sections, each with a summary: group
methods; individual and group counseling; counseling
elements common to various counseling practices; counseling
research invol ing mentally retarded persons; effectiveness
of counseling and psychotherapy; and counseling considera-
tions for adolescents and young adults.

Group Methods

This section presents a review of the major kinds of
group experiences considered to be helpful in developing
special types of personal awareness useful in the social-
ization process.

Group Guidance, Group Counseling and Group Therapy

Group guidance, group counseling and group therapy
all deal with the socialization process through group
interaction. Although in many ways they overlap considerably,
Mahler (1971) discusses how they can be clearly differentiated.

Group guidance, he notes, is primarily a class or
education experience, mainly involved with giving out

information. In schools, it is usually oriented toward

encouraging students to know what the adults think the

participants should know. Although the same topics discussed

in group counseling may also be discussed in group

guidance, the major responsibility in guidance remains with

the teacher. In group counseling the focus is upon each

member, not the topic being discussed, and upon changing

his behavior, not changing behavior in general.

Group counseling, Mahler (1971) continues, is a social

experience that deals with the developmental problems and

attitudes of individuals in a secure setting. More

specifically, Mahler views group counseling "as a helping

process aimed at aiding individuals to understand better

their own and other people's behavior. The process may be

concerned with a problem, with life patterns, and/or with

identity-seeking."

Another current, definitive view of group counseling

is presented by Gazda, Duncan, and Meadows (1967, p.306)

who define it as:

> . . . a dynamic, interpersonal process focusing on
> conscious thought and behavior and involving the
> therapy functions of permissiveness, orientation to
> reality, catharsis, and mutual trust, caring, under-
> standing, acceptance and support. The therapy functions
> are created and nurtured in a small group through the
> sharing of personal concerns with one's peers and the
> counselors. The group counselees are basically
> normal individuals with various concerns which are not
> debilitating to the extent of requiring extensive
> personality change. The group counselees may utilize
> the group interaction to increase understanding and
> acceptance of values and goals and to learn and/or
> unlearn certain attitudes and behaviors.

In contrast to group guidance and group counseling, group therapy is more concerned with unconscious motivation (Mahler, 1971; Gordon and Liberman, 1971). It is aimed at more disturbed individuals and, because of the depth of the growth problems faced by the clients in group therapy, it normally lasts much longer than group guidance or group counseling. In their overview of group therapy, Gordon and Liberman (1971) state:

> A typical approach to group therapy is built on the foundation of psychoanalytic therapy, yet makes therapeutic use of group phenomena. Somewhat at variance are methods, which, combining group dynamics with psychoanalysis, tend more to treat the group as the therapeutic force, with the individual bound indivisibly to the group and its configuration.

Gordon and Liberman (1971) point out that through use of interpretation, insight and other therapeutic tools, persons in group therapy are able to deal with such things as defense mechanisms, history, resistances, patterns of neurotic behavior, and regressive and self-defeating realities, with the object of removing, modifying or retarding existing symptoms, of mediating disturbed patterns of behavior, and of promoting positive personality growth and development in the direction Maslow would describe as self-actualization.

The comparison of group guidance, group counseling and group therapy by Mahler (1971) reveals that the basic differences between these three approaches involves the size of group, the management of content, the length of group life and the responsibility of the leader. Group guidance groups are of class size or larger (usually over 20);

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group counseling groups usually number from 10 to 20 members; and group therapy groups usually number from 2 to 10 members. In group guidance the topics of experiences are usually selected by the leader or are part of a regular program of instruction, with the content being handled in an "academic" manner; in group counseling the topic is derived from the immediate or stated concerns of the group members where, unlike with group guidance, the group members are responsible for establishing their own views on the topic or evaluating for themselves what the group experience means personally; and in group therapy the content derives from the problems and life experiences of the members. In group guidance the life of the group is determined mainly by organizational aspects such as a semester or a three-week unit or other variations; in group counseling the life of the group is usually determined by the goals set by the members; and in group therapy the group life is indefinite, continuing as long as the members desire. In group guidance the leader is usually responsible for the structure and conduct of the session, with imparting of information often being one of his major functions. In group counseling and group therapy, the leader's role is largely reversed. A skilled group counselor or therapist can take almost any topic or concern and help the individual members work through their own personal meanings. It is not so much who selects the topic, member or leader, but how the topic is managed that differen-tiates group counseling and therapy from group guidance.

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Mahler's review (1971) of group efforts reveal that past research efforts in group counseling and other group work have had generally inconclusive results. He states the major cause for this has been the lack of specific measurable outcome objectives, indicating that recent counseling research discloses that if one focuses upon one or two precise behaviors, it is possible to ascertain much more clearly the treatment or counseling effects.

Intensive Group Experiences for the Improvement of Work Performance

Such learning goals as getting to know oneself better, learning how one comes across to others, understanding more about human interaction, and getting a better feel for group operations are relevant to many vocational goals (Eddy and Lubin, 1971). Because of this relevancy, Eddy and Lubin (1971) indicate that participation in some form of intensive learning experience, such as a T-group, an encounter group, or a sensitivity training session, all special variations of group counseling, is becoming increasingly commonplace in industry, government, business management and other work activities. They point out that a compelling need for this type of participation has developed because of the increasing amount of work in organizations that take place in small, face-to-face groups (planning, decision-making, problem solving, etc.). Organizations and individuals recognize the need for training methods that improve the

functioning of these work groups. Another aspect of
current organizational life described by Bennis and Slater
(1968) is the growing regard for temporary structures ---
committees, project teams, task forces, conferences, con-
sulting relationships, etc. It is becoming increasingly
important for individuals to have the ability to move
rapidly into team relationships in which there is mutual
trust, adequate team spirit, and creative stimulation among
members. Involvement in a T-group, encounter group or
sensitivity session is seen by Eddy and Lubin (1971) and
Bennis and Slater (1968) as being very helpful in promoting
this type of work atmosphere as well as contributing to one's
overall development.

Intensive small group training methods did not begin
with a primary focus on personality change or overcoming
social and psychological isolation; rather, it started as a
wedding between social action and scientific inquiry (Bunker,
1965). Its parent disciplines were adult education and the
applied research interests of Lewin and other social psycho-
logists. The National Training Laboratories (NTL), affiliated
with the National Education Association, grew out of these
efforts. It was found that participants learned and changed
in their ability to deal with human relations problems, not
only by listening to lectures and participating in role-
playing but also by analyzing the here-and-now characteristics
of their own conference groups.

Sensitivity training originally referred to the small
group training conducted by the National Training Laboratories.
Currently, it is used to refer to an educational method that
emphasizes experience-based learning activities (laboratory
training). Participants in this training, as noted by
Eddy and Lubin (1971), are involved in a variety of experiences,
usually including small group interaction, and their behavior
provides the data for learning. The subject matter of such
programs, lasting from a few hours to two or more weeks,
deals with some aspect of human interaction, and the goal
is to be more aware of and responsive to what is going on.

Encounter groups refer to intensive small group
experiences in which the emphasis is upon personal growth
through expanding awareness, exploration of intrapsychic
as well as interpersonal issues, and release of dysfunctional
inhibitions (Eddy and Lubin, 1971).

The most basic and useful element of most laboratories
designed to improve the functioning of work groups is the
T-group (T for training). In such a group, participants
find themselves in a relatively unstructured environment in
which their responsibility is to build out of their inter-
action a group that can help them meet their needs for
support, feedback, learning, etc. The behaviors exhibited
by members as they play out their roles provide the material
for analysis and learning (Eddy and Lubin, 1971). T-group
members, then, have the opportunity of learning ways in
which their behavior is seen by others in the group ,

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the kinds of styles and roles they tend to take, their effectiveness in playing various kinds of roles, ways of being more sensitive to the feelings and behaviors of other group members, methods for understanding group behavior dynamics, etc.

Although T-groups stress honest communication, and deal with emotional experience, the self-concept, and impressions of the behaviors of others, Frank (1964) stresses that such group members differ from therapy group members in that therapy group members are seen by themselves and others as "patients" having psychological problems and needing help, whereas T-group members are seen as relatively well-functioning "participants" interested in improving old skills and learning new ones. The group-focused T-group emphasizes the here-and-now of group development and transactions among its members.

After a review of bibliographies and analyses of research studies on the effectiveness of T-groups, Eddy and Lubin (1971) state that a majority of participants (about 60 percent) reports strong to faily strong positive feelings about their T-group experiences and believe they have been helped to change and improve their work behavior. A minority (20 to 30 percent) reports either mild positive or neutral response, and a smaller group (10 percent or less) feels negative about the experience. Eddy and Lubin (1971) conclude the T-group and other laboratory learnings are more likely to persist and to contribute to improvement in job per-

formance when they are supported and reinforced in the on-the-job situation. They comment (p.630):

> Employees from firms that support the general norms of laboratory training through organization development programs....are most likely the ones who find lasting benefits.

Summary

Guidance, counseling, therapy, T, sensitivity and encounter groups are variations of special type group experiences designed to be of aid in the socialization process. Though their specific goals vary, they all have in common the personal enlightenment or growth awareness of individual members so that improvement in specific aspects of their functioning can be achieved.

Group guidance is the most structured and intellectual of these group experiences, consisting primarily of class or education experience wherein the leader imparts information in an academic manner and the focus of group attention is upon the topic he chooses to discuss. Goals are limited to the acquiring of knowledge and general behavior change which the leader feels is important.

Group counseling is a dynamic, less structured inter-personal process aimed at aiding members to understand better their own and other people's conscious behavior. The leader exerts less control of the group process but is more helpful in assisting individual members to work through personal meanings. Focus is upon each member, with the members

deciding the topics of importance to be discussed. Group
therapy experience is quite similar to group counseling
except that it is more concerned with unconscious motivation
and the more disturbed behavior patterns precipitated by
this motivation. Sensitivity, encounter and T-groups are
all special variations of group counseling that are par-
ticularly adaptable as training methods to improve the
vocational functioning of various work groups in industry,
government, business management and other work activities.
In this regard, T-groups, with its group-focused emphasis
on the here-and-now of group development and transactions
among its members, has been found to be the most useful
and important training method for the improvement of work
functioning.

In general, the results of past research efforts
involving group methods have been somewhat inconclusive
because of too global approaches lacking in specific
measurable outcome objectives. However, in regard to
T-group, research findings are more favorable, indicating
this training method to be effective for improving work
performance.

Individual and Group Counseling

This section presents a selected review comparing
individual and group counseling, with emphasis upon the
major advantages and limitations of the group approach as
compared to individual counseling.

Giller (1951) reminds us that the purpose of any

counseling or psychotherapy, individual or group, is to

bring about in the maladjusted person more satisfactory

and more effective relatedness to others, indicating that

group counseling or therapy is able to do this because its

theory and practice largely reflect the concepts and tech-

niques that were developed in individual counseling and

psychotherapy. Cowden (1961) indicates that group therapy

has certain advantages over individual therapy, namely

the effective utilization of group interaction for thera-

peutic ends. He states (1961, p. 209):

> . . .the group approach has several inherent factors
> which the individual sessions lack. There is the
> opportunity to use one patient's symptoms to 'soften
> up' another patient. . . . In discussing one patient's
> symptoms you are indirectly preparing another patient
> to accept and voluntarily present his own problem at a
> later date. Another important element of the group
> situation is the fact that it breaks up the pattern
> of isolation.

Griffin (1964, 27), though, states that the primary

advantage and popularity of group counseling and therapy

is due not to any inherent superiority as a counseling

method but, rather, is due to the fact that it is more

economical in terms of time and expense than is individual

counseling and therapy, and it allows participation by a

greater number of people. Also, he indicates that certain

individuals can tolerate and feel more comfortable in the

protection of a group setting whereas they are unable to

tolerate the anxiety of continual self-attention and self-

exploration on a one-to-one basis in a counselor's office.

Group counseling, in these cases, is better than no counseling. Further, group counseling is more convient and expedient and less complicated for research designs.

Because group counseling takes place in a specialized social setting and attempts primarily to improve the individual's awareness of his interpersonal social attitudes and behavior, and, hopefully, their resulting consequences on his social image, effectiveness, interaction, expressions and satisfactions, Griffin (1964, 27) feels the real basic value of group counseling lies in the improvement of the individual's interaction with immediate interpersonal and social realities. Thus the advantage of group counseling, as seen by Griffin, is that it serves as an experimental social behavioral lab in which each participant's actual interaction patterns can be observed first hand and their consequences, hopefully, be revealed to them by the group in a meaningful and helpful manner.

However, Griffin (1964, 27) feels one of the inherent weaknesses of group counseling is that generally it is incomplete and usually is unable to offer more than a partial examination of the participant's personality or attitudinal difficulties. Discussing group counseling, Griffin (1964, 27, P.4) states:

> Underlying dynamics are more often than not only superficially dealt with because there usually can be no total or consistent pursuit of them (as found in individual counseling). Frequently the participant lacks any completeness or depth in feelings of self-understanding. This is because of the uncertain nature of the therapeutic interaction of groups.

There is continual therapeutic movement from participant
to participant as well as from topic to topic,
depending upon the amount of anxiety and threat
generated and the effectiveness of the therapist in
helping the group to handle it. Because of such
movement, dynamic investigation of any depth or
breadth is not possible for any one participant.

As alluded to in the previous section of this chapter,

one primary determinant of counseling or therapeutic

improvement in the group approach is the nature and extent

of real growth stimulating interaction generated by the

group members. Therefore, as Griffin notes, the amount of

therapeutic improvement any particular participant will

realize depends not only upon his own involvement (which

can vary widely), but also upon the perceptive, accepting,

encouraging, sharing, understanding and insightful

capacities of the participants in his group setting. Most

often group participants lack the necessary sensitivity and

training to fully recognize behavior for what it implies

concerning personality maladjustment and dynamics. Not

only do they lack this recognition but, for the most part,

they lack the skill or appreciation necessary to help

the participant examine within himself the needs and

motivations and fears and frustrations that mold his

dynamics, suppress his potentials, and precipitate his

difficulties.

And, as Griffin (1964, 27) points out, in group counsel-

ing or therapy the therapist is limited in the extent to

which he can use his skills in a gradually unfolding,

thorough, growth producing manner for any one participant

and still maintain the necessary group-centeredness of the counseling group. He has to rely heavily upon the group's ability and interest for pursuing this type of aid for any one participant as well as the group's willingness to let the therapist concentrate on the needs of any one participant. To really be helpful and effective, such concentration would have to be consistent over many sessions; and this would greatly risk destroying the group life so vital to the effectiveness of the group approach. Addressing himself specifically to this problem, Griffin (1964, 27, p.5) comments:

> Often times group members dismiss, pass over, incompletely pursue, or entirely fail to recognize the defensive reactions of the various group participants and the 'set-up operations' in which they continually entangle one another. In individual counseling there is continuity and consistency of therapeutic movement in the direction of gradual progress for the client from session to session. This is not the case in group counseling. The group, rather than any one individual, determines the therapeutic movement, which may vary widely from session to session, and the therapist's operations must be congruent with the group's movement and mood. This results in leaving many issues touched upon for individual participants 'hanging in the air'. They are unresolved. Also, the group offers refuge to the participant who wishes to dodge therapeutic examination of himself because of its threat. This interrupts and delays therapeutic progress.

Griffin (1964, 27) notes, too, that many individuals will not discuss necessary aspects of their lives nor reveal necessary emotional needs, desires, fears, impulses or fantasies in group counseling or therapy that they would in the private, confidential, trusting, accepting atmosphere of individual counseling, free of the fear of rejection and

censure and possible "outside" blackmail. This reluctance
in group counseling is but another of its drawbacks preventing
full and maximum therapeutic growth.

Summary

The purpose of both individual and group counseling
and therapy is to bring about in the maladjusted person
more satisfactory and more effective relatedness to others.
However, the thoroughness and nature by which this purpose
is realized by participants varies with the two approaches.
The one-to-one confidential, trusting interactional relation-
ship with an accepting, skilled therapist in individual
counseling, with his full attention directed to the client,
not only facilitates more open and revealing therapeutic
participation by the client, but also allows the therapist
an uninterrupted pursuit of the client's needs in a manner
that permits a thorough and consistent and gradually
unfolding therapeutic growth experience from session to
session. This is not true of group counseling and therapy
because of its necessary group centeredness; the therapeutic
movement for any given session is greatly influenced by the
group's ability and mood and interest which may be quite
inconsistent and vary widely from session to session.
Because of this, continuous concentration on the needs of
any one participant is not possible by the therapist (or the
group) who must keep his counseling leader role congruent
with the group's movement and mood. The group approach's

major advantages over individual counseling is that it
can make effective use of group interaction to improve
each participant's reaction to immediate interpersonal and
social realities, plus it is more economical in terms of
time and expense and allows participation by a greater
number of people.

Counseling Elements Common to Various Counseling Practices

This section presents a review of those elements of
individual counseling and psychotherapy which are common or
relevant to all counseling practice, regardless of counseling
orientation or client classification.

Summarizing the research data on individual counseling,
the "Review of Educational Research" (April, 1963, pp.
184-185) concludes that the trends in the data of counseling
research indicate that experienced counselors probably
produce better counseling results than novice counselors and
that most experienced counselors choose their methods to
fit the counseling task rather than a stereotyped counseling
orientation. Fiedler's findings (1950, 18) suggest that
the better trained therapists of different schools agree
more with each other than they agree with less trained
therapists within their own school. Fiedler's findings
(1950, 19) also suggest that expert therapists of differing
orientations form similar relationships with patients.
Rather than theory or technique, Carkhuff (1969) presents
extensive research evidence to show that the functioning

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level of the counselor in interpersonal relations is the most influential aspect of the treatment or counseling effort. In discussing counseling process Cartwright and Lerner (1963) point out that frequently studies which compare the respective percentages of successfully treated cases suggest that some common elements exists among the various approaches to counseling, regardless of theoretical orientation.

Truax and Carkhuff (1964) mention that an examination of the many formulations designed to describe successful and effective counseling reveals such common elements as the following:

1. The ability of the counselor to accurately under-stand the client.

2. The ability of the counselor to communicate this understanding to the client.

3. The ability of the counselor to be able to accept the client while being integrated, mature and genuine within the counseling or therapeutic relationship.

They note that these elements of the counseling relation-ship are aspects of the counselor's behavior and are common elements in the wide variety of approaches to psycho-therapy and counseling. These recurring themes are emphasized by psychoanalytic theorists such as Alexander (1948), Ferenczi (1930), Schaefer (1959) and Halpern and Lesser (1960); client-centered theorists such as Dymond (1949), Jourard (1959), Rogers (1951) and Synder (1961); and eclectic theorists such as Rausch ánd Bordin (1957), Strunk (1957), and Strupp (1960).

Truax and Carkhuff (1964) indicate that another aspect
of the counseling process commonly pointed to by these
approaches has been the client's exploration of his feelings,
his values, his relationships, his fears, and other concerns.
Most of these approaches, they add, consider the client's
self-exploration to be one of the central happenings
resulting from the process of counseling. They conclude
this self-exploration is most likely to take place when the
counselor communicates acceptance and understanding to the
client. Based upon their own research and that of others,
Truax and Carkhuff (1964) feel that the findings of importance
to a theoretical model for evaluating counseling were that
clients who explored their feelings and concerns more and
more throughout counseling also demonstrated the greatest
constructive personality change, while clients who under-
went very little self-exploration throughout the course of
counseling showed little constructive personality change.

Another crucial variable for successful counseling
implied by the previous practitioners of analytic, client-
centered, and eclectic theory has been that of concreteness.
They all make references to specific problem areas and
affect and regard abstract interactions as non-therapeutic
and even defensive. Truax and Carkhuff (1964) note that,
". . . perhaps one of the most useful learnings is that the
cases high in understanding, high in patient intrapersonal
exploration, and high in case outcome seem heavily loaded
with specificity or concreteness of interaction."

Griffin (1966, 1963, 30) generally supports Truax and Carkhuff's contention that communicated understanding, specificity, and exploration are common behavior dimensions acquired through experience by successful counselors because they discover, possibly, that these are behaviors that are central to effective counseling. Griffin (1968, 30, p. 693) notes that his findings tentatively suggest ". . . that as counselors become more trained and experienced their therapeutic focus changes more to the affective concerns of their clients in a more understanding, specific, and exploratory manner. To the extent that this change of focus becomes more helpful to the client in developing and maintaining counseling progress, these behaviors may then also represent an improved effectiveness in dealing with the client's problems."

Summary

A review of significant counselor behavior literature strongly suggests that the counseling practice of experienced and trained counselors, regardless of theoretical orientation, is characterized by common elements. Specifically, these common elements are that experienced and successful counselors (1) sensitively and accurately understand their clients and communicate this understanding to them; (2) communicate acceptance to their clients in a genuine and integrated manner; (3) permit and encourage self-exploration by their clients; and (4) deal specifically with the important concerns of their clients.

Counseling Research Involving Mentally Retarded Persons

This section presents a review of the significant counseling research involving mentally retarded persons.

The literature on individual counseling with mental retardates is practically nil while that on group counseling is scanty and generally insufficient. This is perhaps due to the influential opinions of leading researchers in the area of counseling. For example, in an early book Rogers (1942) lists eight conditions indicating counseling or psychotherapy. One of these conditions specifies that the client possess adequate intelligence for coping with his life situation, with an intelligence rating of Dull Normal or above. Such criteria thus excludes mentally retarded clients from consideration for counseling. This attitude appeared to be prevalent among professional research people for the following fifteen years after Rogers' statement. Stacey and DeMartino (1957, p. 9) state in the preface of their book: "Up to the present time psychotherapy with the mentally retarded has received relatively little attention from psychologists, psychiatrists and therapists in general. In great part, this has been due to the belief that psychotherapy, as well as other forms of therapy, is ineffectual with the mentally retarded."

Denton (1959), in the only significant study reported on individual counseling, gave twenty mentally retarded children, with mean IQ's of 60.6, weekly individual therapy,

the mean therapeutic hours per case being twenty-four. He

concluded that sixteen of these twenty children improved

substantially in freedom from original symptoms leading to

commitment and improved in adjustment to institutional

life. This study, however, was extremely loose in methodology

and was further limited by the absence of a control group.

In a small study involving group therapy, Lederman

(1958) took four patients in an institution for the mentally

retarded and placed them in a group situation for a short

time. The reported purpose of this study was to evaluate

group interaction as a diagnostic and prognostic technique

in determining community placement potentialities. The

conclusion of the experiment stated that the group diagnostic

technique was, in terms of time spent per evaluation,

considerably more economical than their usual methods. The

number of subjects used in this experiment, though, was

extremely small; and again, the research was limited by

the absence of a control group. A study by Kaldeck (1958)

in an institution for mental defectives shows that defective

adolescents and adults could, with group therapy, learn to

become better ready for job placement by expressing their

conflicting feelings, releaving their tension, and improving

their interpersonal relationships, although this conclusion

was based on loose methodology. Also, this study was done

in an institution and no efforts were made to place the

clients in employment or compare them with a control group.

A study in Egypt (Tawardos, 1956) found that boys and girls

with IQ's between 50 and 70 could be helped with group therapy (termed spontaneity training) to gain understanding of certain daily life situations.

In a later book, Rogers (1951 reversed his earlier opinion and indicated that therapy had been helpful to mentally retarded clients whom he and his associates had counseled.

Cotzin (1948) reports group therapy success with mental defectives, believing that group therapy may be more effective than individual therapy with these subjects.

Thorne and Dolan (1953) report on a counseling program for mentally retarded girls with several girls having an IQ as low as 35. They reported that seventy-nine percent of the girls made satisfactory adjustment to employment and independent community living.

A more recent study by Duncan (1965) reports on short-term therapy with two groups of ninth grade students who were described as culturally deprived. Duncan studied two groups receiving group counseling one hour per week for eight weeks, each group having a different counselor. He concluded that the test instruments used for evaluation were either lacking the necessary sensitivity to measure any change, or the counselors had no effect on developing self-concept, acceptance of self, and ideal self-concept. He did find, however, that the male subjects felt more free following counseling to acknowledge existance of their problems. Also, he believed that the effectiveness of

the two counselors varied.

Pierce (1967), reporting on one of the most recent and better studies involving group counseling with mentally retarded clients, showed that an experimental group of mentally retarded Vocational Rehabilitation clients at the Bobby Dodd Workshop in Atlanta, Georgia, who were provided group counseling, were rated, by the Workshop professional staff, ready for job placement in a statistically significant shorter period of time than a similar control group which was not provided with group counseling. The study, though, did not test the validity of these ratings against competitive job performance.

In the best study reported involving mentally retarded youths (Meltzoff and Kornreich, 1970), R. T. Synder and L. B. Sechrest compared three groups at the Huntington, Pennsylvania, Institution for Defective Delinquents. All were in their late teens or early twenties and of well-below-average intelligence. One of the three matched groups had group therapy. A second group met as a group for the same amount of time, but the discussion was not therapeutically oriented. The third group did not meet and received no treatment. There were significantly fewer reports of behavioral violations within the institution by members of the treated group than there were for members of the other groups.

Summary

A review of the literature discloses an almost non-existance of studies involving individual counseling with mental retardates while those studies reported involving group counseling or therapy with mental retardates are scanty and generally insufficient. For the most part, those studies reported are noticeably lacking in methodology, reliable data, control groups, and demonstration of meaningful change through improved job performance, job stability or other specific measurable outcome objectives. No where in the literature is there any reference to T-groups or similar group methods commonly relied upon for improvement of work performance and work adjustment.

Effectiveness of Counseling and Psychotherapy

This section will present an illustrative review of the research related to the effectiveness of counseling and psychotherapy and the proper research designs to measure this effectiveness.

Ever since Eysenck (1952) concluded that "existing research does not successfully reveal conventional psychotherapy and psychoanalysis to be more effective than the recovery that comes with time alone," there have been doubts and further misgivings about the alleged benefits of counseling and psychotherapy. Subsequently, there are two frequently quoted and contradictory legends about the out-

come of counseling and psychotherapy (Meltzoff and Kornreich, 1971). One maintains that one third of treated persons get better, one third remain the same and one third get worse. The other asserts that two thirds of neurotics get better on their own, without treatment.

Metzoff and Kornreich (1971), though, state that neither claim is supported by acceptable evidence. Contrary to these prevailing beliefs, they maintain that adequately controlled, fully scientific experiments have demonstrated repeatedly that counseling and psychotherapy does bring about positive changes. The many research experiments which Meltzoff and Kornreich (1970) cite to document their contention (to be reviewed shortly) deal with individuals whose maladjustments ranged widely in severity, who were treated by therapists of varied theoretical persuasions who used many different counseling and therapeutic techniques.

Meltzoff and Kornreich (1971) state that there are two obvious ways to get dependable data on the effects of counseling or psychotherapy. One approach is to measure the status of clients carefully, both before and after therapy, then compare the progress of the treated group with that of another group of individuals who match the treated group in all important characteristics but who do not receive specialized treatment. The other approach is to start with a client or patient population and at random select half of them to receive treatment. The remainder, the control group, receive no treatment at all

or undergo some experience not designed to be therapeutic.
Based upon these two approaches, Meltzoff and Kornreich
(1971) disclose that the simplest and most basic research
design is to compare a treated group and an untreated group,
equivalent in all other respects, on measurements that are
specified in advance and taken objectively before and after
a preestablished period of time. Then it can be determined
whether the treated group has changed more than the control
group and apply statistical procedures designed to estimate
whether the change is of sufficient magnitude and consistency
to be considered a result of therapy rather than of chance.

In their survey of research experiments supporting the
effectiveness of counseling and psychotherapy through
demonstration of positive change or results, Meltzoff and
Kornreich (1970) reviewed only those studies which essentially
were based upon the two approaches outlined for obtaining
dependable data.

More than a score of research projects have weighed
the value of psychotherapy for those who were diagnosed as
psychoneurotic or who had personality disorders. For
example, R. B. Morton checked the effectiveness of short-
term individual psychotherapy on forty Ohio State University
students who had severe personal problems and were doing poor
work. He randomly divided the traffic of students who applied
for help; he assigned half to immediate therapy and deferred
treatment of the other half for ninety days. He assessed
progress on a variety of ratings and tests. The treated

group showed significantly more improvement than did those whose treatment had not begun. The study was designed in such a way that the differential improvement could not be attributed to chance or to the mere passage of time.

A study by George A. Shouksmith and James W. Taylor showed the value of psychotherapy with underachieving early-adolescent boys of above-average intelligence. After six months of individual counseling sessions and some group discussion, students showed significantly more improvement on four of six achievement tests than comparable untreated boys did. After the study, almost all of the untreated boys continued to be classified as underachievers, while sixty-seven percent of those who had been treated attained functioning levels commensurate with their capacities. Secondary to this improvement were gains in social adjustment, peer-group acceptance and favorable reports from their teachers.

A study by J. E. Exner in a community mental-health clinic assessed the effects of group therapy upon female patients who had psychoneurosis and personality disorders. He compared various groupings with a control group that met without a therapist for a comparable period of time. He found some improvement in ninty-two percent of the treated patients and in only thirty-three percent of the controls. In the treated groups seventy-five percent improved enough to be discharged, but only seventeen percent of the controls were considered to be well enough for discharge.

In another investigation, at the University of Chicago
Counseling Center and the Alfred Adler Institute, John M.
Shlien, Harold H. Mosak and Rudolf Dreikurs studied the
effectiveness of three different therapeutic approaches.
Improvement in patients who received all three of these
types of treatment (client-centered time-limited therapy,
client-centered time-unlimited therapy, and time-limited
Adlerian therapy) was clearly greater than improvement in
patients in a control group who received no treatment.

A number of successful scientific investigations have
demonstrated that the techniques of behavior therapy can
eliminate phobic symptoms. The work of A. A. Lazarus at
Witwatersrand University, South Africa, is an outstanding
example of the successful elimination of pathological fears
of heights and closed places, sex fears and other phobias.
To prove the efficacy of this form of treatment, former
acrophobics climbed a fire escape to the roof of an eight-
story building, looked over the parapet, and for two
minutes counted cars passing below. Formerly claustrophobic
patients remained in a closed cubicle for five minutes.
If a subject showed any signs of anxiety or hesitation, the
treatment was considered as having failed with him. With
these rigorous stress-tolerance tests as criteria, this
form of therapy achieved a remarkable level of success in
contrast to other treatments that served as controls.

Psychosomatic disorders, long resistant to standard
medical regiments, have also been shown to yield to various

psychotherapeutic approaches. At New York Hospital, Cornell Medical Center, W. J. Grace, R. H. Pinsky, and H. G. Wolff studied patients with ulcerative colitis who participated in group therapy, comparing them with control patients whom they matched for age, sex, duration and severity of illness, age at onset of illness, and X-ray changes. The control group had only diet and medication for treatment. Consideration of such criteria as number of deaths, operations required, complications, X-ray changes, and time spent in the hospital showed the relative benefits of group therapy.

Earl J. Ends and Curtis W. Page at Willmar State Hospital, Minnesota, made a rigorous test of the effectiveness of psychotherapy in alcoholism. They considered a patient "greatly improved" only if he showed no evidence of alcoholic episodes over an 18-month period after his treatment. The patients they considered "possibly improved" displayed one or two brief episodes of drinking during their first three months after treatment, but no further reversion. The experimenters tried three different types of group therapy and compared them. Control subjects met socially in groups for a period of time comparable to the time that the subjects spent in therapy. One of the therapies limited reversion to old drinking patterns to thirty-three percent. There was seventy-seven percent reversion rate in the control group.

A number of research projects have shown the effectiveness of psychotherapy in improving institutional adjust-

ment and returning severely disturbed hospitalized patients
to the community.

M. B. Jensen, at the Salisbury, North Carolina,
Veterans Administration Hospital, demonstrated the positive
effects of group therapy with psychotic women patients. He
compared them with a group of patients who did not have
therapy, although the experimenters discussed their cases
with the social workers, nurses and other personnel who were
in direct contact with them. A third group had no psycho-
therapy and experimenters avoided any discussion of their
cases during the research period. The criteria used for
progress were movement of a patient from a closed ward
to open-ward status and discharge from the hospital. The
women who had group therapy showed the greatest progress.

In evaluating treatment of patients who were out of the
hospital and back in the community, Meltzoff and R. L.
Blumenthal, at the Veterans Administration Outpatient
Clinic, Brooklyn, New York, demonstrated that patients in
a therapy program benefited more than controls. The
criteria of benefit included lowered rehospitalization
rates, higher back-to-work rates and better ratings on
such personal-adjustment variables as use of community
facilities, dependency, mood, motivation, interpersonal
relations, self-concept, emotional control and adjustment
to family.

Research with antisocial-behavior problems, long thought
to be impervious to treatment, has yielded surprisingly

positive results. R. W. Persons at the Fairfield, Con-
necticut, School for Boys applied a demanding test of
adjustment-functioning outside an institution. The teen-age
male subjects of this research were serving indeterminate
sentences for such offenses as automobile theft and breaking
and entering; they averaged four offenses each. Treated
boys showed more improvement on a variety of psychological
test measures after forty sessions of group therapy and
twenty sessions of individual therapy than did a control
group who had no treatment. The treated boys also had
fewer disciplinary violations, obtained passes sooner,
and did better school work. A follow-up check, run some
ten months after each boy's release, found fewer back in
institutions, fewer parole violators and significantly more
employment among the treated boys than among those who
were not treated. The experimenter thoroughly investigated
and ruled out the possibility that these boys had returned
to better home environments.

The research studies reviewed here are meant only to
illustrate the research approaches that have been used and
the diversity of the problems that have been studied to
demonstrate the positive effect of counseling and psycho-
therapy. Meltzoff and Kornreich (1971) point out that
prior to 1970, more than 100 studies compared treated
clients or patients with control cases; eighty percent of
these yielded positive results, with the percentages
being even higher in the more carefully done studies.

They conclude that each year brings more well-designed studies that make the same point: that counseling and psychotherapy produces improvements in personal adjustment above and beyond those that can be accounted for by unpredictable life events or by the healing power of time.

Summary

Based upon many research experiments covering a diversity of problems in which treated groups were compared to untreated groups, equivalent in all other respects, it has been demonstrated that counseling and psychotherapy are effective in bringing about positive change and improvements in personal adjustment to a degree not accounted for by unpredictable life events or the mere passage of time.

Counseling Considerations for Adolescents and Young Adults

This section will present a selected review of some aspects of counseling and psychotherapy considered to be unique to adolescents and young adults.

In dealing with adolescents, or adolescent minds, in counseling or psychotherapy, Gitelson (1948) feels it would be foolish to attempt total resolution of the adolescent's conflicts through depth counseling or psychotherapy; rather, he feels the counseling goal should be to assist the adolescent to achieve an ego synthesis which would permit him a moderate degree of gratification within

the limits of social reality. Meeks (1957) sees this counseling goal as "identity" or "second individuation", defining it as the achievement of a workable self-awareness which accepts inner complexity so that the adolescent is able to relate this multifaceted sense of self-hood to others in an interpersonal and larger social context, all the while accepting this new sense of self as a tentative recognition of potentials rather than a static or finalized state.

Meeks (1957) feels the personality characteristics of the counselor or therapist are crucial for therapeutic success with the adolescent. He thinks it essential that the therapist portrays a nonjudgmental view which considers all behavior as potentially comprehensible within a human framework, maintaining that the therapist will be more successful in helping the adolescent understand his inner motivations the more he is able to encourage self-revelation. Other therapist traits which Meeks (1957) feels are indispensable to the establishment of a therapeutic atmosphere are: he possess a sense of trust in the basic goodness and worth of all people; he possess skill in tactful confrontation; he be comfortable enough with himself to leave aside pomposity or excessive professional dignity; and he be content with his own life and his own age level.

Since Meeks (1957) feels the therapist's goal with the adolescent is to maximize independence and autonomy, the therapist should take as little direct responsibility

for the adolescent's behavior as is consistent with common sense, except when assumption of such responsibility is essential for the youngster's welfare and the continuation of therapy. Thus, the therapist must recognize that at times the adolescent cannot take responsibility for himself because his "self" is overwhelmed by guilt, rage or other turbulent emotions. At such times, the therapist must serve as an emergency ancillary ego. Meeks feels, too, that the therapist can never "give" insight; he can only help the adolescent to find his own insight, mainly by saving him the effort of looking in the wrong places.

In dealing with adolescents and young adults, Griffin (1968, 29) sees the real value of counseling (and education) as developing a true sense of independence. He comments (1968, 29, p. 10):

> Society pursues the general format of making its members dependent for the purpose of telling them to be independent. It promises that in return for conformity and submission, one will eventually receive security and independence. This theme begins in childhood and is emphasized throughout school. By the time the teenager reaches high school, he is so well accustomed to the dependency role that he now unconsciously enjoys it. Consciously, he strives to convince himself that he doesn't want this dependence, and attempts to reassure himself of its temporary nature. This conflict can become pronounced and cause much frustration, rebellion, and indecision. Parents and schools and counseling need to concentrate more on preparing their youth for an independent existence---both intellectually and emotionally.

Before this independence can be reached in counseling and psychotherapy with the adolescent and young adult, Griffin indicates the client first has to achieve a proper

sense of confidence (identity), maturity, self-discipline and assertiveness, a lack of which fosters dependency as well as emotional confusion and maladjustment.

Griffin, then, sees the goal of counseling with adolescents and young adults to be that of emotional independence, independence which is acquired through the gradual development of confidence, maturity, self-discipline and assertiveness in counseling. Like Meeks, Griffin feels the counselor or therapist is vital to the success of reaching this goal, indicating that an accepting, mutually trusting, equal partnership interactional counseling relationship is more important to this success than counseling or therapeutic technique.

Summary

A selected review of the literature indicates that the primary goal of counseling with adolescents and young adults is not one of depth therapy but one of maximizing independence, autonomy, identity and self-awareness so as to permit a moderate degree of gratification within the limits of social reality. The gradual development of confidence, maturity, self-discipline and assertiveness through counseling is seen as one means of reaching this goal. The personality characteristics of the counselor as well as the interactional rapport he establishes with the client, are considered vital to the success of reaching this goal.

CHAPTER III

COUNSELING PRACTICE FOR THIS STUDY

The three major aspects of the type of counseling practice followed in this study are discussed in this chapter. These aspects are:

1. The counselor.

2. The counseling approach.

3. Counselor - subject interaction.

The Counselor

The counselor, his compentency, his counseling acumen and acuity, are all crucial to the success of this counseling practice.

Therefore, he should be adequately educated, trained and experienced, possessing at least a Master's Degree in counseling and guidance, psychology, or closely related fields, including counseling internship training and experience, preferably with some personal identification as a recipient of counseling, himself. These are the minimum prerequisites necessary for (1) readily comprehending, technically and experientially, the counseling aspects to be discussed in the remainder of this chapter. and, from such

understanding of these aspects, (2) putting them into effective counseling practice with professional awareness and skill.

The counselor, then, needs to be a trained, experienced and skilled person in the counseling process, with a keen appreciation for its value. Personally, the counselor himself should be confident, mature, self-disciplined, assertive and emotionally independent; and he should have a realistic grasp of these personality dimensions in relation to client limitations and various social realities. Professionally, the counselor needs to have a sound knowledge of personality dynamics and counseling techniques, with competence to recognize, and ability to deal with, problems of attitude, adjustment and behavior, including emotional stress and maladjustment. This ability involves skillful adeptness for interpersonal confrontation and interaction that will establish a trusting rapport of client confidence essential to eliciting his involvement and self-revelation in the counseling process. Basic to this counseling adeptness are: tactful courtesy; a confidential, nonjudgmental and accepting disposition; personal comfort and ease with others, free of anxiety and defensiveness and pomposity; empathy; sensitivity to and genuine interest in the emotional-social needs and discomforts of clients; emotional adaptability; and an alert, perceptive, attentive awareness.

The Counseling Approach

The major concern of the approach of this counseling practice, involving twice-a-week individual counseling sessions of an hour's duration with each subject over a six month period, is the exploration of conscious thought and behavior, with emphasis on developing subject awareness of those attitudes, habits, feelings and behavior which are suppressing ability and potential, limiting personal gratification, and hindering interpersonal and social functioning. More specifically, the goal of this approach is to foster a greater sense of emotional independence through the gradual improvement of confidence, maturity, self-discipline and assertiveness. The general counseling style or technique employed to accomplish this goal is one of therapeutically handling the affective concerns expressed by each subject in an understanding, specific and exploratory manner.

This style or technique, incorporating the focal guidelines to the approach of this counseling practice, will be further defined, elaborated and illustrated in this section under the four sub-headings of affective concerns, understanding manner, specific manner and exploratory manner.

Affective Concerns

The counselor in this counseling approach identifies the affective concerns of the subject and directs his

verbal responses, known as affective responses, to these affective concerns at the appropriate time.

Affective concerns refer to emotions, feelings, fears, moods, desires, urges, impulses, fantasy, dreams and any ideas, attitudes, beliefs, convictions, etc., which are based upon such referents as these. A counselor affective response is one which makes reference to any of this type of affective material on a feeling level. An affective response is not indicated by the extent to which the counselor's manner or communication is affective, but rather, it is indicated solely by the fact that the counselor responds through comment (reflection, clarification, interpretation, etc.) to underlying affective elements, or to what he implies are underlying affective elements, in the subject's verbal and nonverbal expressions as they are revealed in his interactional discussion with the counselor.

Examples:

1. "You feel quite inadequate in these situations."

2. "You act that way because you are angry."

3. "You feel better when she mothers you."

4. "How do you feel when your parents argue?"

5. "Maybe that's not what you want at all."

By his responses, then, the counselor enters the feeling frame of reference of the subject and thus deals with his expressed or implied affective concerns, needs and wants. The counselor always attempts to empathize or emote with the subject at the subject's feeling level through affective

responses which reflect, deal with, clarify or interpret the feeling of what the subject is saying.

On the other hand, the counselor attempts to minimize, or avoid altogether, cognitive type responses, those responses that are on a non-affective plane in that they are devoid of any basic concern, reference or recognition of client feelings, emotions, moods, attitudes or any other affective aspects which may be expressed or implied in the subject's communication. Such cognitive responses pass over any affective implications inherent in the subject's remarks.

Understanding Manner

An understanding manner refers to the counselor's ability and skill to communicate to the subject the fact that he knows, or is seeking to find out, what the subject is really feeling or is concerned about. He does this with understanding responses. These are responses which demonstrate or imply that the counselor understands the basic underlying affective concerns of what the subject is talking about, or is trying to get enough information from the subject (through appropriate reference to significant subject cues) for such understanding.

Examples:

1. "These feelings make it difficult for you to get along with others."

2. "In other words, you feel inadequate and self-conscious in these situations."

3. "You really want to be a big man."

4. "Could you tell me more specifically what you mean by this odd feeling about your brother?"

5. "Could you tell me more about that?"

Specific Manner

A specific manner refers to the counselor's ability and skill to deal specifically, without irrelevant distractions or involvement in vague or unrelated side-tract issues, with the subject's expressed or implied affective concerns. He does this through specific responses. These are core type responses which indicate that the counselor is handling directly and honestly the basic problem or feeling or concern presented explicitly or implicitly by the subject. The counselor's remarks are keyed to the central or specific aspects of the problem which the subject is feeling and communicating. The counselor thus responds to the underlying concern, feeling, or meaning--the primary message--of the subject's remarks such that his responses zero in and are congruent with the level of affect or concern being expressed by the subject.

Specific responses are those which influence the subject to attend with specificity to his problem areas or emotional conflicts and concerns. They are relevant to these problem areas or emotional conflicts and concerns, and move the interview discussion in this direction or

bring the subject's discussion back to these topics.
Specific responses are usually directed at underlying
affect, but may consist of cognitive responses if awareness
of affect is not essential to the working through of the
counseling problem.

Examples:

1. SUB: "I've gotten excellent ratings this year and
   I still feel lousy."

   CO: "You're sensing that obtaining such high
   marks is not such a satisfactory solution
   to your feelings of inadequacy as you thought."

2. SUB: "It's a common thing for men to sleep with
   women they're not married to. Why do they
   have to make such a fuss about it here?"

   CO: "What's that got to do with your sexual problem?"

3. SUB: "Hell, what do I care about being on time,
   my supervisor never says a good word about
   my work and he didn't do a thing about
   getting me that raise."

   CO: "When your supervisor doesn't continually
   praise and take care of you, you become
   angry and take it out on him by being late."

4. SUB: "When I try to make love to my girl anymore,
   I just can't perform."

   CO: "You still look on her as your mother."

5. SUB: "It's my twenty-second birthday tomorrow. I
   hate growing old."

CO: "It's more fun being a little girl, then
you don't have to face these adult respon-
sibilities."

Exploratory Manner

An exploratory manner refers to the counselor's
assistance and skill in helping and encouraging the subject
to explore his feelings, attitudes, values and other
affective concerns. He does this through exploratory
responses. These are responses which first, indicate
that the counselor has recognized some portion of the
subject's basic problem or concern and, second, has made
some verbal reference of this back to the subject in such
a way that the subject is free from any defined or "limited"
structure in his response, and is thus free to respond to
any degree and depth to the counselor's reference that he
may choose. In addition to the verbal response, the
counselor's whole manner creates an atmosphere for further
exploration. An exploratory response, then, is one which
pursues some aspect of the subject's basic affective
concerns and at the same time permits and encourages the
subject flexibility and freedom in his response. Such
responses are often open ended and allow the subject
to explore his own feelings and to expand upon them.
Examples:

1. "It seems that your anger is really directed
toward your father."

2. "Perhaps your need for such high esteen has some-
   thing to do with your wish to become a medical
   doctor?

3. "Maybe we should discuss a little more these
   strong attitudes about sex."

Counselor-Subject Interaction

This section will attempt to outline the nature and
focus of the counselor-subject interaction which was
encouraged and established in the counseling practice of
this study. Because of the intrinsic difficulties in any
attempt at transmuting the rich, warm exchange of the
consulting room into patterns of unfeeling objective
description, this outline is intended only to serve as a
helpful guide and not a step-by-step, comprehensive
exposition to counseling procedure.

From the beginning with each subject, the counselor
presented an accepting, non-judgmental, informal counseling
demeanor, one which promoted a relaxed, non-authoritarian,
equal partnership relationship with absolute confidentiality.

The initial sessions with each subject were devoted
primarily to establishing a comfortable acquaintance
and the gradual promotion of a trusting, enjoyable rapport
so necessary to later counseling growth and progress.
These initial sessions attempted to elicit joking and
laughing; coffee and coke were served; and a large part of
the time centered on non-verbal activity of interest to the

subject such as games, drawings, coloring, etc. After a

few sessions of such activity, the subject usually warmed

up to the counselor and became more expressive and verbal.

Once the subject was able to accept and trust the counselor,

as evidenced by his increasing expressive verbal interchange,

the counselor began, slowly and gradually, to focus the

interactional movement on the conscious affective concerns

of the subject in an understanding, specific and exploratory

manner as defined and discussed in the previous section.

A singular characteristic presented by all subjects

was that of marked dependency, resulting in either an

attitude and behavior pattern of quiet, conforming passivity,

or one of rebelling, childish impulsivity. Also, the

subjects were uniformly distinguished by immaturity and

lack of self-confidence. The counselor attempted,

whenever the verbal interchange appropriately presented

itself, to realistically and meaningfully relate the

affective concerns and expressed frustrations of each

subject, on a conscious level congruent with his affective

capacity and readiness to comprehend, to either his

dependency, his immaturity, his passivity, his lack of

confidence, his lack of self-discipline, or a combination

of these. By continually relating back to and concentrating

on the self-defeating and frustrating and suppressing

and disrupting consequences of these tendencies, in an

understanding, specific and exploratory manner, the

counselor hoped to move each subject in a direction of more

maturity, more confidence, more self-discipline, more
constructive and realistic and appropriate assertiveness,
and thus more emotional independence.

The counselor's own acceptance and respect of the
subject, combined with his continued emphasis on the
subject's personality strengths and assets, helped to
develop the subject's self-confidence, as well as his
feelings of self-respect. Self-esteem and positive
self-image were thus promoted. With this came increased
feelings of adequacy and self worth. Once the growth of
self-confidence had begun, the subject became less threatened
to explore further and to recognize more fully varied
areas of sensed inadequacy. This, in itself, served as a
beginning toward increased maturity, maturity which was
further developed through the expression and exploration of
anger and anxiety and frustration brought about by adult
or peer rejection and personal devaluation. With the help
of the counselor, this negative affect, and its disrupting
consequences, was diminished as the subject acquired more
awareness of its cause-effect relationship and was able
to counter with more realistic and self-advantageous
attitudes. With more maturity came more self-discipline,
helped by the exploration of the ill and self-defeating
effect of impulsive behaviors and the feelings precipitating
them. A new sense of confidence and maturity and personal
control, coupled with counselor encouragement and suggestion,
gave incentive to the subject to attempt more constructive,

appropriate assertive reaction to his environment. With
more confidence, maturity, self-discipline and assertive-
ness, the therapeutic groundwork was laid for subject
movement toward more independence. With this growth, the
subject's need for dependence lessened; and the counselor's
encouragement and reassurance provided him the catalyst to
react, in minor attempts at first, to opportunities for
expressing more self-sufficiency and independence. When,
to his delight, the subject discovered he was successful,
his new found gratification encouraged him on toward more
expression of self-autonomy. Throughout the six months of
this counselor-client interaction, unique subject problems
or difficulties at home, school, workshop or elsewhere
were discussed and explored, with supportive counselor
suggestions as to how they might best be resolved or dealt
with.

Hopefully, the positive acceptance of the subject on a
partnership basis by the counselor, and their expressive
interchange, would generalize to other adults. Also,
hopefully, an attitude style of more assertive self-
autonomy, personal adequacy, self-discipline, decision
making, and independent and responsible functioning would
gradually emerge from the counseling interaction and
replace the old attitude style of passive or frustrated
inadequacy, immaturity, indecision, dependency and personal
inability to function in most spheres of life. As part of
the counselor-client interaction, realistic vocational

goals and abilities and motivation were discussed and re-emphasized, with the counselor encouraging the subject to strongly consider or pursue job opportunities for which he felt the subject was best suited based upon a combination of his intellectual abilities, personality patterns, skills, interests and motivation.

A few subjects responded so well to this counseling interaction that near the end of the six month period, they strongly expressed being "fed up" with the "slavery" of the Workshop and their monotonous work, their puny pay, their being "yelled at" by staff supervisors, etc., and would verbalize such declarations as they were going to leave "that prison" by getting a job of their own (which some actually did). Such feeling and action was strongly rein-forced by the counselor, regarding it as a healthy and positive growth aspect of the counseling process.

Summary

The counseling practice for this study requires an educated, trained, experienced counselor competent in the skills of interpersonal confrontation and in ability to deal with adjustment problems. This practice's counseling approach is one where the counselor focuses upon the conscious affective concerns of the subject in an under-standing, specific and exploratory manner. Using this approach in this study, the counselor attempted to establish an accepting, non-judgmental, trusting, confidential and

equal partnership rapport which, based upon the counseling

interaction generated by this relationship, enabled him to

bring about increased emotional independence for each

subject by therapeutically moving him in a constructive

emotional direction of becoming more confident, mature,

assertive and self-disciplined.

CHAPTER IV

METHODOLOGY

A discussion of the methodology designed to test the

hypotheses set forth in Chapter I is presented here. This

chapter is divided into five sections: Subjects, Training

Facility, Counselor, Procedure, and Design.

Subjects

The subjects for this study were forty mentally retarded

individuals, the majority of them high school seniors ranging

in age from seventeen to twenty-one, who were referred to

the Bobby Dodd Workshop, through Vocational Rehabilitation

Counselors, by the Special Educational Classes for the

Mentally Retarded of the various Atlanta Public Schools.

These subjects were referred to the Workshop because of

their lack of interest and performance in school; general

immaturity and lack of self-confidence; poor job skills,

attitude and personal performance; and inability to secure

employment personally or by help of others.

The forty subjects were drawn at random from the approxi-

mately eighty students at the Bobby Dodd Workshop in the

Spring of 1968. Twenty subjects were assigned to the

Experimental Group, twenty to the Control Group, with

members of both groups being matched as similarly as possible

regarding sex, age, I.Q. and race (see Appendix C, page 90,

and Appendix D, page 92). The Experimental Group consisted of

twelve girls and eight boys, with a mean age of 19.2 years; five

of the members were negro and fifteen were white, with eight

being mildly retarded (76 to 81 IQ range), eight being moderately

retarded (70 to 75 IQ range), and four being severely

retarded (60-69 IQ range). The Control Group consisted

of eleven girls and nine boys, with a mean age of 19.4 years;

six of the members were negro and fourteen were white, with

eight being mildly retarded, eight being moderately retarded,

and four being severely retarded.

Training Facility

The Bobby Dodd Workshop for the Mentally Retarded is

a non-profit facility operated in Atlanta, Georgia, by an

Atlanta organization in cooperation with the Office of

Vocational Rehabilitation and the public schools. The

facility operates five days per week, eight hours per day,

to provide work adjustment training for mentally retarded

individuals. This is a sheltered Workshop in that the

clients there do not compete with the normal labor force.

The clients, though, do production work for which they

receive a small wage. Generally, the Workshop staff

attempts to promote positive work attitudes among the

clients, teach them how to work, and prepare them to be

good employees once they finish their training, which

normally lasts from six to twelve months.

The Workshop regimen is similar for all clients. They
report to work at 8:30 A.M. and are assigned to some simple,
repetitious work task in the production area, warehouse or
cafeteria. These assignments are usually based more on the
needs and commitments of the Workshop (it sells finished
products to buyers and has a budget to meet) than they are
on the needs, abilities and interests of the clients. Variety
of work assignments is very limited. Emphasis is on work
rather than interpersonal relationships. Relationship
between Workshop staff and clients is that of authoritative
parent-submissive child. At times during the week, clients
attend various group guidance type classes in small groups
where the Workshop staff attempts to teach them simple
reading and arithmetic, proper social dress and conduct,
personal hygiene, correct personal habits and work attitudes,
and the general facts of life --- as the Workshop staff sees
them. The clients are allowed two ten minute breaks, one
in the morning, one in the afternoon, with thirty minutes
provided for lunch. They leave the Workshop at 4:30 P.M.

Occasionally, clients are permitted short social or
party gatherings after work. Parents are sometimes brought
in for conferences with the Workshop staff, especially
when a client becomes a discipline problem. When the
Workshop staff feels a client has sufficiently been adjusted
for work and is ready for employment, he or she is placed
in a competitive job from several of which are normally

available, even though the job often is quite dissimilar to any of the work experience or work skills the client obtained at the Workshop.

Counselor

The counselor who conducted all of the individual counseling sessions was a Ph.D. counseling psychologist.

Procedure

The ratings for this study were made by one Bobby Dodd Workshop staff member, the Director of Evaluation and Placement Services, after consultation with staff members under him. This rater's regular Workshop responsibility included the evaluation of each Workshop client in regards to adjustment, social and work performance progress, and the determination of when each Workshop client was ready for placement in outside employment. He was selected to be the most suitable person to do the ratings because of (1) his experience with various type ratings of mentally retarded individuals; (2) his knowledge and practical use of rating scales; and (3) his close familiarity with and daily observation of all the Workshop clients, including those in the Experimental and Control Groups.

The rating instrument used was a five point scale stressing simplicity: a score of 1 denoted poor; 2 denoted fair; 3 denoted average; 4 denoted good; and 5 denoted

excellent. The rater was made thoroughly aware of the meanings of the five scale dimensions (confidence, maturity, self-discipline, assertiveness and independence) as defined in Chapter I. He was instructed not to assign ratings loosely; rather, he was to establish firmly and consistently for himself, based upon his own understanding of the five scale dimension definitions, what attitudes, behavior, interpersonal interaction, job performance, etc., would determine a subject rating of 1 (poor), 2 (fair), 3 (average), 4 (good) or 5 (excellent).

At the beginning of this study members of both the Experimental and Control Groups were rated on this five point scale for each of the personality dimensions of confidence, maturity, self-discipline, assertiveness and independence. For a six month period following, the Control Group was trained by the usual Workshop regimen, without benefit of individual or group counseling. The Experimental Group was also trained by this regimen, but, in addition, each subject in the group was provided with individual supportive counseling (as described in Chapter III) twice a week during this time, with each session lasting approximately an hour. None of the subjects in either group was considered for job placement during this six month period.

The counseling sessions were conducted in the counselor's private office, away from the Workshop facility. The subjects were taught to travel there by bus at their appointed time.

At the end of the six month period, members of both the Experimental and Control Groups were rated a second time, by the same rater, on each of the five personality dimensions. Then, efforts were made to place all subjects in both the Experimental and Control Groups in employment as rapidly as possible. As a rule, the Control subjects were placed by the Workshop or Vocational Rehabilitation Counselors in the usual manner; that is, they passively accepted the first job available which would accept them. The experimental subjects (those who had not already obtained jobs on their own), on the other hand, were generally more selective, often refusing, on their own without outside influence, their first or second job opportunities.

Six months following the end of the counseling period, or six months following the beginning of each subject's employment, the Experimental and Control groups were compared regarding job stability as defined in Chapter I.

Design

For each of the five personality dimensions, the individual pre-counseling rating scores for all members within each group (Experimental and Control) were added together to arrive at separate group scores on confidence, maturity, self-discipline, assertiveness and independence. For each group, this same tabulation was made for the post-counseling rating scores. For each of the five personality

dimensions within each group, the score increase of post-counseling group ratings over pre-counseling group ratings was divided by the pre-counseling group rating score and multiplied by 100 to arrive at a percentage improvement. The Experimental Group's percentage improvement on each of the five personality dimensions was then compared to the Control Group's percentage improvement on the same dimensions.

Those subjects who were continuously and successfully employed for approximately six months after obtaining their particular jobs following the counseling period were assigned a numerical rating of 2, while those subjects who fell far short of this, such as having to return to the Workshop, subsequently leaving the Workshop unemployed, or never having left the Workshop because employment could not be obtained, were assigned a numerical rating of 1. Using these ratings, a mean score was computed for each group and these were the scores used in making a statistical comparison. Assuming the population was normally distributed from which these mean scores were drawn, and assuming that the sample variance for each group has the same expectancy, a significant difference, based upon a "t"-test, was determined at the .05 level of confidence.

Summary

The methodology for testing the two hypotheses set forth in Chapter I was discussed in this chapter. The first hypothesis stated that Experimental Group subjects,

after receiving six months intensive, individual supportive counseling, will display a higher rating score improvement on each of the rating dimensions of confidence, maturity, self-discipline, assertiveness and independence than Control Group subjects receiving no counseling. The second hypothesis stated that Experimental Group subjects receiving this counseling will later display significantly better job stability than the Control Group subjects.

Two matched groups of mentally retarded students at the Bobby Dodd Workshop, Experimental and Control, consisting of twenty members each, were rated from 1 to 5 on each of the personality dimensions of confidence, maturity, self-discipline, assertiveness and independence by an independent, qualified rater. Following these ratings, members of the Experimental Group received intensive, individual supportive counseling twice a week for a period of six months. Members of the Control Group received no counseling. At the end of the six month counseling period, the members of both groups again were rated and the two groups were compared, using pre and post-counseling total group dimension scores, for percentage improvement on each of the five personality dimensions.

Following this second rating, efforts were made to place all subjects in both the Experimental and Control Groups in employment as rapidly as possible. Those subjects who obtained jobs and were successfully employed for six months were assigned a numerical rating of 2; those subjects who were unable to obtain jobs or who were not

successfully employed for six months were assigned a numerical rating of 1. Using these ratings, a mean score was computed for each group and these scores were used for making a statistical comparison, based upon a "t"-test, for significant difference at the .05 level of confidence.

CHAPTER V

ANALYSIS OF RESULTS

The results of the methodological procedure described

in Chapter IV are reported here. This chapter is divided

into two sections: a discussion of the results of the

personality dimension ratings; and a discussion of the

results related to job stability.

Results of the Personality Dimension Ratings

The first hypothesis tested by this study was that

subjects of the Experimental Group receiving intensive,

individual short-term supportive counseling will display a

higher rating score improvement on each of the personality

dimensions of confidence, maturity, self-discipline, assert-

iveness and independence following this counseling than

will subjects of the Control Group receiving no such counseling.

Appendix A, page 84, presents the pre and post-

counseling personality dimension rating scores for the

Experimental Group while Appendix B, page 87, presents the

pre and post-counseling rating scores for the Control Group.

Table 5.1, page 68, summarizes the rating results for the

Experimental Group while Table 5.2, page 68, summarizes the

rating results for the Control Group.

Table 5.1--Comparison of Experimental Group Pre
and Post-Counseling Group Rating Scores
on the Five Personality Dimensions.

	Confi-dence	Matur-ity	Self-Dis-cipline	Assert-iveness	Independ-ence
Pre-Counseling Group Rating Scores	35	37	48	38	34
Post-Counseling Group Rating Scores	65	63	62	51	51
Group Rating Score Increase	30	26	14	13	17
Percentage Improvement	86%	70%	30%	34%	50%

Table 5.2--Comparison of Control Group Pre and
Post-Counseling Group Rating Scores
on the Five Personality Dimensions.

	Confi-dence	Matur-ity	Self-Dis-cipline	Assert-iveness	Independ-ence
Pre-Counseling Group Rating Scores	40	36	43	44	40
Post-Counseling Group Rating Scores	43	39	48	45	39
Group Rating Score Increase	3	3	5	1	-1
Percentage Improvement	7%	8%	12%	2%	-3%

A comparison between Tables 5.1 and 5.2 discloses that the Experimental Group, following counseling, displayed a higher rating score improvement on each of the five personality dimensions than did the Control Group. These findings support the hypothesis tested.

Results Related to Job Stability

The second hypothesis tested by this study was that subjects of the Experimental Group receiving intensive, individual short-term supportive counseling will be distinguished by significantly higher job stability following this counseling than will subjects of the Control Group receiving no such counseling.

Appendix C, page 90, discloses that six months following the end of counseling, twelve of the twenty subjects of the Experimental Group were continuously and successfully employed while Appendix D, page 92, discloses that only five of the twenty subjects of the Control Group were continuously and successfully employed. This comparison of job stability between the two groups can be presented in terms of the following percentages:

	Job Stability	Job Instability
Experimental Group	60%	40%
Control Group	25%	75%

Table 5.3, page 70, summarizes the statistical "t" analysis of Appendix E, page 94. The analysis presented in

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this appendix compares the job stability rating scores of the Experimental Group subjects with those of the Control Group subjects. It can be seen from inspection of this Table that there is a statistically significant difference between the rating scores of the Experimental Group and those of the Control Group.

Table 5.3--Comparison of the Mean ($\overline{X}$) Job Stability Rating Scores Between the Experimental Group Subjects and the Control Group Subjects.

Experimental Group $\overline{X}$	1.60
Control Group $\overline{X}$	1.25
t - ratio	2.39*

Necessary: t .05 = 2.02   *significant at .05 level

These findings support the hypothesis tested. They suggest that intensive, individual short-term supportive counseling is able to significantly improve the job stability of mentally retarded clients at the Bobby Dodd Workshop.

Summary

The results of this study are reported in this chapter. The findings presented show that the Experimental Group, following intensive, individual short-term counseling, was rated higher on the personality dimensions of confidence, maturity, self-discipline, assertiveness and independence

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than was the Control Group receiving no such counseling.

Also, the findings disclose that the Experimental Group

demonstrated significantly higher job stability than did

the Control Group, suggesting that intensive, individual

short-term supportive counseling is able to significantly

improve the job stability of mentally retarded clients at

the Bobby Dodd Workshop.

CHAPTER VI

SUMMARY, CONCLUSIONS AND IMPLICATIONS

This chapter consists of three sections: a summary of this research; the conclusions of this research; and a discussion of the implications generated by this research.

Summary

This research examined two hypotheses involving mentally retarded students who received intensive, individual short-term supportive counseling. The two hypotheses are:

First Hypothesis

An Experimental Group of subjects receiving intensive, individual six month supportive counseling will display a higher rating improvement on the five personality dimensions of confidence, maturity, self-discipline, assertiveness and independence following this counseling than will a Control Group of subjects receiving no such counseling.

Second Hypothesis

An Experimental Group of subjects receiving intensive, individual short-term supportive counseling will be distinguished by significantly higher job stability, defined as

continuous and successful employment for six months follow-
ing the end of counseling, than will a Control Group of
subjects receiving no such counseling.

To test these hypotheses, forty mentally retarded
students were drawn at random from the Bobby Dodd Workshop
for the Mentally Retarded; twenty were assigned to the
Experimental Group, twenty to the Control Group, with
members of both groups being matched as similarly as
possible regarding sex, age, I.Q. and race.

At the beginning of this study, members of both the
Experimental and Control Groups were rated by a qualified,
independent rater on the five personality dimensions of
confidence, maturity, self-discipline, assertiveness and
independence. The ratings were made on a five point scale:
a rating of 1 denoted poor; 2 denoted fair; 3 denoted
average; 4 denoted good; and 5 denoted excellent. Following
these pre-counseling ratings, subjects of the Control Group
continued the normal training regimen of the Bobby Dodd
Workshop. Subjects of the Experimental Group also continued
this training but, in addition, underwent individual
counseling twice a week for a six month period with a
counseling psychologist who's counseling approach dealt
with the conscious affective concerns of the subjects in an
understanding, specific and exploratory manner. Following
the six month counseling period, members of both the Experi-
mental and Control Groups were rated a second time on

the five personality dimensions. Comparison of post-counseling

group rating score increases over pre-counseling group

rating scores on each of the five personality dimensions were

then made between the two groups. This comparison disclosed

that the Experimental Group was rated much higher than the

Control Group on each of the five personality dimensions,

thereby supporting the first hypothesis tested.

Following the second personality dimension rating,

efforts were made to place the subjects of both groups in

employment. Six months later, a follow-up study was made

to discover which subjects were still employed. Each

subject was rated a score of 2 if he was employed, 1 if he

was not. The rating scores obtained by the subjects in each

group were statistically compared using "t"-tests. There

was a significant difference in the rating scores of the

two groups of subjects in favor of the Experimental

Group, thereby supporting the second hypothesis tested.

Conclusions

In drawing conclusions based upon the findings of this

research, it is necessary to consider the variables which might

have limited or influenced these findings. These

variables are related to the major delimitations outlined

for this research in Chapter I. Nonetheless, within these

limitations, the findings of this research appear to warrant

the following conclusions about the hypotheses presented in

Chapter I:

1. The data of this research suggests that the type of intensive, individual short-term supportive counseling practiced in this study can improve the confidence, maturity, self-discipline, assertiveness and independence of mentally retarded students.

2. The data of this research suggests that the type of intensive, individual short-term supportive counseling practiced in this study can significantly improve the job stability of mentally retarded students.

Implications

This section is divided into two parts: a discussion of the implications for counseling and education with mentally retarded students; and the implications for future research.

Implications for Counseling and Education with Mentally Retarded Students

The findings of this study would suggest that mentally retarded individuals can indeed benefit from individual counseling, thereby contradicting the lingering myth that they cannot: retardates are not as hopeless as thought. Also, these findings imply that individual counseling with retardates of the nature described in this study can be just as effective, if not more so, than group

counseling, particularly when this effectiveness is defined in terms of improved confidence, maturity, self-discipline, assertiveness, independence and job stability.

Although the findings presented in this thesis are based only upon one research investigation limited to small numbers of subjects selected from just one training facility, and certainly need to be verified by further research duplication in other types of mentally retarded training facilities, one major implication seems to be suggested by these findings, namely; improved job stability (successful work performance over a period of time) for mentally retarded students seems most significantly related to improvement of their confidence, maturity and emotional independence. If one assumes improved emotional independence to be crucial to job stability, then the findings here imply possibly that improvement in self-confidence and maturity to be primary for the development of this independence, with improvement of self-discipline and assertiveness being important, but secondary.

If the findings of this research can be assumed to be valid and applicable to mentally retarded students in general in many settings, then the implications for improved educational practice with retardates becomes evident, whether this practice be in workshops, schools, vocational programs or other types of training facilities. Mentally retarded students can actualize their potential, personality adjustment and job performance in these various

settings through involvement in supportive type counseling

programs similar to the one carried out in this research

study. If the educational and training and job placement

difficulties encountered by the Bobby Dodd Workshop with

their retarded students before this research are typical

or similar to those encountered by schools and other

educational and training facilities with retarded students,

then this implies possibly that their repetitious, low

expectation, superficial group guidance type approaches

simply do not address themselves properly to the basic

prerequisites to adequate personal and work functioning

needed by retardates, and by all people, namely, the pro-

motion of confidence, maturity, self-discipline, constructive

assertiveness and emotional independence.

Improved educational practice with retardated students

implied here does not have to be confined to elaborate

counseling programs, nor always require the involvement

necessarily of highly trained and sophisticated counselors;

a new perception of retarded students by teachers, super-

visors, schools, training facilities, etc., with a new

attitude and approach and determination to focus on improving

the retardate's confidence, maturity, self-discipline,

assertiveness and independence, by whatever realistic

means available and within their ability, should prove,

within itself, highly helpful to the retardate.

Implications for Future Research

The implications for the types of counseling research which seem promising and most needed with mental retardates are:

1. Duplication of this research study with mentally retarded students in varied type facilities and institutions.

2. Duplication of this research study in facilities and institutions involved with older mentally retarded individuals.

3. Duplication of this study using Master's level counselors.

4. Duplication of this study using the same type Control and Experimental Groups but, in addition, use a third group that receives group counseling instead of individual counseling. Then compare the progress of this third group with that of the Control and Experimental Groups.

5. Duplication of this study with shorter counseling period and/or only one counseling session per week.

6. Related counseling research of all kinds with mentally retarded persons in various types of settings and circumstances.

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APPENDIX A

PRE AND POST-COUNSELING RATING SCORES

FOR SUBJECTS OF THE EXPERIMENTAL GROUP

ON THE PERSONALITY DIMENSIONS OF CONFIDENCE,

MATURITY, SELF-DISCIPLINE, ASSERTIVENESS

AND INDEPENDENCE

Pre-Counseling Rating Scores

Experimental Group

Subject		Confidence	Maturity	Self-Discipline	Assertiveness	Independence
1.	G.R.	1	2	2	3	1
2.	K.T.	3	3	4	2	2
3.	M.O.	3	2	3	2	3
4.	C.N.	2	1	2	1	1
5.	A.Q.	2	3	3	2	2
6.	R.P.	2	2	1	4	3
7.	C.F.	2	2	3	1	1
8.	P.W.	1	3	3	1	1
9.	K.K.	2	1	1	2	2
10.	J.B.	1	1	3	1	1
11.	V.W.	2	2	4	1	2
12.	A.S.	2	1	1	4	2
13.	J.A.	2	3	3	1	1
14.	P.W.	2	2	3	1	2
15.	A.W.	1	1	2	2	1
16.	M.N.	1	1	1	2	1
17.	D.P.	2	2	2	3	3
18.	F.H.	2	1	3	1	1
19.	J.B.	1	1	1	3	3
20.	M.L.	1	3	3	1	1
Total Group Rating Score		35	37	48	38	34

Post-Counseling Rating Scores

Experimental Group

Subject	Personality Dimensions				
	Confi-dence	Maturity	Self-Discipline	Assert-iveness	Independ-ence
1. G.R.	3	3	3	3	2
2. K.T.	4	3	4	3	3
3. M.O.	4	3	4	4	3
4. C.N.	3	3	3	2	2
5. A.Q.	4	5	4	3	4
6. R.P.	3	3	3	4	3
7. C.F.	3	4	3	3	3
8. P.W.	3	4	3	2	3
9. K.K	3	3	3	2	4
10. J.B.	3	3	3	3	3
11. V.W.	4	4	4	3	3
12. A.S.	5	4	4	3	4
13. J.A.	3	3	3	2	2
14. P.W.	3	3	3	1	2
15. A.W.	2	2	2	2	1
16. M.N.	1	1	1	2	1
17. D.P.	3	3	3	3	3
18. F.H.	4	3	3	2	1
19. J.B.	4	3	3	3	3
20. M.L.	3	3	3	1	1
Total Group Rating Score	65	63	62	51	51
Group Rating Score Increase Compared to Pre-Counseling Ratings	+30	+26	+14	+13	+17
Percentage Improvement	86% $(\frac{30}{35})$	70% $(\frac{26}{37})$	30% $(\frac{14}{48})$	34% $(\frac{13}{38})$	50% $(\frac{17}{34})$

APPENDIX B

PRE AND POST-COUNSELING RATING SCORES

FOR SUBJECTS OF THE CONTROL GROUP

ON THE PERSONALITY DIMENSIONS OF CONFIDENCE,

MATURITY, SELF-DISCIPLINE, ASSERTIVENESS

AND INDEPENDENCE

Pre-Counseling Rating Scores

Control Group

Subject		Personality Dimensions				
		Confi-dence	Maturity	Self-Discipline	Assert-iveness	Independ-ence
1.	H.H.	2	1	1	4	3
2.	C.C.	2	2	2	3	2
3.	D.A.	3	3	3	3	4
4.	H.W.	3	2	3	2	3
5.	V.S.	2	1	2	2	2
6.	C.B.	2	1	2	2	1
7.	H.S.	2	2	1	2	2
8.	C.C.	1	2	3	1	2
9.	J.G.	1	1	2	1	2
10.	G.R.	2	1	2	1	1
11.	O.S.	2	1	1	3	1
12.	C.D.	2	3	3	2	2
13.	R.B.	3	2	3	2	3
14.	M.S.	3	1	2	3	2
15.	R.B.	1	1	3	1	1
16.	B.A.	2	2	2	2	2
17.	R.D.	2	3	2	2	2
18.	P.N.	2	2	2	3	2
19.	G.S.	1	3	2	2	1
20.	W.W.	2	2	2	3	2
Total Group Rating Score		40	36	43	44	40

Post-Counseling Rating Scores

Control Group

Subject	Personality Dimensions				
	Confidence	Maturity	Self-Discipline	Assertiveness	Independence
1. H.H.	3	2	2	4	3
2. C.C.	3	2	3	3	2
3. D.A.	3	3	3	3	4
4. H.W.	3	3	3	3	3
5. V.S.	3	2	3	2	2
6. C.B.	2	1	2	2	1
7. H.S.	2	2	2	2	2
8. C.C.	2	2	3	1	2
9. J.G.	1	1	2	1	2
10. G.R.	2	1	2	1	1
11. O.S.	2	1	2	3	1
12. C.D.	2	3	3	2	2
13. R.B.	2	2	2	2	2
14. M.S.	2	1	2	3	2
15. R.B.	1	1	2	1	1
16. B.A.	2	2	2	2	2
17. R.D.	2	3	2	2	2
18. P.N.	2	2	3	3	2
19. G.S.	2	3	3	2	1
20. W.W.	2	2	2	3	2
Total Group Rating Score	43	39	48	45	39
Group Rating Score Increase Compared to Pre-Counseling Rating	+3	+3	+5	+1	-1
Percentage Improvement	7% $(\frac{3}{40})$	8% $(\frac{3}{36})$	12% $(\frac{5}{43})$	2% $(\frac{1}{44})$	-3% $(\frac{-1}{40})$

APPENDIX C

RELEVANT DATA CONCERNING

INDIVIDUAL SUBJECTS OF

THE EXPERIMENTAL GROUP,

INCLUDING JOB STABILITY

ON SIX MONTH FOLLOW-UP

SUBJECT		SEX	AGE	RACE	IQ RANGE	JOB STABILITY AFTER SIX MO. FOLLOW-UP	JOB STABILITY RATING SCORE
1.	G.R.	M	18	White	70-75	Cook	2
2.	K.T.	M	20	Negro	60-69	Park Attendant	2
3.	M.O.	F	20	White	76-81	Factory Worker	2
4.	C.N.	F	17	White	70-75	Nurses' Aid	2
5.	A.Q.	F	18	Negro	70-75	Store Clerk	2
6.	R.P.	M	18	White	70-75	BergerKingRest.	2
7.	C.F.	M	21	White	70-75	Store Clerk	2
8.	P.W.	M	19	White	70-75	Janitor	2
9.	K.K.	F	18	White	70-75	Clerk,Cleaners	2
10.	J.B.	F	21	White	76-81	Cafeteria	2
11.	V.W.	F	21	Negro	60-69	Cafeteria	2
12.	A.S.	F	18	White	76-81	Cafeteria	2
13.	J.A.	F	19	White	70-75	Unemployed	1
14.	P.W.	F	21	Negro	60-69	Unemployed	1
15.	A.W.	F	20	White	76-81	Unemployed	1
16.	M.N.	F	21	White	76-81	Unemployed	1
17.	D.P.	M	18	White	76-81	Unemployed	1
18.	F.H.	M	20	Negro	76-81	Unemployed	1
19.	J.B.	F	18	White	76-81	Unemployed	1
20.	M.L.	M	17	White	60-69	Unemployed	1

383

$\overline{X}$ = 19.2 (Mean Age)

Summary

After Six Months:

12 subjects employed

8 subjects unemployed

Job Stability = $\dfrac{12}{20}$ = 60%

APPENDIX D

RELEVANT DATA CONCERNING

INDIVIDUAL SUBJECTS OF

THE CONTROL GROUP

INCLUDING JOB STABILITY

ON SIX MONTH FOLLOW-UP

CONTROL GROUP -- NO COUNSELING

SUBJECT		SEX	AGE	RACE	IQ RANGE	JOB STABILITY AFTER SIX MO. FOLLOW-UP	JOB STABILITY RATING SCORE
1.	H.H.	F	21	Negro	70-75	CarWashAttend.	2
2.	C.C.	F	19	White	76-81	Waitress	2
3.	D.A.	M	21	White	76-81	Store Clerk	2
4.	H.W.	M	19	Negro	76-81	Factory Worker	2
5.	V.S.	F	21	White	70-75	Waitress	2
6.	C.B.	F	20	Negro	60-69	Unemployed	1
7.	H.S.	M	21	White	76-81	Unemployed	1
8.	C.C.	F	18	White	76-81	Unemployed	1
9.	J.G.	M	20	White	76-81	Unemployed	1
10.	G.R.	F	20	White	60-69	Unemployed	1
11.	O.S.	F	21	White	70-75	Unemployed	1
12.	C.D.	F	18	White	76-81	Unemployed	1
13.	R.B.	M	18	White	76-81	Unemployed	1
14.	M.S.	F	18	Negro	60-69	Unemployed	1
15.	R.B.	M	17	Negro	70-75	Unemployed	1
16.	B.A.	F	21	White	70-75	Unemployed	1
17.	R.D.	M	17	White	60-69	Unemployed	1
18.	P.N.	M	19	White	70-75	Unemployed	1
19.	G.S.	M	17	White	70-75	Unemployed	1
20.	W.W.	F	21	Negro	70-75	Unemployed	1

387

$\overline{X}$ = 19.4 (Mean Age)

Summary

After Six Months:

5 Subjects Employed

15 Subjects Unemployed

Job Stability $= \dfrac{5}{20} = 25\%$

APPENDIX E

STATISTICAL "t"-TEST

ANALYSIS COMPARING THE

JOB STABILITY RATING SCORES BETWEEN

THE EXPERIMENTAL AND CONTROL

GROUP SUBJECTS

EXPERIMENTAL GROUP JOB STABILITY RATING SCORES	DEVIA- TION FROM MEAN	SQUARED DEVIA- TIONS	CONTROL GROUP JOB STABILITY RATING SCORES	DEVIA- TION FROM MEAN	SQUARED DEVIATIONS
1	-.6	.36	1	-.25	.0625
1	-.6	.36	1	-.25	.0625
1	-.6	.36	1	-.25	.0625
1	-.6	.36	1	-.25	.0625
1	-.6	.36	1	-.25	.0625
1	-.6	.36	1	-.25	.0625
1	-.6	.36	1	-.25	.0625
1	-.6	.36	1	-.25	.0625
2	.4	.16	1	-.25	.0625
2	.4	.16	1	-.25	.0625
2	.4	.16	1	-.25	.0625
2	.4	.16	1	-.25	.0625
2	.4	.16	1	-.25	.0625
2	.4	.16	1	-.25	.0625
2	.4	.16	1	-.25	.0625
2	.4	.16	2	.75	.5625
2	.4	.16	2	.75	.5625
2	.4	.16	2	.75	.5625
2	.4	.16	2	.75	.5625
2	.4	.16	2	.75	.5625

SUM 32   4.80   25   3.75

N   20   20

$\overline{X}_1$ 1.60   1.25

$$\text{Variance } (S_1^2) = \frac{4.80}{20} = .240$$

$$\text{Variance } (S_2^2) = \frac{3.75}{20} = .188$$

$$t = \frac{\overline{X}_1 - \overline{X}_2}{\sqrt{\dfrac{S_1^2 + S_2^2}{2} \left(\dfrac{1}{N_1} + \dfrac{1}{N_2} \right)}}$$

$$= \frac{1.60 - 1.25}{\sqrt{\dfrac{.240 + .188}{2} \left(\dfrac{2}{20} \right)}} = \frac{.35}{\sqrt{.0214}} = \frac{.350}{.146} = 2.39$$

Degrees of freedom (df) = $N_1 + N_2 - 2 = 40 - 2 = 38$

Significance at .05 level = 2.02

Assumptions

1. Population is normally distributed from which $\overline{X}_1$ and $\overline{X}_2$ were drawn.

2. $\int_1^2 = \int_2^2$ (each sample variance has the same expectancy).

Null Hypothesis: $E\,(\overline{X}_1 - \overline{X}_2) = 0$

Reject: $E\,(\overline{X}_1 - \overline{X}_2) \neq 0$