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THE EFFECTS OF MENTAL HEALTH CONSULTATION

ON STUDENT ALIENATION

by

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ABSTRACT

The purpose of this study was to appraise the
value of using the concept of mental health consultation
in an experimental school in contrast to the control
school's traditional approach of the referral system. A
team of mental health consultants visited the school
weekly to work with staff and teachers in order to improve
the climate and communication within the school. It was
assumed that in this manner some problems could be eliminated
while others could be minimized.

An alienation questionnaire consisting of three
instruments: (a) the Intellectual Achievement Responsibility
Questionnaire (I.A.R.), (b) an adapted version of Rotter's
Scale of Internality - a locus of control (I.E.), and (c)
Patsula's Feeling of Personal Powerlessness Scale (F.P.P.S)
was administered to a random sample of 150 elementary and
junior high students. These scales were administered
immediately before and after the eight month mental health
consultation treatment to the experimental and control
schools. The opinion survey was designated to test some
of the possible correlates of one aspect of the
"alienation" concept - the feeling of personal powerlessness.

Results and findings of this study showed
implications for more use of mental health consultation

procedures in order to help alleviate some of the feelings

of powerlessness and the problems of student alienation

but a more carefully designed educational program and

more precise research is required.

ACKNOWLEDGEMENTS

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Chapter 1

Introduction

People are generally aware that the school serves

as an educational facility, but they are probably no so

aware of its other functions. In recent years the trend

has been for schools to assume the role of a community

center (Schmuck and Miles, 1971), and to provide pupil

care that goes well beyond the academic field.

As the trend grew it was difficult, if not

impossible, for any school staff to include all the

specially trained staff that was needed. As a result the

referral system was developed, by which experts outside

the school system are called upon as the need arises.

The activities of a referral system usually are

performed by a team of educators with special training in

such areas as counselling, learning disabilities, social

work, speech and hearing, and school psychological services.

Referral services are available to teachers, parents,

administrators, and students on a consultative basis in an

attempt to enable students to get maximum benefit from

their life at school. The referral systems are relatively

distinct from classroom instruction in that they are

supportive of classroom functions and not a substitute for

them. Referral services are administratively linked with

several school service specialities in order to co-ordinate
efforts and bring about more meaningful learning experiences
for children.

Problems with the referral system are well known.
The deluge of children in need of special attention is more
than the special personnel can deal with. Teachers are
disillusioned because the unrealistic expectations proved
impossible that a problem child can be identified, sent
away, cured, and returned to the school setting. Because
of the large case load, counsellors, in particular, usually
cannot begin treatment immediately. By the time the pupil
is assessed, the relationship between the pupil and teacher
has reached the point where the teacher is unwilling to
accept the counsellor's recommendations.

Another dimension of the problem is that the
counselor, in order to make a fair assessment of the child,
often has to meet with the parents. More often than not,
this proves to be the initial contact between the parents
and the school system. The counselor feels both resentment
and conflict--resentment because the initial contact could
have been handled by the teacher and conflict in questioning
whether he should share all or part of the information
obtained from the parents. The lack of economy is apparent
since the communication goes from teacher to counselor to
parents and back to the teacher rather from teacher to
parents directly. The teacher's reluctance to face the

parents is based on the normal anxiety that her message may be interpreted as criticism of the way the parent is handling the child in the home, which may in turn lead to a counter accusation, reflecting on the teacher's method of handling the child in the school. This defensiveness may lead teacher and parent to avoid any contact. Driekurs, (1968) state it this way:

> . . . . It is not sufficient to know what a teacher "feels" toward a child, or the child toward the teacher. It is more important to discover what the pupil does to the teacher and how she responds to his misbehavior. Usually her reactions are in line with his intention, which she does not recognize. The counseling approach must serve to clarify the nature of their interaction, and if necessary, improve it. We need to deal with their common problem, i.e., their relationship. Either teacher or student can change it (p. 281).

When the extent of the problem eventually requires an encounter, the atmosphere is created for the blaming game; reciprocal accusations rather than problem-solving are apt to set the tone of the meeting.

An alternative to the referral system as it applies to counselling is the mental health consultation method. While the referral system was designed to meet crises as they appeared, the consultation method concentrates on preventive measures. This is carried out through a program where teams of specialists consult with teachers in a school system. Problems regarding pupils are discussed before they become too severe. Teachers rather than the specialists deal with the problem pupils.

It seemed appropriate to try the method in the area of mental health at the elementary and junior high school levels.

The main purpose of this pilot study was to assess the effect of mental health consultation on student alienation.

A. Introduction to Text

To the researcher's knowledge few studies have included the effects of mental health consultation on student alienation. The rationale and purpose of the present study with a section describing the specific procedure was discussed in Chapter 1. A review of the related theory and research in various concepts of mental health consultation and some constructs of student alienation are presented in Chapter 2. Chapter 3 presents a description of the procedure and design on mental health consultation and student alienation. Chapter 4 reports the results and findings. A summary of the study, a discussion of the findings, recommendations and implications for practice and research are included in Chapter 5.

Chapter 2

Review of Related Theory and Research

The concept of mental health consultation and its effects on student alienation is, as far as the researcher can ascertain an area that has not previously been studied. Literature pertinent to alienation has been wide and varied; most, if not all the researchers have found the concept of alienation to be a nebulous one. Many researchers have attempted to operationalize various alienation constructs and develop instruments to measure these constructs (Keniston 1965 and 1968); Dean (1961) and Simons (1964), Field (1970).

The focus in this chapter is on some of the literature concerning the general concept of mental health consultation and the research dealing with the consultation principles and practices that might assist administrators, counsellors and specifically teachers and parents. Focus has been placed on some of the more recent research and literature that have been developed as useful vehicles for humanizing schools (Miles, 1965; Schmuck and Runkel, 1970).

A. Background

Beers' (1950) concern with mental hygiene grew out of his own destructive experience as a patient in a mental health hospital. Reflecting this point of departure, mental hygiene in the beginning was primarily concerned with valiant and essential efforts to improve the hospital care of the mentally ill. Clifford Beers courageous autobiography was published in 1908; the National Committee for Mental Hygiene was launched in 1909. In 1950 the National Committee for Mental Hygiene joined with the National Mental Health Foundation and the Psychiatric Foundation to form the National Association for Mental Health. This shift in title represented something more than a mere administrative device. In general there is now a tendency to use the term "mental health" rather than "mental hygiene" in such organizational titles and elsewhere.

The actual phrase "mental hygiene" was Adolf Meyers¦ Jennings, Watson . . . (1925). In his first paper concerning a new society for mental hygiene, Meyers' said that "something must be done to meet one of the most difficult but also lamentably neglected problems of sociological improvement," thus at the outset recognizing factors beyond the clinical or strictly psychiatric.

B. Mental Health

Mental health now has become so much more than a group of organizational activities. It has indeed become a social goal and a cultural value. As early as 1930 Wechsler found it necessary to issue this warning:

> Enthusiastic mental hygiene tells us that it is concerned with the prevention of mental deficiency, criminality, the psychoneuroses, the psychoses, anti-social traits, family unhappiness, divorce, prostitution, alcoholism, sexual perversion, epilepsy and other such matters. From its beginning the mental health movement made bold and brave steps into unexplored areas. The whole concept of mental health may be said to have become a new and compelling value in our society (p. 24).

C. Mental Health Consultation

The complex field of community mental health and community psychiatry made it necessary for the researcher to study the varied definitions for the term - mental health consultation. For the purpose of this thesis, mental health consultation refers to the same broad aspects as earlier explained by Brockbank (1968) who believed that mental health consultants represented a variety of approaches that ranged from different interests and concerns to assisting the consultee to understanding the client's difficultues in clearer terms; dealt with the consultee's difficulty in his work situations, helped

the client to handle his problems, collaborated, program planned or researched with the consultee on the problem of mental health.

Towle (1951) pioneered in conceptualizing the consultation process, and Babcock (1949) was one of the first to describe her experiences as a psychiatric case consultant to social agencies.

Leviton (1950) in his discussion of her paper developed several themes that presage the evolution of mental health consultation as presently practiced.

Caplan (1954), and his associates Berlin (1960) and Parker (1958), began to define some of the supplementary methods and knowledge areas useful in this newly evolving type of mental health consultant. As more experience and understanding are acquired, there will doubtless be further modifications and elaborations.

Consultation is an inclusive term under which diverse and often contradictory meanings and practices are subsumed. The term "consultant" is also an ubiquitous one under which many roles and functions may be carried out. Neither the title nor even the role, suggests the utilization of a specific method. With this in mind the researcher has presented some varying definitions of the term "consultant" and more specifically mental health consultant

as defined by other writers and researchers. The small but growing literature on mental health consultation reflects the current diversity of opinion and practices. It is understandable that there is a lack of precise agreement as to objectives, definitions, and methods. Theory and terminology have been borrowed from more than one field and professional discipline. Familiar terms may appear in new contexts, and may actually hamper meaningful communication if specific examples of intent or practice are omitted. For purposes of discussion, the term "consultant" shall denote a mental health specialist who consults with "consultees", who are professionals from other fields.

Caplan (1964) stressed the importance of a preventive psychiatry program that would include the whole range of mental health and disorders for persons of all ages and if these programs are properly directed the total mental health problem would be reduced in the community.

The fundamental attribute of mental health consultation is that it aims to improve the functioning of other professionals in the mental health dimensions of their work by offering help in understanding cases with which they are having difficulty. Caplan (1964) differentiated four fundamental types of mental health consultation, each associated with characteristic technical

demands on the consultant. The four types have become

known as: client-centered case consultation, program-centered

administrative consultation, consultee-centered case

consultation, and consultee-centered administrative consul-

tation.

There has been good evidence that many if not most

teachers still interpret and deal with pupil behaviour not

in the frame of reference of modern mental hygiene but rather

in terms of prejudices they learned at their mother's laps.

Hardin (1964) stated it this way:

> If teachers are hired to teach, the farthest they
> should go in the mental health field is to recognize
> individual incapacitating difficulties or infectious
> emotional difficulties, and refer these immediately
> to whatever may be available in the treatment area.
> A teacher who spends time doing any kind of
> psychotherapy is not doing the job expected of her (p.3).

All types of mental health consultees share some

common attributes. They must all learn to listen attentively

and supportively, they must know when to encourage or to

limit the expression of emotional material.

Brockbank (1968) saw the role of the consultant as

that of a catalyst. He explained it:

> . . . . Usually the role of the community mental
> health consultant is of the positive variety in the
> catalytic process. In this sense he is hopefully a
> synthesizer or organizer of creative potential in the
> group consultation session. His efforts are directed
> toward encouragement of the problem-solving capacity of
> the consultees. It is doubtful however, that he is ever
> unchanged in the process whether or not he is able to
> catalyze creative potential in his consultees depends upon
> his capacity not just to be directly supportive, even
> though this may at times be necessary, but more on his
> capacity for understanding empathy for the work problems
> of his consultees (p. 271).

The present trend is towards a humanization of schools. Institutions are no longer uni-functional; the emphasis now seems to be toward making the institutions more multi-functional. The referral system reinforces the concept of the institution as being a community center as well as an educational center. The disadvantages of a pupil personnel referral system is that the expectations are never sufficient to keep up with the crisis. Herein lies the need for mental health consultees. The consultees need not only be those engaged directly with the mentally ill but those who are involved indirectly but are concerned with preventive measures as well as the promotion of mental health. These consultees may be administrators, school teachers, counsellors, volunteer workers, probation officers and even city and recreational planners (Brockbank 1968).

Caplan (1970) later clarified the role of mental health specialist by referring to him as consultant. He outlined and discussed his professional duties as being no different from any other specialists. Caplan believed the mental health consultant ought to be able to distinguish or set himself apart from other professional activities.

Klein (1968) discussed the role of the mental health consultant as a participant-observer. He explains the consultant in this role is easier accepted as a teacher by other professional groups because his role puts him in a position to learn from those who come to learn about their

community as it affects them. Klein (1968) further
states:

> The role's value for community research lies in
> the fact that it gives the consultant potential contact
> with a wide variety of social and emotional predicaments,
> with virtually the entire spectrum of professional
> caretakers, and with individuals and groups drawn from
> many segments of the community (p. 98).

Melvin Zax, Emory L. Cowen (1969) inbued with the
faith that the future emotional well-being of society could
be enhanced through the development of effective preventive
programs, faced the problem of when, where, and how "to
prevent." They chose to work with children as most
influential personality theories stress the relationship
between early experience and later functioning.

These writers realized that this was a value judgment,
that is, working with young children and that this judgment
required ultimate empirical support. A second value
judgment made by the authors was that the best place to
involve children routinely was the public school and this
was supported by several views. Zax, Cowen stated (1969):

> At a more practical level, school brings virtually
> all children of the community into a geographically
> limited number of locations where they, in a sense are
> captive audiences. The likelihood of securing the
> necessary cooperation for conducting experimental
> programs and assessing their effectiveness is relatively
> high in such settings . . . . school performance is an
> area in which a youngsters' weaknesses quickly become
> manifest, and poor performance by the child often creates
> sufficient concern in parents to motivate them to cooperate
> in programs designed to improve his functioning (p. 71).

As earlier implied by Brockbank (1969) the mental health consultant still remained as a referral agent however with a more modified role. Zax, Cowen (1969) also agreed that the traditional role of consultant was obsolete and they envisioned a new role that emerged looking for early signs of disorder. The first program was established (Zax, Cowen 1969) and its prime objective was the early identification of emotional dysfunction and the establishment of an operating model for early secondary preventive programs in the schools. A school psychologist and a school social worker were assigned on full-time basis to an elementary school designated as the experimental school. Zax, Cowen (1969) wrote that their responsibility was to develop and explore the serviceability of the new role for mental health consultants. Emphasis was placed on early detection and preventive work with primary-grade children, consultation with school personnel, and development of various types of programs with parents of the children involved.

Schmuck and Runkel (1970) undertook the Highland Park project in order to increase the organizational problem-solving ability of a school faculty by improving communication skills. These researchers recognized, as did the mental health consultants and other organizations with traditional modes of operations, that the schools today are suffering due to the vast and drastic changes in the community. Schmuck and Runkel (1970) wrote:

> . . . when faced with massive changes in the
> community, a school can adopt at least two strategies.
> One . . . . school to remodel itself into a form
> maximally adapted to the new demands of the community,
> . . . . the other is to build new norms and procedures
> that enable the school constantly to monitor the
> changing community, to compare the results of its own
> reactions with what it would accept as movement toward
> its goals, and to establish new forms whenever the
> movement toward the goals falls below a criterion.
> This latter strategy, we call <u>flexible organizational</u>
> <u>problem-solving</u> (p. 2).

As an important factor in their study, Schmuck and Runkel used a technique generally known as the "laboratory method." This twenty-year old technique had the communicating group use its own habits and norms as materials with which to experiment. At the Highland Park (1970) study however the laboratory method was modified. The researchers had the staff use actual school problems as a basis for their group training.

Brockbank (1968), Caplan (1970), and Schmuck and Runkel (1970), initially had the same broad objectives. Schmuck and Runkel (1970) stated:

> . . . We first aspired to build increased openness
> and ease of interprersonal communication among the
> faculty, by training them in skills of paraphrasing,
> describing behavior, describing own feelings and
> perception checking. We hoped that through skillful,
> constructive frankness with one another the staff would
> develop an increased confidence that communication could
> be worthwhile (p. 3, 4).

Schmuck and Miles (1971) very recently discussed their purposes for writing their book entitled Organization Development in Schools. Both researchers felt the techniques of organization development are a useful vehicle for humanizing

schools. These researchers wanted their book to encourage, stimulate and strengthen any scholarly research that may take place in schools.

Miles (1965) stressed the urgency for us to recognize that the main target of any change must be the improvement of <u>organizational health</u>. He states:

> . . . attention to organization health ought to be a priority one for any administration concerned with innovativeness in today's educational environment (p. 11).

D. <u>Alienation</u>

What is alienation? Is alienation something new? Has alienation always been a continuing human problem? Who is alienated today? What does alienation "feel" like? How do these feelings affect the lives of the people who are alienated? In what forms does alienation appear? How does alienation affect the society we live in? What are the causes of alienation? Can we learn to cope with alienating pressures? Can alienation be eliminated from modern life? Can the impact of alienation be minimized? How?

The researcher has found many conflicting and varied answers to the above mentioned questions. An abundance of literature has been researched of alienation especially in today's society. Many writers believe that the concept of alienation can and does mean different things to different people.

Thucydides (in E. Hamilton, 1958) described a similar moral collapse in Greece during the Peloponnesian War. Alienation has been a facet of existence for a number of individuals and groups down throughout history. The theme of alienation runs through a large body of religious, mythological, and literary expressions stretching back almost to the beginnings of the written word. The Old Testament (in St. Joseph Ed. 4 Holy Bible, 1963) is replete with the stories of alienation,from the separation of Adam and Eve from God as described in Genesis, through the wanderings of the Israelites, to thestories of the prophets in the latter books of the Old Testament. The themes of isolation and estrangement and of powerlessness in the face of one's fate are found in the myths and works of ancient Greek dramatists and poets. The researcher viewed several of Shakespeare's plays and other illustrations and examples from the standpoint of alienation; of particular mention were Hawthorne's The Scarlet Letter (1948) and Clemens', The Adventures of Tom Sawyer (1922).

Field (1970) believed that the literature on alienation dealt mostly with various theories concerned with the causes and evidences for alienation and "that to a large extent, research in alienation has attempted to operationalize various alienation constructs and develop instruments to measure these concepts (p. 10)."

Keniston (1968) used the term "alienation" in describing the feelings of people "who took a critical or repudiative attitude toward their surrounding culture (p. 326)."

He developed an operational definition of an "alienation syndrome." Keniston's Alienation Scale (1968) has often been used by researchers as an index of alienation. The following indices of alienation are included in Keniston's scales: (1) Distrust, (2) Pessimism, (3) Avowed Hostility, (4) Interpersonal Alienation, (5) Social Alienation, (6) Cultural Alienation, (7) Self-Contempt, (8)Vacillation, (9) Subspection, (10) Outsider, (11) Unstructured Universe (327-328).

The researcher used three scales in this study that generally all refer to the degree to which the individual feels that he has some control over his personal environment. (1) The Intellectual Achievement Responsibility Scale (I.A.R.), (2) Rotter's Adapted Scale of Internality (I-E), (3) Patsula's Feeling of Personal Powerlessness Scale (FPPS). An individual with an internal locus of control tends to believe that what happens to him in varying situations depends upon his own efforts. An individual with an external locus of control tends to believe that what happens to him in varying situations is attributable to outside forces rather than to himself. Such dimensions are usually operationally defined by the general powerlessness factor score. Further

detailed analysis appear in Chapters 3 and 4.

Field (1970) researched decreasing alienation by human relations training techniques. His study was an investigation designed to determine whether a human relations training (HRT) group experience would bring about decreased feelings of alienation in the participants and whether that decrement would be maintained over time. Various indices of Keniston's (1968) "alienation syndrome" were examined in relationship to autobiographical accounts of the group experience.

There is some evidence that our current situation of alienation in Modern America is not a unique one. History offers plentiful evidence that men in past time felt small uncertainties about themselves and their identities, suffered anguish and gloom, despair and feelings of detachment from each other.

1. Student alienation. There are many conditions in youth that cut persons off from one another. To understand adolescents it is essential to come to grips with the concept of anxiety, for this concept provides a key to much that is baffling in an adolescent's conduct. However, it is not the intent of this researcher to present specific examples of adolescent anxiety in this study.

Studies of youth have revealed that large numbers of them suffer from personal problems which may be an expression of anxiety or a source of anxiety. The studies indicate that

at junior and senior high levels many disturbances, such
as a considerable amount of self-rejection exist, among the
youngsters. Two thousand high school students wrote essays
on the subject of their personal problems in which the
students mentioned about 7,000 problems. Many of the
students expressed their problems in terms of their
difficulties in dealing with the external environment.
Almost half the students mentioned problems in their
relationships with their teachers. Problems expressed as
relating more directly to their own emotional adjustment,
in such terms as feelings of "inferiority" or feelings of
"superiority" were mentioned by 11 per cent (Miles, 1965).

Mitchell's (1971) recently published text emphasizes
alienation during adolescence. He focused on today's
alienation of youth and believed that all educated people
should attend to them not only because more than half our
population is under 25, or that youth are a 20 billion
dollar industry but because it is important to understand
the adolescent problems of today. Mitchell (1971) defined
alienation in three general types: (1) social alienation,
(2) psychological alienation, and (3) total alienation.

Keniston (1968) viewed alienation as a sociological
and psychological problem as well because he believed
alienation was a product of the inner world and the outer
world as it continually interacted in the developing of
individual's experiences.

It seems then that alienation can refer to certain perceptions and feelings that some people have about themselves and about one or more aspects of their social environment--as these two (self and environment) relate to one another. Adolescence is not only a time of intense sociability, but, for many, a time of loneliness. Youth live in solitary isolation when they cannot share their concerns with others and when the only close companions they can find are those who dwell in their own imagination. The alienated student may well see himself separated from his peers, unattached to them, with few bonds or ties of any enduring or intimate nature. The researchers views this sort of social isolation as one characteristic of alienation.

The researcher could describe alienated students as those students who may feel that some aspects of their lives or of the style of life around them, have no meaning; a sort of "going through the motions" without any real point to it. This sense of meaninglessness about one's existence is but another characteristic of alienation.

Keniston (1969) wrote regarding social alienation:

> One of the most outstanding (and to many members of the older generation, most puzzling) characteristics of young people today is their apparent lack of deep commitments to adult values and roles. An increasing number of young people--students, teen-agers, juvenile deliquent and beats--are alienated from their parent's conceptions of adulthood disaffected from the main streams of traditional public life, and disaffiliated from many of the historical institutions of our society. This alienation is of course one of the cardinal tenets of the Beat Generation (p. 243).

Generally speaking, among groups of people living in association with one another there will be certain ways of behaving that are accepted by the members of the group. For these people, the patterns for living that they share are part of what holds them together. Social scientists refer to these patterns or standards as norms. In the alienated student there may be a loosening of attachment to those norms, a feeling of separation from them, or an outright rejection of them. Feelings of <u>normlessness</u>, the absence of attachment to any definite set of standards, may characterize one who is alienated. Feelings of <u>estrangement</u> from the accepted norms may also indicate a sense of alienation (Mitchell, 1971).

The student who is alienated may feel that there is nothing he <u>can</u> do about his life. The situation may appear to him to be outside his control and he feels "trapped," "hung-up," or that "you can't fight city hall." This sense of lack of control over his destiny, might be expressed as the feeling of felt <u>powerlessness</u>, is another strong aspect of alienation. The felt powerlessness dimension of alienation which the researcher here can term as external locus of control or externality is discussed in a later chapter (Crandall <u>et al</u>, 1962, 1965, 1968).

Seeman (1959) suggested felt powerlessness as one of five categories to define alienation empirically and explained it as the expectancy of a person that his own

behavior will not affect the outcomes or reinforcements
he seeks.

If however, a student feels socially isolated
or estranged it becomes very difficult for him to answer
the question, "Who am I?" A persons' identity, his sense
of who he is, derives from his relationships with others.

The major aim of Caplan (1970) was that the whole
area of interprofessional activity would become part of the
formal lore of the mental health consultants. This statement
has challenged the mental health professions to widen their
interests and their skills.

E. **Summary**

It has been the intent of the researcher in this
chapter to show what relationships exist in the literature
among the concepts of mental health, mental health
consultation, alienation and student alienation. The
researcher has attempted to avoid discussing alienation in
an absolute sense, that is, alienation is not an either-or-
proposition in a sense that someone is either pregnant or
not pregnant. Fields (1970) stated that Human Relations
Training could be a viable technique in problems of alienation
in school drop-outs, excessive drug users and protesting
youth. Mitchell (1971) focused on the fact that there are
few things concerning adolescense that are more important
than alienation and that a total awareness of this is
necessary by teachers, parents, clergyman and counsellors.

Chapter 3 presents a discussion on the Experimental Procedure, and Design.

Chapter 3

Procedure and Design

A. Procedure

Two members from the Pupil Personnel Staff of
the Edmonton Catholic School System approached the principal
of the experimental school to participate in this study.
The principal of the experimental school had earlier
initiated a request to the Assistant Director of Pupil
Personnel Services for a consultation team to visit his
school. The principal did not identify any specific
problems at this time, however the mental health consultants
were in fact later able to define some crucial areas. The
principal stated that he wanted the consulting team to
assist himself in being more democratic by helping him to
initiate better ways to communicate with his staff and
parents. The Pupil Personnel team decided to participate
as a mental health consultation team. This initial phase
of the consultation was seen as a period of orientation.
Brockbank (1968) defines this phase as follows:

> The initial phase of the consultation we refer to
> as the entree phase. During this time the role of the
> consultants is specifically not one of "Well, here I
> am. What can I do for you?" but rather one of "Let
> me learn all I can about your agency and its goals,
> purposes, and problems, so that we can talk about them,
> together and mutually work out solutions" (p. 268).

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The initial phase was viewed by the Pupil Personnel staff as being a period of orientation. The Pupil Personnel team consisted of 2 psychologists employed by the Edmonton Catholic School System. The team later invited a psychiatrist and a clinical psychologist, both employed by the City of Edmonton Department of Community Psychiatry, to assist them in the formation of a mental health consultation team. Added to this team was a school counsellor; the researcher of this study. The team agreed to visit the experimental school as mental health consultants and they approached the school at the initial phase viewing the school at this time as a base of communication only. The team was referred to throughout the study as the mental health consultation team.

At the initial stage of this study, the mental health consultants had to be careful not to leave the impression with the staff that the team were coming to the school to foster a scientific study of their school or to "analyze" the individual staff members of their school. These difficulties have previously been encountered by psychiatrists and psychologists that have served as part of a mental health consultation team. The consultation team at this precise stage wanted to merely define the techniques of participant-observation phase (Brockbank 1968). The team did not, in any way, want to point out any specific (objectives) operations at this time in the study but the

team did agree to record any observations and functions
until a later date.

The psychiatrist, at this phase in the study,
emphasized the importance for all the participants to
understand his role. Brockbank (1968) gives an excellent
description of the psychiatrist's role during the initial
stage of mental health consultation. He states:

> The sense of responsibility engrained during the
> physician's medical training makes it difficult for
> some to orient themselves to the role of a consultant
> who does not take direct responsibility for the actions
> and activities of the consultee or consultees. The
> fact that the psychiatrist tends to be regarded by many
> in the community as a super expert in all areas relating
> to human conduct often stimulates a "counter-transference"
> type of reaction in the consultant to potential consultees
> that may destroy the consultant-consultee relationship
> at the outset (p. 268).

The second phase of consultation was referred to as
the development of the consultation contract (Brockbank 1968).
During this phase the mental health consultation team was
introduced, by the administrator of the experimental school,
to the teachers of grades four to nine inclusively. This
second phase overlapped with and did occur somewhat during
the initial phase, however, the development of the mental
health consultation contract phase was a verbalization of
the operative relationship between the staff of the
experimental school and the mental health consultation team.
During the early part of the development of this phase the
principal informed his staff that "something nice was going
to happen at the school."

The third phase was called the phase of <u>empathic</u>

<u>identification</u> (Brockbank 1968). The psychiatrist redefined

and further clarified the consultation contract and he

explained to the staff the reasons why the team had been

invited to the school. The psychiatrist wanted to guard

against responding to "role adaption" throughout any of the

phases of the consultation process.

Brockbank (1968) believed that many consultees have

only one image of the psychiatrist and that is to see him

as one who offers direct service as a therapist. The

psychiatrist on the mental health team wanted to remove this

first expectation of him: that is, he was not there initially

to help the staff solve their personal conflicts and

problems through some kind of psychotherapeutic endeavors.

The staff of the experimental school and the

consultants met for two to three hours on 20 consecutive

Thursday afternoons. The researcher kept a documented

record of events and changes that occurred during the twenty

meetings through interviews, taped recordings, written

reactions and observations.

The meetings were usually informal, large discussion

groups; on occasion the staff was divided into smaller

groups according to grade levels or subject interest and

each mental health consultant acted as the group facilitator.

During this phase of empathic identification, an attempt

was made to study the administrative structure through various

lines of communication. Some definite focus was centered on role definition specifically in terms of expectations and fulfillment. Group dynamics and the effect of the intervention of an outside agency on the climate of the experimental school were thoroughly described and discussed.

While the mental health consultation team took into account training needs, they also attempted to give greater priority to identified service requirements within an approach which emphasized prevention. As was expected, the team had earlier been involved in a variety of activities which may have been considered the more usual and traditional role for a school community services team. Some of the initial activities revolved about individual case referrals. Requests included emphasis upon the aggressive child, the withdrawn child, an isolated fearful child, impulse control problems, and so on. These referrals were made primarily by teachers; however, there were also requests from parents and community resources; e.g. the school nurse, the parish priest.

Presentations were made by the members of the consultation staff on suggested topics of interest. Some of these suggestions included the following topics: Signs of a Perceptually Handicapped Child, (with a direct focus on a specific student in the experimental school), Pathological Effects on the Child . . . Family Unit and It's Application, and a discussion of a Special Grade Five class also at the experimental school. Most of the

presentations had a similar format: the consultant would introduce and discuss the topic making careful attempts to cite relevant examples, staff members asked questions and gave related answers to specific classroom incidents. Usually the psychiatrist was the dominant force regardless of the kind of discussion during this particular phase.

The final phase was referred to as the phase of structural clarity (Brockbank, 1968). At this stage, the psychiatrist reviewed what he felt was the major intention of the mental health team: to make problems minimized by preventing them from happening.

The psychiatrist requested that the four administrators and staff "relate, in their own words, what "things" happened as a result of the team intervention." Following are some of their reactions: "We in the junior high feel left out as most of the discussions tend to deal with the lower grades." "It just was not my bag." (This comment followed an afternoon discussion on the topic: "Signs of a Perceptually Handicapped Child.") "The junior high seem to have a priority over the scheduling and organization of the meetings." "We want to have a better communication with all the administrators." "I want the administrators to have some gut level feelings." "The administrators don't seem to know their own roles in the school." "The principal does not always get the same messages as the other administrators." "Confidentiality is a myth; we must all work

together in order to help the entire school." "How can I become more effective if I'm not open and honest?"

The work of the mental health consultation team was concluded when the principal of the experimental school informed the team that "his staff would no longer require the services of the team." He further stated, "my staff believed that we (the team) were looking for problems and there were none in my school." Another administrator said, "most of our problems have to do with only the four admini- strators." At this final stage, the psychiatrist on the mental health consultation team posed the following questions to the administrators and staff:

(1) What was the purpose of this final meeting?

(2) Did the other members of the mental health consultation team want to know why the phenomenon arose in the first place?

(3) Did the members of the mental health consultation team want to sort out their intervention and their departure?

(4) Why were the four administrators apprehensive?

(5) Why did the staff vote on whether the team should remain or depart?

(6) Did the mental health consultation team do any good?

(7) Did the mental health consultation team do more harm than good?

The administrator at the experiment school did make an attempt to respond to some of the queries; he stated: "the interpersonal thing is difficult; teachers just can't say to me 'you're wrong.' A staff member responded by saying "there is a channel of communication established and whenever teachers feel they need to use it,they use it." Some of the other staff members summed up their feelings in this way: "the administrators are supportive whenever we need it, we know which administrator to go to for whatever problem."

One of the members of the mental health consultation team asked the principal, "is our role finished?" The principal replied, "the staff have decided to call it quits -- it's a pretty hectic time of year; i.e. track, awards day, etc., and I'm getting mixed feed-back; some of my staff knew the direction you were heading, others said they just don't have time for it." The staff voted unanimously that "the mental health consultation team leave the experimental school."

B. Hypothesis

The following hypothesis was formulated: There was no change in the students' feelings of alienation after the "treatment" of the mental health consultation team.

C. The Research Instruments

      The following instruments were used to test the
hypothesis: (1) The Intellectual Achievement Responsibility
Scale (I.A.R.), (2) Rotter's Adapted Scale of Internality
(I-E), (3) Patusla's Feeling of Personal Powerlessness
Scale (FPPS).

      The Intellectual Achievement Responsibility Scale
was used because it refers to specific intellectual achievement
situations. The adapted version of Rotter's Scale of
Internality; a locus of control (I-E) was used because 23
items deal with the individual's expectations about how
reinforcement is controlled in a wide variety of situations.
Patsula's (1968) adapted version of the Feeling of Personal
Powerlessness Scale (FPPS) was used because it consists of
actual items that reflect how an individual in today's
complex world feels that he is simply a cog in a machine
and therefore is thus unable to exhibit any personal control
over his relevant environment.

      1. The intellectual achievement responsibility
scale (IAR). The IAR (1965) consists of 34 forced choice
items numbered one through 34 in the opinion survey
Appendix A). Seventeen items described positive achievement
experiences. Each item has two alternatives, one
attributing the cause of the achievement experience to the
child's own behavior while the other attributes the cause

to an external source. This scale is more situation specific, referring to specific intellectual achievement situations, than the Internalitys or Feeling of Personal Powerlessness Scale.

Validity

Crandall, Katkovsky, and Crandall (1965) found a positive relation between internality and report card grades (N=923, p < ,01, 2-tailed, third through twelfth grade). McGhee and Crandall (1968) found a trend for high internal boys and girls to have higher teacher assigned grades in academic subjects. Crandall, Katkovksy, and Preston (1962) found, among boys only, high internals spent more time in free play activities of an intellectual nature and exhibited more intense striving in the activities than did externals. They also found internality and reading achievement test scores were positively related for boys.

Reliability

Crandall, Katkovsky, and Crandall (1965) reported moderately high test-retest reliabilities (.47 to .74 with a two month time lapse, p < .001) and internal consistency measures (N=130; .54 to .60, corrected) for the separate scales. They also reported that self-responsibility for success and failure seemed to be more generalized at the eighth grade level than at the lower grade levels.

2. <u>Rotter's internality scale</u>. Rotter's <u>I-E Scale</u>
(1966) has 20 forced choice items, including 6 filler items
(Appendix A). These items refer to general attitudes which
extend across many situations. The I-E includes 35 through
63 of the Opinion Survey.

This scale contained 60 items and several subscales
at one point in its evolution. Item analysis indicated the
subscales were not generating separate predictions so the
attempt to measure more specific subareas of internal-
external control was abandoned. The scale was refined to
its present form by eliminating items which correlated
highly with the Marlow-Crowne Social Desirability Scale,
had a nonsignificant relationship with other items, or a
correlation approaching zero with both validation criteria.

Support for construct validity is indicated by
several studies which show support for the hypothesis that
a person who believes he has control of his own destiny is
likely to

> (a) be more alert to those aspects of the environment
> which provide useful information for his future behavior'
> (b) take steps to improve his environmental condition;
> (c) place greater value on skill or achievement reinforce-
> ments and be generally more concerned with his ability,
> particularly his failures; and (d) be resistive to
> subtle attempts to influence him (Rotter, 1966, p. 25).

Reliability

Rotter (1966) reported relatively stable internal
consistency estimates which are moderately high for a scale
in which the items are not arranged in a difficulty hierarchy

but are samples of attitudes in a wide variety of situations,

(for example: split halves reliability, corrected, .65 to

.79; Kuder-Richardson (KR-20), .69 to .76).

Test-retest reliabilities varied from .49 through

.83 with the majority .60 and higher. Patsula (1969),

reported a test-retest reliability of .47, one month lapse,

N=79, and internal consistency coefficient of .64

(KR20, N=220).

The adapted I-E scale in this study was modified

for pupils in the fourth grade by 3 reading specialists,

checked against the Thorndike and Lorge Reading Scales

(word difficulty), The Flesch Formula (abstraction) and

Dale Chall (reading level). The scales are read aloud to

pupils.

Seventy-eight grade 8 pupils were given the original

I-E and the adapted at a single sitting. The correlation

between the two forms was .76, which is satisfactory.

These can be considered parallel forms of the same test

and therefore the correlation is an estimate of the

reliability (Gulliksen). It is interesting to note that

the I-E measures correlated low with the IAR and FPPS and

this indicates discriminant validity.

The criteria were, Seeman and Evans study (1962)

of hospital patients who had evidenced greater self-effort

towards recovery versus those who were more passive, and

Rotter, Liverant, & Crowne's (1961) study of the prediction

of indiviudal differences in trials to extinction.

Correlations with intelligence are low (.01, .03, -.09, -.11, -.22). Rotter predicted a low linear relationship between O-E scores and adjustments in a normal population.

Rotter (1966) reported 2 factor analyses of the I-E scale. Both indicated a high percentage (53% in Franklin's 1963 study) of the variance was included in a general factor with additional factors involving only a few items that account for a small proportion of the variance.

Concurrent validity is indicated by correlations with other methods of assessing the same variable such as questionnaire, Likert scale, interview assessments, and ratings from a story-completion technique.

Differences in means of selected populations are generally consistent with expected differences (Rotter, 1966).

3. Feeling of personal powerlessness scale (FPPS). The Feeling of Personal Powerlessness Scale (FPPS) was developed from a factor analysis of items from Dean's Alienation Scale, Scrole's Anomie Scale, and McClosky-Schaar's Anomy Scale (Patsula 1968). The items chosen are those with factor loadings greater than +.3 on the first factor in the orthogonal rotation of the responses to the items on the aforementioned scales. The items reflect the orientation that life is complex and the individual is like

cog in a machine. An examination of the scales indicates that this scale assesses generalized rather than specific attitudes.

Validity

Patsula (1968) found tenth grade males had significantly higher scores on this scale than girls and that there was a significant negative correlation (p < .036) with socioeconomic status. He also found a post factum, a significant relation to both literature and language achievement.

Reliability

Patsula found a test-retest reliability of .566 (N=79, one month between tests),and an internal consistency of .739 (Kuder, Richardson 20 with N=220) which compares favorably with values obtained for Rotter's I-E.

The same procedures used in developing the adapted I-E were employed with the FPPS. A correlation of .81 between the original and adapted FPPS was obtained.

D. The Sample

The subjects of this study were 150 elementary and junior high school students enrolled in two schools of the Edmonton Catholic School District. Of the one hundred and fifty tested, 88 were from the experimental school and 62 came from the control school.

E. Design

The school in which the consultation team worked was termed the "experimental" school. A "control" school, in which no special counselling programs were taking place was selected. The opinion survey, consisting of the three instruments described above, was administered in October, 1971; to both groups. An analysis of variance revealed no significant differences between the two groups with respect to three aspects of alienation being measured; that is, intellectual achievement responsibility (IAR), internal-external locus of control (I-E), and feeling of personal powerlessness scale (FPPS).

In early June, 1972, the opinion survey was administered once more and a similar analysis of variance was carried out.

A significant F ratio after the June testing would result in the rejection of the hypothesis that the "treatment" by the mental health consultation team had produced no change.

A frequency distribution table (Roberts, Formo (1970)) seemed desirable to assist the researcher in organizing the data in such a way that it could be condensed for presentation and interpretation purposes (Appendix B); Frequency Polygons (Roberts 1970) have also been included (Appendix C).

Chapter 4

Results and Findings

A. Statistical Tests

        The data from this study have been summarized below
as they relate to the problem presented in Chapter One.
Findings related to the study are presented in table form.

        The analysis of variance for the Intellectual
Achievement Responsibility Scale (I.A.R.) is presented in
Tables 1 and 2. A high score on this test indicates a
belief in external control in intellectual academic
achievement situations while a low score indicates belief
in internal control in such situations. The expectation of
the mental health consultation team was that their work
with the teachers would lead to a feeling of more internal
control on the part of the student. This was not confirmed.

        Table 1 shows that there was initially no significant
difference between School 1 and School 2 on the Intellectual
Achievement Responsibility Scale. Table 2 shows that after
the experimental intervention there was still no significant
difference between the two schools. However, the probability
of .087 suggests that there was a trend towards a significant
difference.

        The analysis of variance for the Internal-External
Locus of Control Scale (I-E) is presented in Tables 3 and 4.

Table 3 shows that there was initially no significant
differences between the experimental school and the
control school on the Internal-External Locus of Control
Scale. Table 4 shows that after the experimental interven-
tion there was still no significant difference between the
two schools.

Table 3 reveals, however, that the small difference
in Subtest 2 was not in the expected direction. The items
of Subtest 2 (Internal-External locus of control Scale) deal
with the Student's expectations about how reinforcement is
controlled in a wide variety of situations. A high score
on Subtest 2 would denote a high externality; i.e. he
believes that what happens to him is attributable to
outside forces rather than to himself. In so far as there
was a trend, the score for the experimental school was
higher than the score for the control groups.

A possible explanation is that this trend might be
due to the negative feelings among the staff of the
experimental school at the time the consultation team left
the school. Since tension and discontent was evident among
the teachers, this could have easily been communicated
to the students who, therefore, would feel more external
control, especially in school-related matters. The
measured process in Subtest 1 were more directly related to
the school than in Subtest 2 and 3. For example, a subtle
attitude of resentment on the part of the teacher when

Table 1

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 1

Intellectual-Achievement Responsibility Scale (I.A.R.)

(<u>Pre-Test</u>)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	Proba- bility	F
Between groups	$.3906 \times 10^{-2}$	1	$.3906 \times 10^{-2}$	.982	$.5170 \times 10^{-3}$
Within groups	$.1118 \times 10^{4}$	148	$.7554 \times 10^{1}$		

Table 2

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 2

Intellectual-Achievement Responsibility Scale (I.A.R.)

(<u>Post-Test</u>)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	Proba- bility	F
Between groups	$.1600 \times 10^{2}$	1	$.1600 \times 10^{2}$	.087	$.2976 \times 10^{1}$
Within groups	$.7954 \times 10^{3}$	148	$.5374 \times 10^{1}$		

(P = .09, 1/147)

Table 3

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 1

Internal-External Locus of Control Scale (I-E)

(Pre-Test)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	Proba- bility	F
Between groups	$.8987 \times 10^1$	1	$.8987 \times 10^1$	.203	$.1637 \times 10^1$
Within groups	$.8127 \times 10^3$	148	$.5491 \times 10^1$		

Table 4

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 2

Internal-External Locus of Control Scale (I-E)

(Post-Test)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	Proba- bility	F
Between groups	$.4056 \times 10^1$	1	$.4056 \times 10^1$	.350	$.8789 \times 10^0$
Within groups	$.6830 \times 10^3$	148	$.4615 \times 10^1$		

P = .257, 1/147)

arranging with a student to attend the testing session could have been felt by the student as a more personal affront and he therefore could have felt less in control of things in that situation.

Another factor that could account for the trend towards the difference between the schools is that the post tests administered at the experimental school were scheduled very close to the yearly track and field day. Although students typically seem quite comfortable with leaving class to take tests, the feeling of missing classes during this period was one of greater resentment than otherwise would have been expected. Quite a few students would have been otherwise spending their time preparing for the track meet event, which was probably a preferred activity.

Table 5 and 6 show the analysis of variance for the Feeling of Personal Powerlessness Scale (F.P.P.S.). A high score of this test reflects an individual who feels that there is a great deal of flux in today's complex world and that he is but a mere "cog in a wheel." Table 5 shows that there was initially no significant difference between School 1 and School 2 on the Feeling of Personal Powerlessness Scale. Table 6 showed that after the experimental intervention there was still no significant difference between the two schools.

Table 5

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 1

Feeling of Personal Powerlessness Scale (FPPS)

(Pre-Test)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	Proba- bility	F
Between groups	$.9305 \times 10^1$	1	$.9305 \times 10^1$	.460	$.5494 \times 10^0$
Within groups	$.2507 \times 10^4$	148	$.1694 \times 10^2$		

Table 6

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 2

Feeling of Personal Powerlessness Scale (FPPS)

(Post-Test)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	Proba- bility	F
Between groups	$.3616 \times 10^2$	1	$.3616 \times 10^2$	.103	$.2696 \times 10^1$
Within groups	$.1985 \times 10^4$	148	$.1341 \times 10^2$		

(P = 0.100, 1/147)

Conclusion

In Subtest 1 and Subtest 2 (see Table 1, 2, 3 and 4) the trend was towards a greater feeling of powerlessness after the treatment conditions among students from the experimental school as compared with students in the controlled situation. Results could have been influenced by a scheduled school field day or by a general discontent at this time among staff members. The mental health consultation team hoped that the students in the experimental school would show a significant decrease in felt powerlessness or alienation from the beginning to the end of school. The assumption was that the school would begin to have a better "flavor" as communication flowed more freely among the experimental staff. At the point of the mental health consultant's departure from the school, issues within the school had been aired without being sufficiently resolved. This could have left the staff members feeling more discontent and at odds with each other than if the issues at the school had been left under cover.

The unresolved tensions among the staff members could have led to exactly the reverse of what the team had originally intended; the atmosphere of discontent among the staff members was filtered to and experienced by the students, who, therefore, felt less secure in having a say in their own destiny--more powerless and at the control of external forces.

Table 7

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 1

Opinion Scale Totals

(Pre-Test)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	Probability	F
Between groups	$.1680 \times 10^{0}$	1	$.1680 \times 10^{0}$	.84	$.4136 \times 10^{-1}$
Within groups	$.6011 \times 10^{3}$	148	$.4061 \times 10^{1}$		

Table 8

SUMMARY OF THE ANALYSIS OF VARIANCE FOR VARIABLE NO. 2

Opinion Scale Totals

(Post-Test)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	Probability	F
Between groups	$.2227 \times 10^{0}$	1	$.2227 \times 10^{0}$	.815	$.5503 \times 10^{-1}$
Within groups	$.5987 \times 10^{3}$	148	$.4046 \times 10^{1}$		

(P = .813, 1/147)

Table 9

EXPERIMENTAL VS. CONTROL RESULTS WITHIN

GROUP REGRESSION

Source	Experimental Means	Control Means	Significance Level
Variable Subtest			
No. 1			
Pretest	$.5863 \times 10^1$	$.5855 \times 10^1$	
Post Test	$.6034 \times 10^1$	$.5370 \times 10^1$	n.s.
Variable Subtest			
No. 2			
Pretest	$.3545 \times 10^1$	$.3048 \times 10^1$	
Post Test	$.3511 \times 10^1$	$.3177 \times 10^1$	n.s.
Variable Subtest			
No. 3			
Pretest	$.9498 \times 10^1$	$.8903 \times 10^1$	
Post Test	$.9545 \times 10^1$	$.8548 \times 10^1$	n.s.
Variable Subtest			
Totals			
Pretest	$.9432 \times 10^1$	$.9500 \times 10^1$	
Post Test	$.9340 \times 10^1$	$.9419 \times 10^1$	n.s.

Chapter 5

Summary, Discussion and Implications

A. Summary

This research was a pilot investigation to determine the effects of mental health consultation on student alienation.

The research design involved the assessment of feelings of alienation of 150 elementary and junior high students enrolled in two schools of the Edmonton Catholic School District. Of the 150 tested, eighty-eight were from the experimental school and sixty-two came from the control school. The opinion survey consisted of three instruments: (a) the Intellectual Achievement Responsibility Questionnaire (I.A.R.), (b) an adapted version of Rotter's Scale of Internality—a locus of control (I.E.), and (c) Patsula's Feeling of Personal Powerlessness Scale (F.P.P.S.). These scales were administered immediately before and after the eight month mental health consultation treatment to the experimental and control schools. The opinion survey was designated to test some of the possible correlates of one aspect of the "alienation" concept—the feeling of personal powerlessness.

The researcher was interested in ascertaining whether consultation intervention designed to improve communications between staff members would lead to lessened alienation among students. That is, would some students develop the feeling that they have the responsibility for their academic successes and failures, whereas other students tend to develop the belief that forces outside of themselves-- fate, luck, more powerful others, the complexity of the world--are accountable for their academic successes and failures?

The rationale for this study was based on the ideas of Wechsler (1930), Caplan (1964, 1970), Brockbank (1968) and Klein (1968). These writers believed that in the future inter-disciplinary mental health teams would increasingly move into agencies to work with the entire system rather than the individuals. Furthermore, writers such as Seeman (1959, 1963), Rotter and Seeman (1962), Rotter (1966) Patsula (1968, 1969), Field (1970) and Mitchell (1971) expressed a concern for student alienation and the related feeling of powerlessness which is a prevalent malaise in today's society.

If one feels socially isolated or estranged, if he views his life as essentially meaningless, if he sees himself as relatively unable to do anything about it--how does he answer the question, "who am I?" A person's identity, his sense of who he is, derives from his relationship with

others, particularly those people important to him. A
student whose relationships with those around him are
viewed by him as empty or unclear, and who feels isolated
from others, may come increasingly to a state of self-
estrangement. This condition, too, is a characteristic
of the alienated individual.

Mitchell (1971) explained the psychological factors
involved in adolescent alienation. He states:

> Any one or a combination of the following seems to
> contribute to psychological alienation: (1) insufficient
> loving during infancy, (2) pronounced inferiority feelings,
> (3) lack of involvement in meaningful activity, (4)
> lack of meaningful social relationships, (5) lack of
> intimacy with others, (6) lack of feeling of belonging
> or participation in something greater than oneself,
> (7) lowered sense of self-esteem both in terms of
> personal evaluation and the evaluation of others, and
> (8) lack of love relationships (p. 47).

Parents, teachers, administrators, counsellors and
clergy are aware that there are few things concerning
adolescence more important than alienation. There is a
serious counter-culture where adolescents are experiencing
their lives as they perceive them being led by adults as
meaningless and these adolescents are looking for something
else. We must be prepared to cope with this counter-culture
as it emerges in today's society.

B. Discussion

One of the greatest problems encountered in this
study was how to handle the relationship between the mental
health consultation team and the administrative director of

the agency concerned, in this case the principal of the
experimental school. It was obvious to the consultation
team that a good working relationship with mutual respect
was necessary as is true for any agency if consultation is to
be successful. However, there were many factors which
threatened this relationship. Of crucial significance was
the way in which the consultation contract was set up.
Some of the factors presenting difficulties were the
friendship between the administrator and one of the
consultation team (who the initial request was made to
conduct the experiment); this same team member along with
an additional member visited the experimental school during
the year at the principal's request. Usually the requests
were made to the principal regarding teacher and/or parent
referrals for students. These two members appeared in a
slightly different role: that is the role of mental health
consultants. This was somewhat threatening to some staff
members as well as administrators. The experimental school
counsellor expressed a need to have been consulted at the
initial contract stage. He felt that he should have been
made aware of any existing problems in "his" school by the
administrators and other staff members. The absence of the
school counsellor from most of the consultation sessions was
noticeable. Further explanation of factors that presented
difficulties has been discussed in Chapter 2, entitled
Procedures.

Initially, the principal expressed willingness for consultation for his staff but he himself did not feel that he should "interfere" with this relationship and preferred to remain apart from it. The administrator viewed the consultation team as being more objective than himself and suggested that the teams intervention would allow his staff an opportunity for ventilation of their gripes against him or other aspects of the school's hierarchy. The consultants reluctantly accepted this seemingly rational attitude on the part of the principal. This played a part in later criticism that the consultants added to intrastaff conflict rather than helping to resolve it, which in fact may have been true. On the other hand, when the consultants insisted on the presence of the administrator in consultation with staff, the administrator felt quite correctly that his presence prevented crucial issues from being revealed because they might have exposed the weaknesses of various staff members in their work with students and parents. This issue could easily arise in any group consultation where some members of the group have power over others. For example, two members of the team were from Central Office and this did involve a threat. Another difficulty encountered by the staff was the principal's request for special time with the consultants apart from the consultation with staff. This issue created a distrust among staff members who began to wonder if matters emerging in the group were being discussed without their presence.

A frequent difficulty arose in the consultation when a shift occured from one type of consultation to another; i.e. from so-called client-centered consultation to consultee-centered consultation (case consultation to administrative consultation). See Chapter 3 under Procedures for definition of terms. A frequent error was made when the consultation team failed to take into consideration the needs and wishes of the staff because the team had a predilection for focusing on a consultee-centered approach. The staff was in no way prepared for this and resented the consultants' focus on staff probems. A frequent accusation was that the consultants were trying to "analyze" them instead of trying to help them understand their students and parents better. This may have meant that the staff was asking for case-centered approach rather than a consultee-centered one or it might have meant that the consultants did make some technical errors in the handling of a consultee-centered consultation.

The differing expectations of staff and consultation team led to a complex situation in which a single session would alternate from a client-centered to a consultee-centered focus. This required a great deal of flexibility on the part of the consultants to follow these shifts and to respond appropriately on the level required at the moment. Very often the consultation team felt that these shifts were defensive on the part of the staff and attempted to bring

the consultation back to original focus; or in other situations the team's best response was to indicate to the staff that the shift had occurred and that they must decide which area they preferred to deal with; for example, administrative problems or case problems. There was often a split in which part of the staff wished to go one way and others wished to go another. At this point, a group consensus was threatened. The group conflict arose because of differing needs among group members. Much of the teams efforts and skills were directed towards dealing with such an intra-group conflict without turning the situation into a group psychotherapy session.

Recommendations

The researcher has listed four important recommendations that might be followed during the phase of the development of the mental health consultant contract:

(1) The mental health consultant team should be certain of the specific needs of the experimental school in the study and the kinds of requests the administrator and staff is making of them. The mental health consultation team must be sensitive as to what has gone on and also flexible in this approach.

(2) The mental health team should make inquiries about any prior consultants working in the experimental school. This recommendation has often been neglected and at times with embarrasing results.

(3) The mental health consultation team should make it clear to the administrator and staff by their behavior and their approach that they intend to keep the mental health consultation in the realm of an indirect service. The team will have to avoid requests that they get involved in direct services to the staff members.

(4) Often a renogotiation of the mental health consultation contract has to be necessitated if the experimental school's needs and requirements change and if appropriate shifts in the initial contract had to be indicated.

The above-mentioned appeared to be some of the real issues that thwarted the experimental school's functioning during the intervention period. The mental health consultation team devoted several days to a "problem-solving" sequence in an attempt to identify these areas for future studies.

C. Implications for Practice and Research

The general implications of this study is that, more research is needed, and further to the researcher's knowledge there has not been available a clear and concise statement of the effects of mental health consultation on student alienation, its problems or a useful roster of concepts, along with a description of obstacles as well as problem-solving methods. Much more structure is needed

when consultation is begun especially in terms of
building the trust level. Other kinds of resource are
needed by the emerging staff of mental health consultants.

Mental health consultation has been employed in
various community health centers and it appears that mental
health consultants could be used in still a variety of ways
in connection with out educational system. In our society
many community agencies are in a state of tumultuous change
and this change affects their administration, structure,
staff and mission. It is, therefore, highly important that
if a mental health consultant wants to operate with any
effectiveness at all he will have to accept the changes.

Schools throughout North America have become
beseiged with social and financial maladies and at the same
time are being badgered to adopt emerging educational
innovations that will make them "meaningful." Educational
centers have organized programs based on the premise that
the schools are not likely to solve these critical problems
without first receiving help in changing their internal
organizational and administrative arrangements. Programs
have been directed to develop strategies of organizational
change. In this study the researcher has indicated that
such changes in policy would necessitate a greater distri-
bution of autonomy and power. Decision-making in schools
will have to utilize teachers resources instead of
depending on hierarchical directives.

In order to increase the organizational problem-solving ability of any school there will have to be an improvement of communication skills. Therefore, teachers and administrators will need to learn more skills in utilizing interpersonal communications.

Moreover, schools are often staffed by people who have not had the opportunity for the acquisition of communication skills. These workers might ask mental health consultants to help them to struggle with the overwhelming difficulties they encounter, but what they really need is not someone who will increase their capacity to do what they already know, but someone who will assist them to acquire new skills. A consultant would be needed who would combine consultation with straight-forward teaching, supervision, and collaboration; in other words, consultants who would not be afraid to "pitch in and get their hands dirty."

At this time, the difficulties in evaluating mental health consultation are compounded because it is a new and evolving speciality. More precise research designs need to be employed. Elementary descriptive studies are hampered by lack of commonly accepted and understood nomenclature. Recording and reporting systems are similarly hampered; therefore, statistics, even if available to date, would be essentially meaningless for cumulative or comparative purposes.

The greatest impediment to evaluation stems from the fact that the goals of mental health consultation have not been defined in terms which lend themselves to research investigation. It appears that the ultimate goal of mental health consultation is to improve the mental health components of services to clients (staff). The immediate goal is to strengthen and improve the knowledge and skill of the consultee(s). While it might be easier to determine whether the knowledge and skill of the consultee had indeed been improved, the researcher can only presume that his enhanced functioning will result in better service to his staff. It is also difficult to pinpoint what one aims to change through mental health consultation, and how the success of one's efforts can be measured. In lieu of manifold variables in the social field, casual relationships are difficult if at all possible to validate. The researcher believes that despite the difficulties indicated, efforts should be made in order to develop a more useful cumulative body of knowledge.

Structured evaluation procedures within individual programs could achieve greater clarity regarding nomenclature, objectives and procedures of mental health consultation.

Several research and evaluative studies that have been previously noted by the researcher, should shed light on possible methodologies which are currently in process.

In conclusion, the present writer feels that
mental health consultation procedures can be a viable
strategy to help alleviate some of the feelings of
powerlessness and the problems of student alienation but a
more carefully designed educational program and more
precise research will be required.

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Appendix A

Opinion Survey

1. If a teacher passes you to the next grade, would it probably be

      A. because she likedyou, or
      B. because of the work you did?

2. When you do well on a test at school, is it more likely to be

      A. because you studied for it, or
      B. because the test was especially easy?

3. When you have trouble understanding something in school, is it usually

      A. because the teacher didn't explain it clearly, or
      B. because you didn't listen carefully?

4. When you read a story and can't remember much of it, is it usually

      A. because the story wasn't well written, or
      B. because you weren't interested in the story?

5. Suppose your parents say you are doing well in school. Is this likely to happen

      A. because your school work is good, or
      B. because they are in a good mood?

6. Suppose you did better than usual in a subject at school. Would it probably happen

      A. because you tried harder, or
      B. because someone helped you?

7. When you lose at a game of cards or checkers, does it usually happen

      A. because the other player is good at the game, or
      B. because you don't play well?

8. Suppose a person doesn't think you are very bright or clever

      A. can you make him change his mind if you try to, or
      B. are there some people who will think you're not very bright no matter what you do?

9. If you solve a puzzle, is it

      A. because it wasn't a very hard puzzle, or
      B. because you worked on it carefully?

10. If a boy or girl tells you that you are dumb, is it more likely that they say that

      A. because they are mad at you, or
      B. because what you did really wasn't very bright?

DIRECTIONS FOR ADMINISTERING THE OPINION SURVEY

1. Before handing out the opinion survey and answer sheets to the pupils please read aloud the instructions which are printed in capital letters.

2. OPINIONS OR IDEAS PUPILS HAVE ABOUT THE WORLD THEY LIVE IN ARE IMPORTANT IN HELPING PEOPLE IMPROVE THEIR SCHOOL EXPERIENCES.

3. YOU CAN HELP US BY GIVING YOUR IDEAS ABOUT THE QUESTIONS WHICH WILL BE PASSED OUT TO YOU.

4. YOUR OPINIONS MAY BE VALUABLE IN HELPING MANY OTHER PUPILS, SO WE ENCOURAGE ALL OF YOU TO ANSWER THE QUESTIONS. HOWEVER, IF ANY OF YOU DO NOT WISH TO SHARE YOUR IDEAS YOU DO NOT HAVE TO ANSWER THE QUESTIONS.

5. THIS IS NOT A TEST.

6. THERE ARE NO WRONG ANSWERS. WHAT YOU THINK ABOUT EACH QUESTION IS THE RIGHT ANSWER FOR YOU.

7. Hand out the opinion survey and answer sheets (except for census data, page 10)

8. PLEASE PRINT YOUR NAME, SCHOOL, AGE, GRADE, Circle BOY or GIRL, AT THE TOP OF YOUR ANSWER SHEET. (Please demonstrate proper procedure on the blackboard. Allow enough time for pupils to complete this accurately.)

9. PLEASE ANSWER EVERY QUESTION.

10. ANSWER EACH QUESTION THE WAY YOU FEEL ABOUT IT, NOT THE WAY YOU THINK OTHER PEOPLE MIGHT WANT YOU TO FEEL.

11. DO NOT SPEND A LONG TIME THINKING ABOUT AN ANSWER.

12. YOUR ANSWER SHEET WILL NOT BE SHOWN TO ANYONE IN THIS SCHOOL.

13. PLEASE READ THE SENTENCE SILENTLY AS I READ IT OUT LOUD.

14. BE SURE TO FOLLOW ALONG WITH ME. DO NOT GO AHEAD.

15. SECTION A. QUESTIONS 1 THROUGH 34 ARE IN THIS SECTION. PICK THE ANSWER WHICH BEST DESCRIBES HOW YOU FEEL.

16. MARK YOUR ANSWER SHEET LIKE THIS (Show on chalk board). EXAMPLE: I AM NOW LIVING IN THE CITY OF A. EDMONTON
    B. CALGARY   A━━━   B══════

17. MAKE SURE YOU ANSWER EVERY QUESTION.

18. PLEASE USE ONLY "H" OR "HB" PENCIL FOR MARKING ANSWER SHEETS.

A _____   B _____
= ====   = =====

11. Suppose you study to become a teacher, scientist, or doctor and
    you fail. Do you think this would happen

         A. because you didn't work hard enough, or
         B. because you needed some help, and other people didn't give
            it to you?

12. When you learn something quickly in school, is it usually

         A. because you paid close attention, or
         B. because the teacher explained it clearly?

13. If a teacher says to you, "Your work is fine," is it

         A. something teachers usually say to encourage pupils, or
         B. because you did a good job?

14. When you find it hard to work arithmetic or math problems at
    school, is it,

         A. because you didn't study well enough before you tried
            them, or
         B. because the teacher gave problems that were too hard?

15. When you forget something you heard in class, is it

         A. because the teacher didn't explain it very well, or
         B. because you didn't try very hard to remember?

16. Suppose you weren't sure about the answer to a question your teacher
    asked you, but your answer turned out to be right. Is it likely to
    happen

         A. because she wasn't as particular as usual, or
         B. because you gave the best answer you could think of?

17. When you read a story and remember most of it, is it usually

         A. because you were interested in the story, or
         B. because the story was well written?

18. If your parents tell you you're acting silly and not thinking clearly,
    is it more likely to be

         A. because of something you did, or
         B. because they happen to be feeling cranky?

19. When you don't do well on a test at school, is it

         A. because the test was especially hard, or
         B. because you didn't study for it?

A ___   B _____

20. When you win at a game of cards or checkers, does it happen

      A. because you play really well, or
      B. because the other person doesn't play well?

21. If people think you're bright or clever, is it

      A. because they happen to like you, or
      B. because you usually act that way?

22. If a teacher didn't pass you to the next grade, would it probably be

      A. because she "had it in for you," or
      B. because your school work wasn't good enough?

23. Suppose you don't do as well as usual in a subject at school.
Would it probably happen

      A. because you weren't as careful as usual, or
      B. because somebody bothered you and kept you from working?

24. If a boy or girl tells you that you are bright, is it usually

      A. because you thought up a good idea, or
      B. because they like you?

25. Suppose you become a famous teacher, scientist or doctor. Do
you think this would happen

      A. because other people helped you when you needed it, or
      B. because you worked very hard?

26. Suppose your parents say you aren't doing well in your school work.
Is this likely to happen more

      A. because your work isn't very good, or
      B. because they are feeling cranky?

27. Suppose you are showing a friend how to play a game and he has
trouble with it. Would that happen

      A. because he wasn't able to understand how to play, or
      B. because you couldn't explain it well.

28. When you find it easy to work arithmetic or math problems at school,
is it usually

      A. because the teacher gave you especially easy problems, or
      B. because you studied your book well before you tried them?

A ____   B ____
=====   =====

29. When you remember something you heard in class, is it usually

    A. because you tried hard to remember, or
    B. because the teacher explained it well?

30. If you can't work a puzzle, is it more likely to happen

    A. because you are not especially good at working puzzles, or
    B. because the instructions weren't written clearly enough?

31. If your parents tell you that you are bright or clever, is it more likely

    A. because they are feeling good, or
    B. because of something you did?

32. Suppose you are explaining how to play a game to a friend and he learns quickly. Would that happen more often

    A. because you explained it well, or
    B. because he was able to understand it?

33. Suppose you're not sure about the answer to a question your teacher asks you and the answer you give turns out to be wrong. Is it likely to happen

    A. because she was more particular than usual, or
    B. because you answered too quickly?

34 If a teacher says to you, "Try to do better," would it be

    A. because this is something she might say to get pupils to try harder, or

    B. because your work wasn't as good as usual?

SECTION B

DIRECTIONS: 1. Questions 35 through 63 are in this section.
            2. For each question choose the answer YOU believe to be more true.
            3. For some questions you may believe both answers are true or that no answer is true. For these questions choose the answer that comes closest to what you believe to be true. Be sure to pick an answer for EVERY question. (Either an "A" or "B")

    Example: A. I am now living in the City of Edmonton
             B. I am now living in the City of Calgary

                A   B
              ======   =====

A   B

35. A. Children get into trouble because their parents punish them too much.

     B. The trouble with most children nowadays is that their parents are too easy with them.

36. A. Many of the unhappy things in people's lives are partly due to bad luck.

     B. People's troubles come from the mistakes they make.

37. A. One of the big reasons why we have wars is because people don't take enough interest in the government.

     B. There will always be wars, no matter how hard people try to keep them from happening.

38. A. In the long run people get the respect they deserve in this world.

     B. Unfortunately, no matter how hard a pupil tries people often don't realize how good he is.

39. A. The idea that teachers are unfair to students is nonsense.

     B. Most pupils don't realize how much their marks depend on good luck.

40. A. Without good luck a person cannot be a strong leader.

     B. Smart people who fail to become leaders have not taken advantage of the chances they had.

41. A. No matter how hard you try, some people just don't like you.

     B. People who can't get others to like them, don't understand how to get along with others.

42. A. What you are born with plays the biggest part in making you the kind of person you are.

     B. It is what happens to you in life that makes you the kind of person you are.

43. A. I have often found that what is going to happen will happen.

     B. Leaving things to luck has never worked as well as when I made up my mind to do something.

44. A. If a student is well prepared there is seldom if ever an unfair test.

     B. Many times studying for tests is useless because often the questions are not about the work you did in class.

A   B
===== =====

45. A. Becoming a success is a matter of hard work; luck has little or nothing to do with it.

    B. Getting a good job depends mainly on being in the right place at the right time.

46. A. The ordinary person can have an influence in what the government decides to do.

    B. This world is run by the few people in power, and there is not much the little guy can do about it.

47. A. When I make plans, I am almost certain that I can make them work.

    B. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad luck anyhow.

48. A. There are certain people who are just no good.

    B. There is some good in everybody.

49. A. In my case getting what I want depends on me and has little or nothing to do with luck.

    B. Many times we might just as well decide what to do by flipping a coin for heads or tails.

50. A. Who gets to be boss often depends on who was lucky enough to be in the right place first.

    B. Getting people to do the right thing depends on how smart you are, luck has little or nothing to do with it.

51. A. Most of us have no control over what happens in our government and country.

    B. By taking an active part in affairs that have to do with their government and country people can control what happens in the world.

52. A. Most people don't realize how much their lives are controlled by things that happen by chance.

    B. There really is no such thing as "luck".

53. A. One should always be willing to admit mistakes.

    B. It is usually best to cover up one's mistakes.

A   B
=====   =====   80

54. A. It is hard to know whether or not a person really likes you.

    B. How many friends you have depends upon how nice a person you are.

55. A. In the long run the bad things that happen to us are balanced
       by the good ones.

    B. Most troubles happen because of lack of ability, ignorance,
       laziness, or all three.

56. A. If we try hard enough we can get rid of dishonest people in our
       government.

    B. It is difficult for people to have much control over things
       people in government do when they are in power.

57. A. Sometimes I can't understand how teachers arrive at the marks
       they give.

    B. The marks I get depend on how hard I study.

58. A. A good leader expects people to decide for themselves what they
       should do.

   .B. A good leader makes it clear to everybody what their jobs are.

59. A. Many times I feel that I have little influence over the things that
       happen to me.

    B. It is impossible for me to believe that chance or luck plays an
       important part in my life.

60. A. People are lonely becuase they don't try to be friendly.

    B. There's not much use in trying too hard to please people; if they
       like you, they like you.

61. A. There is too much time spent on sports in our school.

    B. Team sports are an excellent way to build a person's character.

62. A. What happens to me is my own doing.

    B. Sometimes I feel that I don't have enough control over what is
       happening in my life.

63. A. Most of the time I can't understand why the people in government behave
       the way they do.

    B. In the long run the people are responsible for bad government in their
       country as well as in their city or town.

A   B   81
=====   =====

DIRECTIONS: 1. Questions 64 through 93 are included in this section.

2. Show what you think of each question by marking <u>one</u> of
    the five answers like this:

Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree
A   B   C   D   E
=====   =====   ======   =====   =====

if you strongly agree blacken in guideline =====   "A"
if you agree less strongly blacken in guideline ==== "B"
if you don't care either way blacken in guideline===="C"
if you disagree blacken in guideline =====   "D"
if you disagree more strongly blacken in guideline==="E"

64. I sometimes talk about things I know nothing about.

65. There are so many rules nowadays that there is not much chance for
     me to make up my own mind even about things that are my own business.

66. There is little chance to get ahead on a job unless a person is lucky.

67. Nowadays it is hard for people to trust each other.

68. These days there is nothing we can be sure of.

69. I sometimes gossip.

70. People don't think my ideas are important when big decisions are to be
     made.

71. I have never been late for an appointment or for school.

72. People's ideas change so much that I wonder if we will ever have anything
     to depend on.

73. Most people in government are not really interested in the problems of the
     ordinary man.

74. Things change so much today that there just are not any definite rules to
     live by.

75. I would always declare everything at the customs office, at the border,
     even if I knew that I would never get caught.

76. The future looks very discouraging.

77. Nowadays a person has to live pretty much for today and let tomorrow
     take care of itself.

Strongly Agree   Agree   Undecided   Disagree   Strongly Disagree

A =====   B=====   C=====   D =====   E =====

78. Of all the people I know there are some whom I definitely do not like.

79. These days a person does not know whom he can count on.

80. Most people today seldom feel lonely.

81. I occasionally have thoughts and ideas that I would not like other people to know about.

82. Most people do not really care what happens to the next fellow.

83. In spite of what some people say, things are getting worse for the average man, not better.

84. All my habits are good ones.

85. There is little or nothing I can do towards keeping an atomic war from happening.

86. People were better off in the old days when everyone knew just how to act.

87. There are so many decisions that have to be made today that sometimes I could just "blow up".

88. Often, to get what you want you have to do things that are wrong.

89. Sometimes I feel all alone in the world.

90. It is frightening to be responsible for the development of a little child.

91. The trouble with the world today is that most people really do not believe in anything.

92. Once in a while I lose my temper and get angry.

93. If I say I will do something, I always keep my promise, no matter how hard it might be to do so.

MALE ☐ TODAY'S DATE

NAME.. AGE.................YRS. FEMALE ☐ .... 197____
Last   First   Middle   Day   Month   Year

SCHOOL..GRADE....................NAME OF TEST...

Indicate answer by placing a mark between the guidelines as shown in the example. Use HB pencil. Don't make marks longer than guidelines.

The spaces to the right are for recording student identification numbers. Do not fill them in unless instructed to do so.

Example

A 1 B 2 C 3 D 4 E 5

PART 1

PART 2

231511   DEPARTMENT OF EDUCATION   GENERAL PURPOSE ANSWER SHEET I

CAUTION — AVOID PLACING ANY MARKS AMONG THE BLACK TIMING LINES

Appendix B

Frequency Distribution Tables

FREQUENCY DISTRIBUTION TABLE FOR SUBTEST 1:

Intellectual Achievement Responsibility Scale

Pre-Test

SCORES	f	cum f	cum %
16	0	0	
15	0	0	
14	0	0	
13	2	176	100
12	3	174	99
11	6	171	97
10	2	165	94
9	13	163	92
8	10	150	85
7	32	140	80
6	27	108	61
5	20	81	46
4	34	61	35
3	17	27	15
2	9	10	6
1	1	1	0.6
	176		

FREQUENCY DISTRIBUTION TABLE FOR SUBTEST 1:

Intellectual Achievement Responsibility Scale

<u>Post-Test</u>

SCORES	f	cum f	cum %
16	0	124	
15	1	124	100
14	2	123	99
13	0	121	98
12	1	121	98
11	3	120	97
10	4	117	94
9	3	113	91
8	8	110	89
7	15	102	82
6	19	87	70
5	20	68	59
4	24	48	31
3	17	24	19
2	4	7	.06
1	3	3	.02
	124		

FREQUENCY DISTRIBUTION TABLE FOR SUBTEST 2:

Internal-External Locus of Control Scale (I-E)

Pre-Test

SCORES	f	cum f	cum %
14	1	176	100
13	0	175	
12	0	175	
11	0	175	
10	3	175	99
9	0	172	97
8	7	172	97
7	4	165	94
6	11	161	92
5	25	159	85
4	27	125	71
3	37	98	56
2	31	61	35
1	21	30	13
0	9	9	5
	176		

FREQUENCY DISTRIBUTION TABLE FOR SUBTEST 2:

Internal-External Locus of Control Scale (I-E)

Post-Test

| SCORES	f	cum f	cum %
14			
13			
12			
11			
10	1	124	100
9	1	123	99
8	6	122	98
7	5	116	94
6	7	111	90
5	7	104	84
4	16	97	80
3	22	81	65
2	25	59	49
1	27	34	27
0	7	7	6
	124		

FREQUENCY DISTRIBUTION TABLE FOR SUBTEST 3:

Feeling of Personal Powerlessness Scale (FPPS)

<u>Pre-Test</u>

SCORES	f	cum f	cum %
15	1	176	100
14	2	175	99
13	9	173	98
12	15	164	93
11	20	149	85
10	44	129	73
9	24	85	48
8	29	61	35
7	19	32	18
6	7	13	7
5	5	6	3
4	1	1	0.5
3	0		
2	0		
1	0		
	176		

FREQUENCY DISTRIBUTION TABLE FOR SUBTEST 3:

Feeling of Personal Powerlessness Scale (FPPS)

<u>Post-Test</u>

SCORES	f	cum f	cum %
15	0	0	
14	1	124	100
13	6	123	99
12	13	117	95
11	20	104	84
10	19	84	68
9	26	65	52
8	17	39	31
7	13	22	18
6	8	9	7
5	1	1	0.8
4	0		
3	0		
2	0		
1	0		
	124		

Appendix C

Frequency Polygons

FREQUENCY POLYGON SUBTEST NO.1 (PRE-TEST)

(F)

SCORES

93
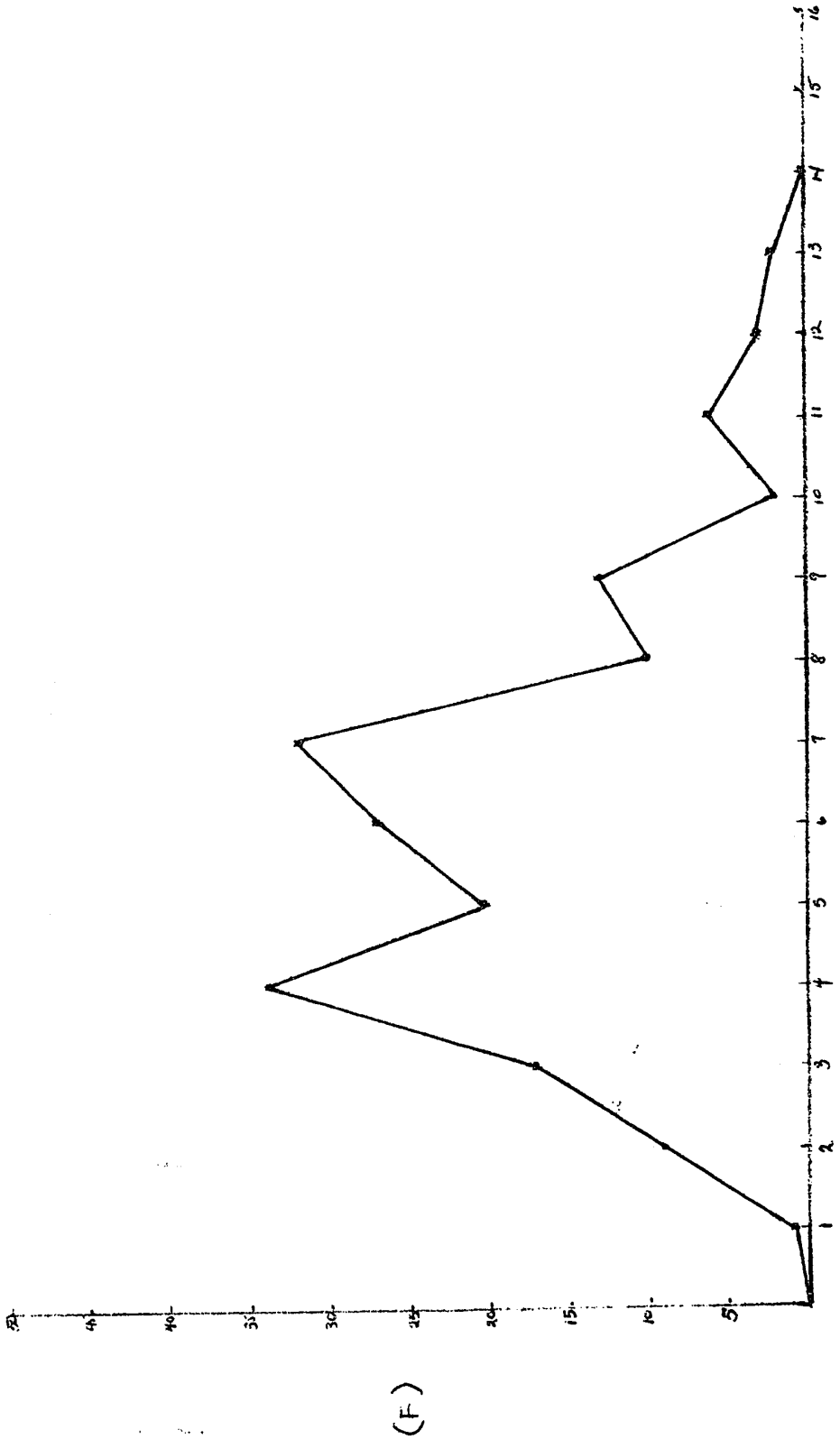
FREQUENCY POLYGON SUBTEST NO. 1 (POST TEST)

(F)

50
45
40
35
30
25
20
15
10
5

SCORES

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
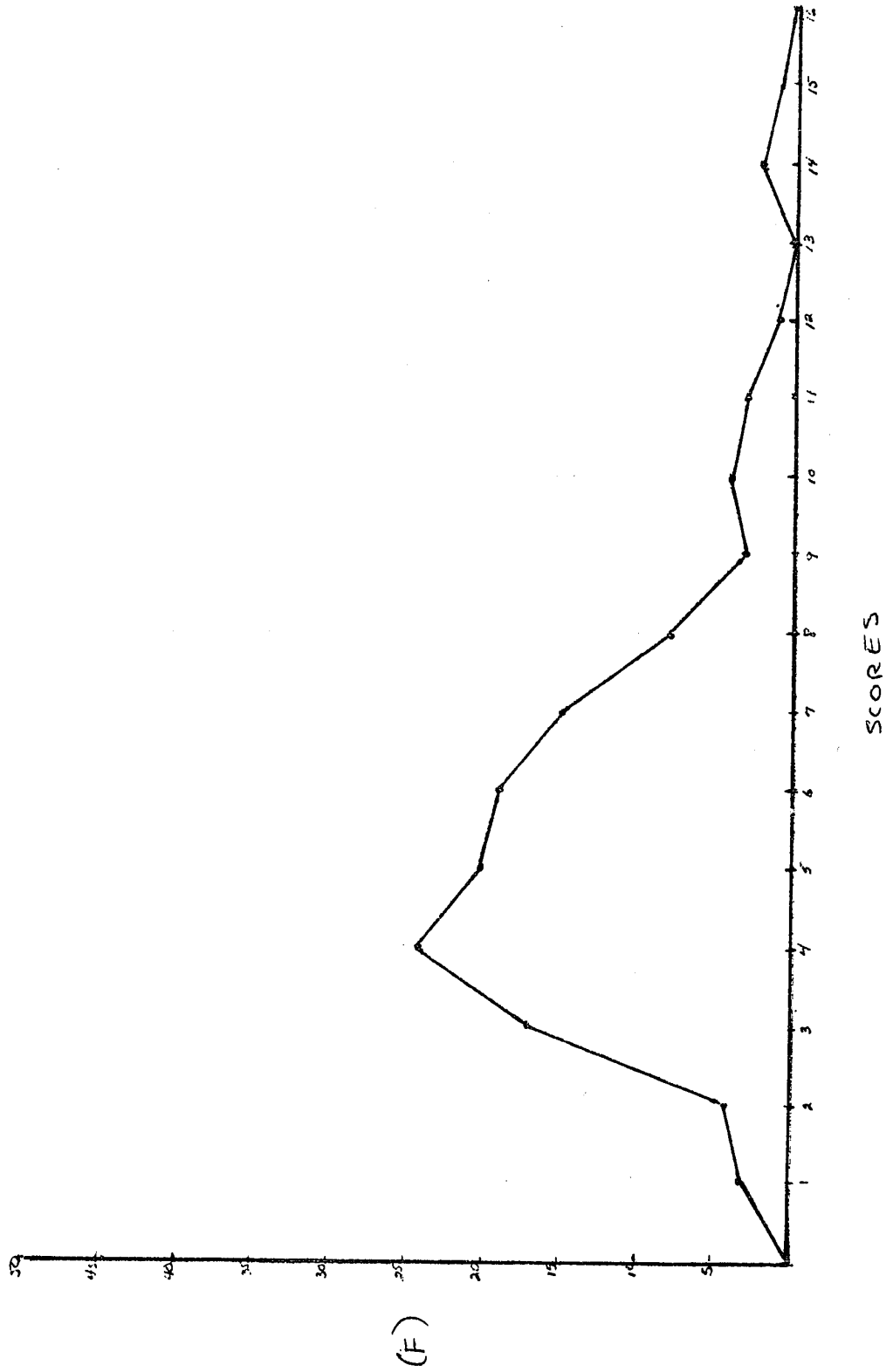
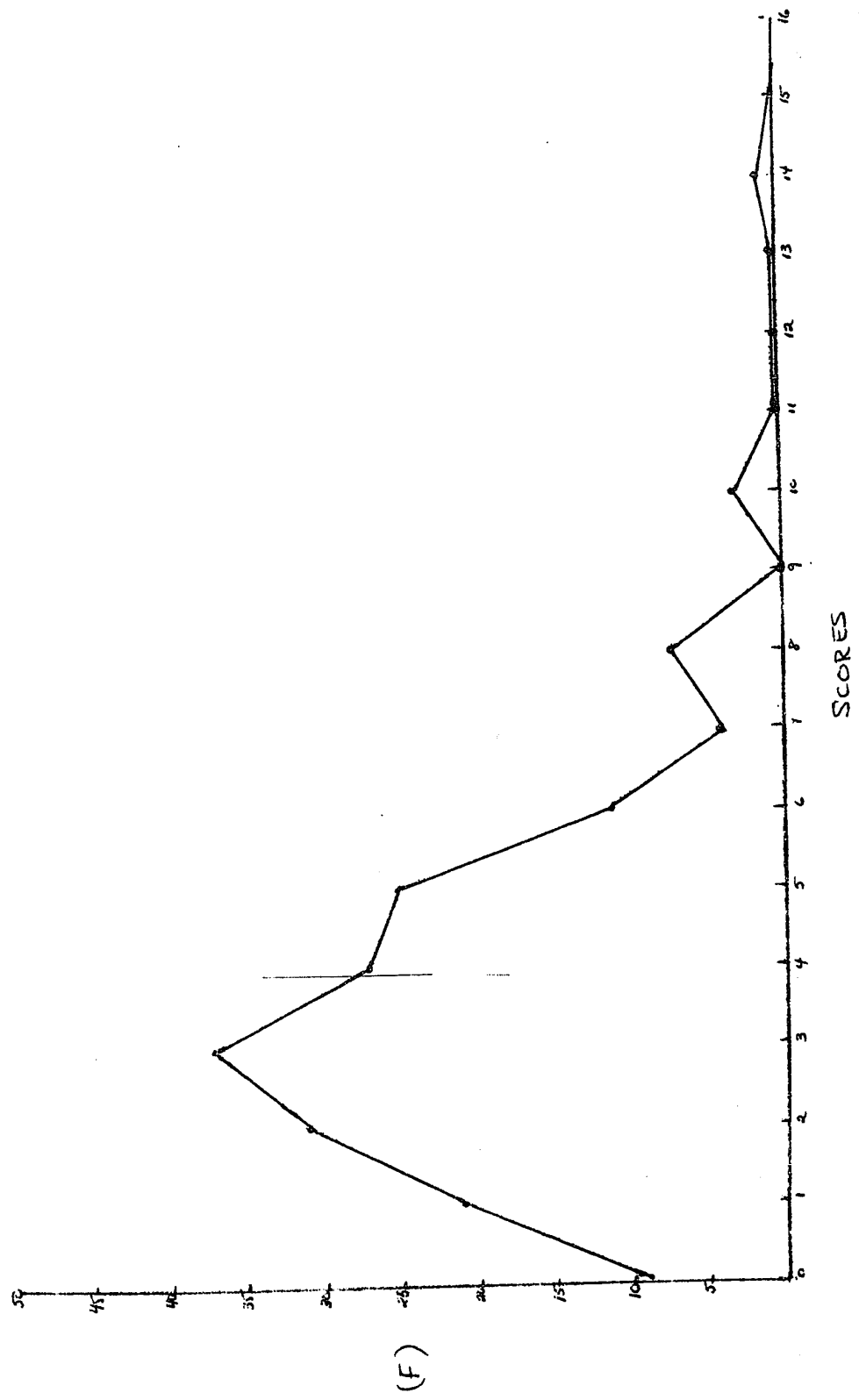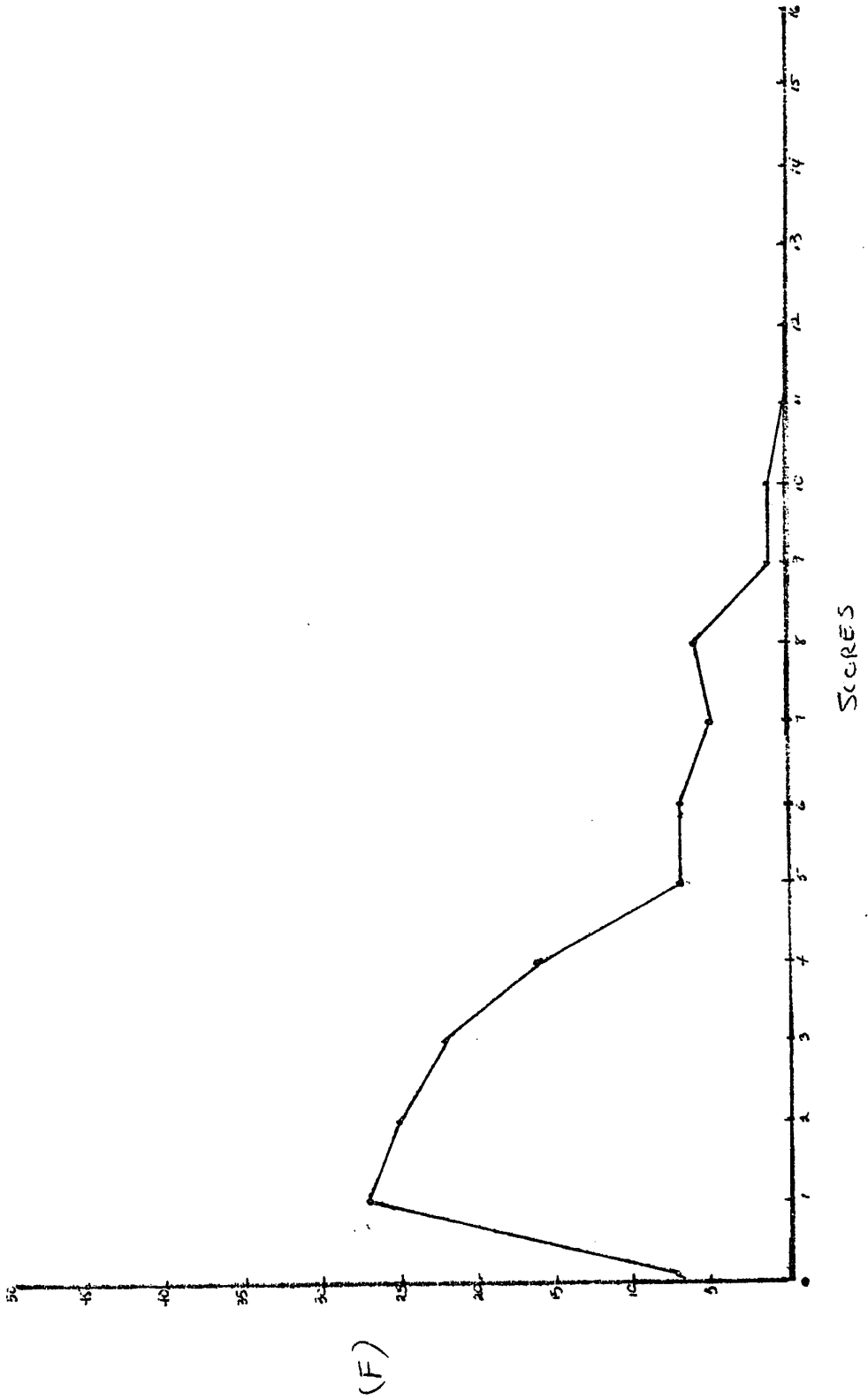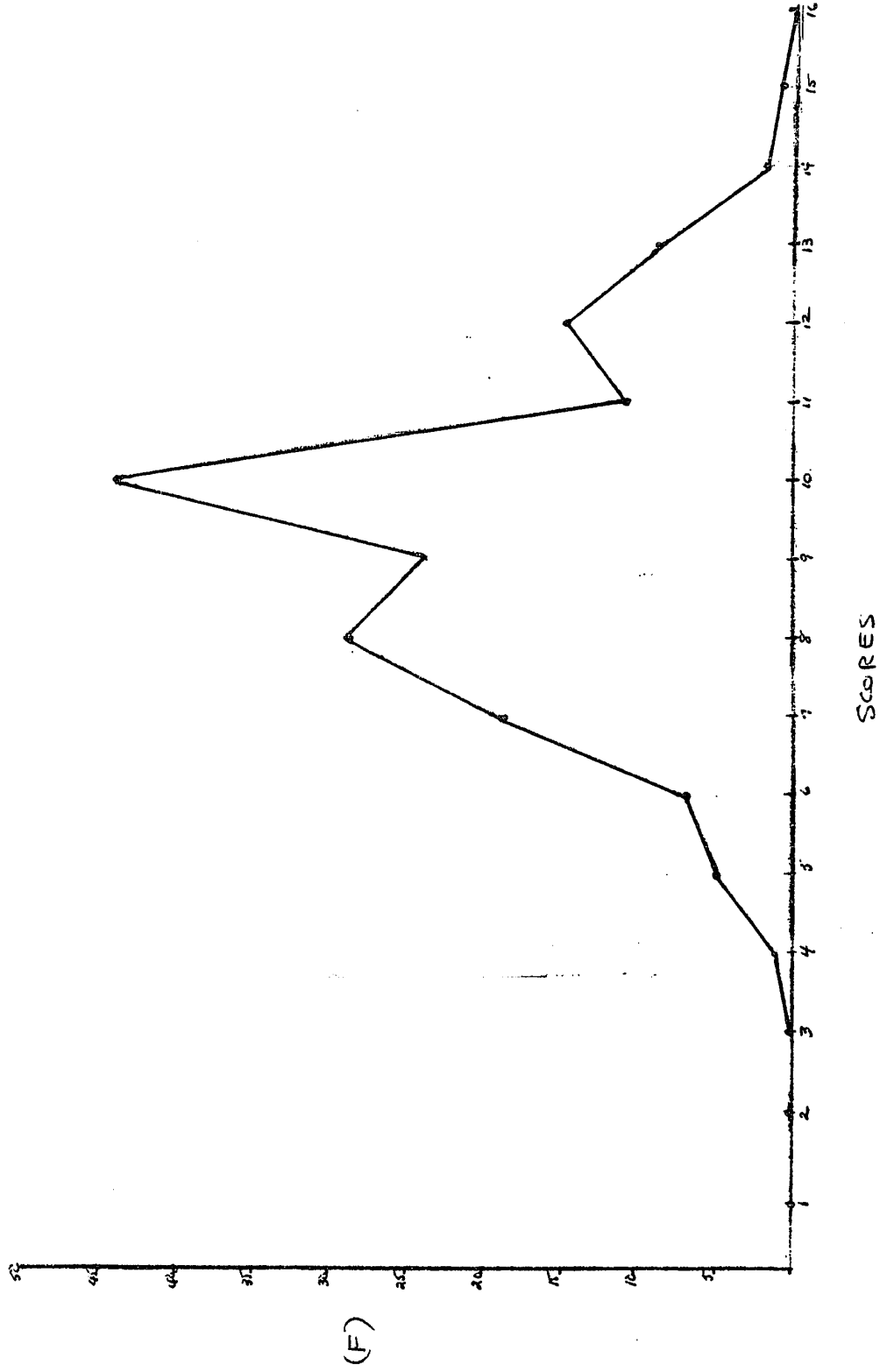FREQUENCY DISTRIBUTION POLYGON SUBTEST NO. 2 (PRE TEST)

FREQUENCY POLYGON   SUBTEST NO. 2   (POST TEST)

SCORES

(F)

95

FREQUENCY POLYGON   SUBTEST NO. 3 (PRE TEST)

96

FREQUENCY   POLYGON   SUBTEST   NO. 3   (POST TEST)