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Strategies For Socialization Of Learning Disabled Students At The Secondary Level

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STRATEGIES FOR SOCIALIZATION

OF LEARNING DISABLED STUDENTS AT THE

SECONDARY LEVEL

By

VERDEN T. SMITH

A Practicum Report
Submitted to the Faculty of the Center for the
Advancement of the Requirements for the degree of
Master of Science

The Abstract of this Report may be placed in
the School Practices Information Files for Reference

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Strategies for Socialization of Learning Disabled
Students at the Secondary Level.
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Nova University, Center for the Advancement of Education.
Descript .: Self-esteem/Student Attitudes/Self-Concepts;
Social Status/Peer Groups/ Adolescence/ Acceptance/
Learning Disabilities/Social Interaction/Secondary
Socialization/Peer Relationships/Social Behavior/Social
Development/Interpersonal Competence.

Learning disabled students at the secondary level have

inferior socialization skills with peer groups and poor

self-perceptual skills. Studies indicate that socializa-

tion appears to be the keystone of adolescent development.

Evaluative instruments employed to discern interpersonal

and socialization skills were the IPAT-Anxiety Scale

Questionnaire Test-Self-Analysis Form (Cattell, Krug,

Scheier) and the Self-Inventory (Simon-Howe-Kirschenbaum).

Peer Counseling, observations, filmstrips and guest

speakers were utilized to implement this socialization

skills program. Results indicated improved self-esteem,

increased communication with peer groups and more positive

attitudes toward self and others. (Appendices include

sample instruments and student data.)

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CHAPTER I

PURPOSE

Learning disabled students bring with them to secondary schools the accumulated baggage of prior years of academic and social difficulty. The programs for academic success of learning disabled students at the secondary level have been emphasized and researched but socialization with peer groups and self-perceptual skills have not been given an adequate amount of attention. Cruickshank (1980) cites the pressures of adolescence, the need for independence, coupled with the lack of a long history of success experiences in childhood, and the need to experiment with little-understood adult behaviors, combine to produce hazards for the learning disabled youth. One particular hazard for the learning disabled secondary student is poor perceptual ability of non-verbal social cues. This inability makes relating with peer groups a frustrating and, in many instances, an agonizing experience. For some learning disabled students, peer acceptance is tempered by whether or not they possess other prized attributes such as attractiveness or athletic ability. Bryan (1977) believes that we have an obligation to teach cues to the learning disabled child and not expect this skill to

develop normally. Added to all of this is the impact of adolescence. Their problems with thought, learning and behavior are recognized most of the time. Their feelings, however, are often forgotten. This is the area in which help is needed. Educators have stated there is no education, no learning without emotion. There is no child without emotion. The problem is communication. The focus should be on the feelings of the adolescent whatever his academic skills.

This researcher has noted, initially by observation as a teacher of learning disabled students, that there appears to be an imposed barrier between the learning disabled student and peers; one reason being the learning disabled student does not want others to know of the existing handicapping condi' 1. Another, aforementioned, reason is the poor perceptual ability of non-verbal skills of these students. Observation shows the student will make a delayed entrance, at the risk of being tardy, and a hurried exit from the special education classroom. School activities, such as assemblies where classes sit as a group, are debilitating experiences for the learning disabled student. Dances, atheltic events and other school-related functions pose threatening situations, especially where an invitation to a peer group member is desired by the learning disabled student. Interviews with students

indicate fear of being rejected and/or possible peer
embarrassment causes reticent feelings of social involve-
ment with peers.

It is obvious to this researcher that a need exists
for an on-going program to develop and improve socializa-
tion and self-concept skills for the learning disabled
student at the secondary level. Given this on-going
program, the learning disabled student at the secondary
level will improve socialization and self-concept skills
with peer groups.

Cluster sampling will be used in this research.
The target group consists of a class of ten learning
disabled students at the ninth grade level. Subjects for
this study include seven male and three female students.
These students having been diagnosed as having learning
disabilities on the basis of individual diagnostic
evaluations conducted by a certified school psychologist
and are reviewed every three years.

It is expected that 80% of the target group of
learning disabled students at the secondary level will
improve socialization skills with peer groups after ten
weeks of implementation using pre-tests, post-tests,
guest speakers, observations, questionnaires and peer
counseling activities. Terminal performance objectives
will be achieved over a ten week period indicating positive

results measured by the anxiety levels of the IPAT Self Analysis Form administered before and after the implementation of the practicum. Students will demonstrate a more positive attitude toward self and others as evidenced by observations and activities involving peer groups.

CHAPTER 2

RESEARCH AND SOLUTION STRATEGY

Socialization experiences for the learning disabled adolescent must be a planned educational intervention. Meisgeier (1981), at the University of Houston, has developed a model for teaching LD adolescents. Called Synergistic Education, the model consists of four components. The academics component is carried out in a resource room where rapid increases in reading fluency are emphaized. The social-behavioral segment of the program consists of a one-semester psychology course because "data now available suggests that efforts should focus as much on what is occurring inside the students as on what is happening inside the classroom." (Meisgeier, 1981)

Sociometric studies of disabled children in mainstreamed settings have consistently found these students to be less popular and more actively rejected than non-disabled children. Bruinincks (1978) has found that disabled students perform more poorly than non-disabled

peers or tasks requiring them to interpret social cues
or comprehend non-verbal information. Researchers often
explain the weaker performance of learning disabled
students on such tasks in terms of social perceptions
or processing deficits. A study recently completed by
Saloner and Gettinger (1984) examined the performance of
30 learning disabled and 30 non-disabled students, grades
one through seven, on the Test of Social Inference (TSI).
Results indicated that disabled students obtained lower
TSI total scores than did non-disabled students; they
also performed relatively lower on TSI items requiring
more verbal expression. While no difference was found
between the groups on the Motor-Free Visual Perception
Test (MVPT), the relationship between MVPT and TSI scores
was shown to be significant within the disabled group only.
This group made more perceptual-type errors on the TSI.
Findings in relation to previous research suggest a
link between visual perception and/or language fluency
and social inference skills among learning disabled
children. Bryan (1977) has researched social communica-
tion problems with learning disabled students and found
that disabled children are more submissive toward peers
than are non-disabled children when interacting in small
groups. It is suggested that disabled students may com-
municate in an unassertive or socially inappropriate manner
due to poor communication or language skills.

A learning disability has as great an impact on social and emotional development as it does on mental development. A young adult may be considered depressed because of the sparse speech and slow movements. In fact, an inherited motor coordination problem could exist that requires the ability to speak and move slowly to maintain good control over body muscles. Schulman (1986) states that the result is often low self-esteem, social failure, serious problems with intimacy and crippling performance anxiety. Therapists find that learning disabled adults profit from many forms of individual and group therapy.

Rubin (1978) reports in her longitudinal study that information regarding the stability of measured self-esteem can contribute not only an increased understanding of the nature of the construct, but also to the interpretation of observed relationships between self-esteem and other aspects of self-perception and behavior, and to the assessment of the impact of efforts to alter self-esteem through experimental manipulation. The purpose of this study was to determine: (a) the stability over time of ratings of self-esteem as measured by the Coopersmith Self-Esteem Inventory (Coopersmith, 1967); and (b) the extent to which self-esteem ratings are related to measures of academic achievement at different

age levels. In a sampling of 380 children, self-esteem
as measured by the Coopermith Self-Esteem Inventory
(SEI), became more stable and more highly correlated with
school achievement as the children grew older. Correla-
tions between SEI and school achievement scores also
increased over the age range from nine through 15.
Findings indicate that, within the age range included in
the present investigation (nine through 15), the stability
of ratings of self-esteem and the relationships between
these ratings and academic achievement are, in part, a
function of age. Findings indicate that self-esteem
ratings become more stable as young people move into
early adolescence, and that the relationship between self-
esteem ratings tend to increase in strength over this
period of time. It also appears that self-esteem ratings
at earlier ages are more closely related to academic
achievement for girls than for boys. These findings
point to the necessity for developing reliability and
validity data for measures of self-esteem by age level
as well as by sex. The finding that children's self-
esteem becomes more stable as they grow older lends
support to the belief that efforts to enhance self-esteem
may be of greater impact if attempted at earlier ages
when such attitudes are less firmly established and more
open to change.

Another study completed by Axelrod (1981) found
that learning disabled adolescents in both grades eight
and nine were significnatly lower in non-verbal percep-
tion skills tnan control students. Subjects for this
study included 54 LD students and 93 control students in
grades eight and nine. All student: were administered
both the Pons Test (Profile of Non-verbal Sensitivity)
and three of the Four Factor Tests of Social Intelligence
(O'Sullivan and Guilford, 1976). Factors being: Expres-
sion Grouping, Missing Cartoons. Cartoon Predictions.
These paper and pencil tests in cartoon formal require
the student to choose from pictured alternatives. To
prevent differences due to reading ability, the alterna-
tive responses on the Pons Test were read aloud to the
LD group at the same time they were read each answer and
marked their answer sheet. One finding of this test is
that when teachers evaluate social perception ability
in their students, they include a more complex process
than just the decoding of social cues.

The dependent variable in this study is the need to
develop self-esteem and socialization skills with learn-
ing disabled students at the secondary level. This pro-
cess should be on-going through the secondary level and
in many cases continue in the form of therapy post high
school.

This study will implement socialization strategies as a planned intervention. Meisgeier's (1981) plan of Synergistic Education, one part of a four part segment entitled the Social-Behavioral Segment, will be utilized to the extent that emphasis will focus on what is occurring inside the students as on what is happening inside the classroom.

CHAPTER 3

METHOD

This study continued for a ten week period. A pre-post assessment (Appendix A) was administered (IPAT-Anxiety Scale Questionnaire Test "Self-Analysis Form" - 1976, Cattell, Krug, Scheier). See Figure 2.1. The target group was stimulated by this test.

Questions that were asked in the evaluation became group discussion topics later in the implementation process. The Self-Inventory (Simon, Howe, Kirschenbaum, 1978) (Appendix B), Reinforcement Survey (Appendix C) and Questionnaire (Appendix D) were given mid-term through the implementation period. These informal evaluations brought awareness to the students' estimations of themselves as individuals. The target group met three times weekly; each period being fifty minutes in length.

FIGURE 2.1

RELATIONSHIPS AMONG STENS, PERCENTILES
AND STANDARD SCORES

Mean & Median

STANDARD SCORES

-2.5 -2.0 -1.5 -1.0 .50   0   -.50 -1.0 -1.50 -2.0 -2.5

STENS

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

-2½σ | -1½σ | -1½σ | -½σ | -½σ | 0 | ½σ | ½σ | 1½σ | 1½σ | 2½σ

CENTILE RANKS OF CENTRAL STEN VALUES

1.2 | 4.0 | 10.6 | 22.7 | 40.1 | 59.9 | 77.3 | 89.4 | 96.0 | 98.8

CENTILE RANGES FOR STEN VALUES

— 100
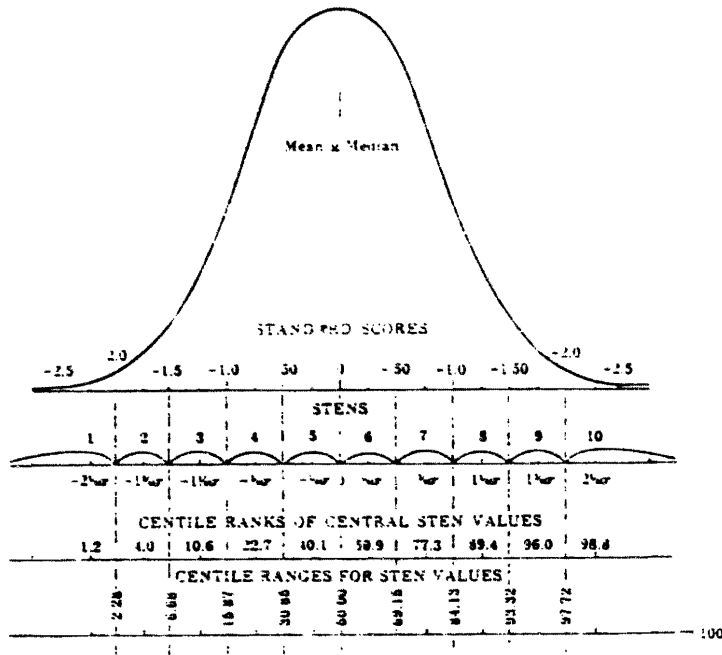
Sten scales are standard scores with a 10 point range. Figure 2.1 illustrates relationships among stens, Z scores, percentiles and the normal curve.

A sten curve of 4, 5, 6, or 7 indicates an average level of anxiety. Scores of 1, 2, or 3 are typically found in usually relaxed, secure, phlegmatic individuals. A score of 8 indicates a person whose anxiety level would be getting serious while stens of 9 or 10 are found in only about 1 of 20 cases.

PRE-ASSESSMENT TARGET GROUP SCORES

Two Students	-	Sten 5	-	40th Percentile
Three Students	-	Sten 6	-	60th Percentile
Four Students	-	Sten 7	-	77th Percentile
One Student	-	Sten 8	-	89th Percentile

POST-ASSESSMENT TARGET GROUP SCORES

Two Students	-	Sten 5	-	40th Percentile
Three Students	-	Sten 6	-	60th Percentile
Five Students	-	Sten 7	-	77th Percentile

TABLE 2.1 [Continued]

CONVERSION OF TOTAL ANXIETY RAW SCORES TO STENS AND PERCENTILES

Teen-age High School Students

Males Only			Females Only			Males and Females Together		
Raw Score	Sten	Percentile	Raw Score	Sten	Percentile	Raw Score	Sten	Percentile
0-7	1	1	0-9	1	1	0-7	1	1
8-12	2	4	10-15	2	4	8-13	2	4
13-18	3	11	16-21	3	11	14-19	3	11
19-24	4	23	22-27	4	23	20-25	4	23
25-30	5	40	28-33	5	40	26-31	5	40
31-35	6	60	34-38	6	60	32-37	6	60
36-41	7	77	39-44	7	77	38-43	7	77
42-47	8	89	45-50	8	89	44-49	8	89
48-52	9	96	51-56	9	96	50-55	9	96
53-80	10	99	57-80	10	99	56-80	10	99

Raw Score Mean = 30.0
Standard Deviation = 11.4

Raw Score Mean = 33.1
Standard Deviation = 11.6

Raw Score Mean = 31.5
Standard Deviation = 12.2

Based on 525 teen-agers, 262 boys and 263 girls, ranging in age from 14 to 19 years, in high school in a predominantly rural region.

SECTION I

Peer Counseling sessions were held one period a
week. The counselors were one teacher and two student
counselors (one male-one female). Permission for this
activity was given by the principal. The teacher/
counselor had a planning period and the student coun-
selors needed to be excused from their regular classes
during this period.

The first session consisted of introductions with
students seated in a circle. Questions regarding likes,
dislikes, hobbies, etc., were asked by counselors. The
target group at this point was very dubious. This was
the first time any "regular" students had spent any time
at all in their classroom. This researcher acted as an
observer and noted the behaviors. After the session,
the students wanted to know: Why were "they" here?
Are "they" coming back? The observer replied that this
was a new program and "they" would be returning once a
week.

The ensuing sessions continued to build momentum
and each week a different group activity was accomplished.
One activity included each student telling one positive
and one negative charactistic of themselves. Group dis-
cussions resulted in techniques to reinforce the positive
and diminish the negative characteristics. The target

group soon began to identify with the student counselors. The resentment of having outsiders in the classroom was virtually gone. Between classes the students would greet the counselors in the hallway. One suggestion made by the counselors was that the target group not assemble outside the classroom between classes, but walk through the hallways and associate with other students. This was accomplished with reticence at first, but the class members began to feel good about the fact that they could actually speak to and get a response from their peer members. After the ten counseling sessions, the students regretted the fact that these counselors would not be returning to the classroom. The principal had given permission for just the requested number of sessions. However, next school year, peer counseling has been approved to become an integral part of the Skills for Living curriculum.

SECTION II

The second weekly period of the implementation consisted of filmstrips and cassettes. The Singer Lifeskills series was utilized one period weekly. Four segments entitled "Self-Awareness," "Setting Positive Goals," "Planning for Success," and "Building Group Relationships," were shown. Each segment consisted of a filmstrip/cassette accompanied by a worksheet for each

segment. (Appendix G) Each student shared his/her written responses with the group. Many short-term and long-term goals surfaced as an outcropping of this activity. It became obvious that self-confidence and self-esteem had become a focal point in the daily lives of the target group.

SECTION III

The third and final weekly period of the implementation was the appearance of guest speakers in the classroom. One speaker per week was invited to appear in the classroom. Speakers were chosen from the fields of athletics, education, entertainment, law enforcement and the military. (Appendix H) Tickets were made by the students. This exercise enhanced their written communication skills. Date, day, time and speaker's name were hand-written on each ticket. Each student was issued four tickets to be given only to non-disabled students. An announcement was made at the faculty meeting (with the principal's permission) explaining the program. The invited student would present his/her ticket to the teacher and would be excused to attend the presentation. This meant that approximately forty non-disabled students would be present in the classroom.

One administrator suggested that the speaker's program be held in the assembly room in order to accommodate

a larger student body. This suggestion was refused by the researcher; reason being that the purpose of having peer group members present in the clasroom would be defeated.

Ten presentations were made by guest speakers. Each week the students (on a volunteer basis) would help to prepare the classroom getting chairs, re-arranging furniture, etc. The observer noted that each week the students' self-confidence was becoming stronger. After the fourth week, two students volunteered to collect tickets at the door. One student volunteered to wait for the speaker at the main office and escort him to the class-room. Also, non-disabled students began to approach the target group and ask for tickets to the next presentation. Observed interaction and communication had begun to take place between the disabled and non-disabled students.

RESULTS

Results of the pre-assessment and post-assessment of the IPAT Test with the target group indicate that anxiety itself is not a key factor contributing to the inferior socialization skills with learning disabled students at the secondary level. Pre-assessment sten scores of five, six, seven, put nine out of 10 of the target group within the normal range. The tenth student had an

anxiety level of eight. This sten score puts the student in the serious anxiety range (this student is asthmatic and on the day of pre-testing had just returned to school following an asthmatic attack). Post-assessment sten scores (nine out of 10) remained constant. The tenth (asthmatic student) scored a seven to seventy-seven percent which placed him in the high average range.

This ten week study confirms Bruininck's (1978) research that disabled students perform more poorly than non-disabled peers on tasks requiring them to interpret social cues or comprehend non-verbal information. These communication skills, written, verbal and socialization gestures are known as process deficits.

The Peer Counseling sessions and activities involving self-concepts and self-esteem were just the beginning of the socialization implementation. Gradually the students began to realize that specific learning disabilities are invisible handicaps. Emphasis was placed on social cues and communication with peer members. More self-confidence was observed during each social activity.

Following the first guest speaker, who is a noted football player and former learning disabled student, one student remarked that he would never again be ashamed to say he was a learning disabled student.

After several guest speakers, the target group members began to seat themselves beside their invited peers in the classroom. This was non-directed and this observer noted a positive change in behavior. The students began to respond to the social acceptance by their peers. Verbal communication was taking place without the unseen threat of being labeled disabled.

It can, therefore, be concluded from this study that specific learning disabled students at the sedondary level can improve socialization skills with peer groups provided an on-going program of socialization skills is incorporated into the curriculum.

RECOMMENDATIONS

These socialization skill strategies, as applied to the secondary level, could be implemented with other groups. Students in basic or compensatory classes at the secondary level could benefit from this program. Many students who are immature, low achievers and culturally deprived suffer from poor self-esteem and lack of social relationships.

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FILMS AND CASSETTES

FILMS

Spaces Between People

My Country -- Right or Wrong?

FILMSTRIPS

Learning Tree Filmstrips
"You're The Only You"

Guidance Associates
"Discovering Your Personality"
"What Do You Expect of Others"

Singer (SVE -- Lifeskills -- Developing Self-Esteem -- 1980)
"Self-Awareness"
"Setting Positive Goals"
"Planning for Success"
"Building Group Relationships"

Coronet Media
"Knowing Me, Knowing You"

APPENDICES

SELF INVENTORY   APPENDIX B   NAME_____
                                         DATE_____

Please finish these sentences with the first thought that comes
into your mind. What you write is confidential.

1.   Compared with most families, mine_____

2.   I was happiest when_____

3.   If only I could_____

4.   My father_____

5.   Many times I think I am_____

6.   I learn best when_____

7.   I get in trouble when_____

8.   I wish_____

9.   I can't think when_____

10. If only teachers would_____

11. As a child I_____

12. When I look in the mirror_____

13. When I am by myself_____

14. My family treats me_____

15. My teachers think I am_____

16. My sex life_____

17. At least I am not_____

18. Others_____

19. If I were a parent, I_____

20. It upsets me when_____

21. Someday I_____

22. My mother_____

23. The thing I like best about myself_____

24. If I had my way_____

25. I always wanted_____

REINFORCEMENT SURVEY

NAME_____   DATE_____ .

1. My favorite adult is_____
    What I like to do with this person is_____
2. The best reward anybody can give is_____ .
3. My favorite school subject is_____
4. If I had ten dollars I'd_____
5. My best friend is_____
6. When I get out of high school I want to_____
7. The person who likes me most is_____
8. The person who punishes me most is_____ .
    Types of punishment used?_____
    Which works best?_____ .
9. Two things I like to do best are_____
10. My favorite adult at school is_____
11. I feel terrific when_____
12. The way I get money is_____
13. When I have money I like to_____
14. Something I really want is_____
15. If I had a chance to please my teacher I would_____

    _____
16. The person I like most to reward me is_____
17. I will do almost anything to avoid_____
18. The thing I like to do best in school is_____
19. The thing I do that bothers my teacher most is_____

    _____
20. On the weekend I like to_____
21. When I do something well, what my mother or father does is_____

    _____
22. If I did better at school I wish my teacher would_____

    _____
23. The kind of punishment I hate the most is_____

    _____
24. I will do almost anything to get_____
25. It makes me mad when I can't_____
26. The only person I will take advice from is_____

    _____

HOW MANY OF YOU...

1.___ enjoy watching movies on TV?

2.___ go to church or temple regularly?

3.___ enjoy going to church or temple?

4.___ think children should have to work for their allowance?

5.___ have ever been in love?

6.___ are in love right now?

7.___ have ever felt lonely even in a crowd of people?

8.___ have a close friend of another race?

9.___ have had someone from another race to your house for dinner or to play?

10.___ would like to bring in a voting list tomorrow?

11.___ have learned something from a person eight years or younger in the past year?

12.___ have a favorite hobby or pastime?

13.___ feel that religion is an important part of your life?

14.___ think students are losing respect for teachers?

15.___ think you are racially prejudiced?

16.___ think familiarity breeds contempt?

17.___ wish you were home right now doing whatever you like to do?

18.___ think that at this point in your life you are a complete flop or failure?

19.___ think that we should have spent all that money to go to the moon?

20.___ would like to go into politics some day?

21.___ have ever personally witnessed race conflict?

22.___ have ever participated in race conflict?

23.___ have ever had problems so bad you wished you could die so you wouldn't have to face them?

48.___ would like to go to the moon someday?

49.___ think that most people cheat on something?

50.___ somethimes have secrets you don't even tell your best friends?

51.___ would like to have a celebrity as a friend?

52.___ would rather be older or younger than you are now?

53.___ like to do things with your family?

54.___ think most adults understand young people today?

55.___ would like to be Presidnet? A senator? A Supreme Court judge?

56.___ have ever been to Europe? To another state in the U.S.?

57.___ have a special place of your own?

58.___ have lived in the city all your life?

59.___ would rather live someplace else?

60.___ know someone who has fought in a war?

61.___ have watched a sunrise with someone this past year? A sunset?

62.___ have slept in a tent this year?

63.___ wear seat belts when riding in a car?

64.___ would be willing to donate your body to science when you die?

65.___ think school attendance ought to be optional?

66.___ enjoy giving gifts?

67.___ would like to grow a beard or mustache?

68.___ give money to at least one charity?

69.___ like yogurt?

70.___ would rather work alone?

71.___ have written a letter to your Congressperson or the President?

98.___ would like your body to be cremated when you die?

99.___ think capital punishment should be abolished?

100.___ would like to retire at age 40? 50?

101.___ think we should take more trips to the moon?

102.___ could invite someone you couldn't stand to your home?

103.___ are fully satisfied with what you have accomplished in life so far?

104.___ would put $5,000 in the stock market if you had that much in savings?

105.___ think we ought to legalize "pot" (marijuana)?

106.___ approve of abortion?

107.___ think we ought to have lowered the voting age?

108.___ think we ought to have compulsory school attendance until age 16?

109.___ think we ought to raise the voting age?

110.___ think you are a well-organized person?

111.___ know the contents of your tip dresser drawer?

112.___ would turn in a drug pusher to the law? If he/she were your friend?

113.___ would turn in someone for using drugs? If he/she were your friend?

114.___ have ever wanted to really hurt someone for something they did to you?

115.___ have ever written a letter to the editor?

116.___ have ever written a "dear John" letter? Received one?

117.___ have ever been in a dramatic or comic play?

118.___ think it is all right for men to wear wigs?

119.___ used to be hall monitors in elementary school?

120.___ spend less than $25 total for Christmas presents?

121.___ have more than five pairs of shoes?

122.___ think that teachers shouldn't say "hell" or "damn" in the classroom?

APPENDIX   E

PEER COUNSELING

PROGRAM OVERVIEW

     The peer counseling program has been developed as
a way of helping adolescents within a school environment
deal with the problems they confront more effectively.
Mood changes, problems with friends, families, schools,
and drugs are typical struggles for teenagers. The
effects of these issues and struggles often show up in
school as poor grades, apathy, alcohol and drug use,
absenteeism, truancy, and other dysfunctional behaviors.
If these young people decide not to handle their stresses
alone, they usually seek help from their friends who
share similar values, expectations, and experiences. As
a group, teenagers tend to distrust adults, and their
common response in regards to discussions with adults
about these issues is usually, "They wouldn't under-
stand." Friends, then, become the sensitive listeners,
and friends are sometimes misinformed or lack the skills
for effective helping. Thus, the basis for peer
counseling.

     Studies have indicated time and again that once a
person's behavior is out of control, as with drug
addiction, alcoholism, child abuse, criminal activity,
etc., the success rate of rehabilitation efforts is low,
and the cost is high.

     Peer counseling, then, is a prevention program.
The educational design of the program allows for
information, and training of a cross-section of students
who learn factual information regarding social ills and
health concerns (physical, mental, social, emotional)
and who learn listening, intervention, referral, and
communication skills with which they help their peers.
The training component usually lasts nine weeks to a
semester. The delivery component is a combination of
on-going training and provision of services to the school
and community. Combined, both components provide a
flowing and comprehensive program in prevention.

PEER COUNSELING

INTRODUCTION

WHO ARE THE PEER COUNSELORS?

Peer counselors are a cross-section of students identified through a school-wide survey/screening process with whom others find comfort in discussing personal problems. They are warm, supportive, trustworthy people who have a true desire to assist others.

WHAT IS THE PURPOSE OF THE PROGRAM?

The purpose of the peer counseling program is to promote the health and well-being of young people through peer education and referral. Through careful selection and training, peer counselors increase the likelihood that appropriate help can be received by requesting persons. The result can be healthier students and staff with lower stress levels, a more positive school climate, and better utilization of school and community resources by those who need professional help.

HOW DO YOU USE PEER COUNSELORS?

Peer counselors use their own style, proactive, reactive, or both. Peer counselors act as listeners and helpers with their friends. They respond to requests to help other students made by the ˉudents themselves, counselors, teachers, administrators, parents, etc. They respond to additional projects by serving on panels; discussing topics pertaining to adolescents; sponsoring speakers for the student body; leading 'rap groups' for special topics, writing articles for the school newspaper; welcoming new students and showing them around; promoting S.A.D.D. and other special prevention projects and sponsoring events for students and parents to promote good health and positive attitudes.

WHAT ARE THE BENEFITS OF A PEER COUNSELING PROGRAM?

The program helps those who get training, the people
they help, and the school. The peer counselors grow in
self-esteem just knowing they have a leadership role.
Valuable skills and insights are developed in training
which allow for improved interpersonal communication
and acceptance of different sub-groups. The rest of
the student body benefits through one-on-one or group
interactions. The peer counselors can be a sounding
board for the school and the school then benefits
through cooperatively tackling common problems and
projects.

OBSERVATION FORM

DATE: _____

GOALS/OBJECTIVES: OBSERVER: _____

_____

TIME OF OBSERVATION: _____