ED 026 292   SP 002 065

A pilot study exploring the use of mental health consultants to teachers of socially and emotionally maladjusted pupils in regular classes was conducted to (1) help teachers cope with these children and facilitate successful learning experiences for them, (2) enable teachers to be more effective with all children, (3) understand effects of curriculum and teaching methods on children, and (4) develop further methods for understanding and teaching both the advantaged and the disadvantaged. Advantaged and disadvantaged schools were selected; one of each was a control school, while the other six were experimental schools. Involved were 59 teachers and over 2,000 children. Six mental health consultants, assigned one to each experimental school, met with the same group of teachers weekly and were available for individual conferences. Pre- and postquestionnaires were administered to every teacher and child in the eight schools. Each consultant kept a log of the 15 weekly sessions, consultations, and classroom visits. Results indicated: (1) In the control schools, where there were no consultants, only negative behavioral and attitudinal changes occurred. (2) To the extent that consultants and teachers together clearly defined the goals of their meetings, there were positive changes in teacher and student behavior. (Included are 26 recommendations and the questionnaires used.) (Author/SG)

FINAL REPORT

TITLE: *A Pilot Study in Exploring the Use of Mental Health*
Consultants to Teachers of Socially and Emotionally
Maladjusted Pupils in Regular Classes

IN COOPERATION WITH: The Mental Health Association
of Southeast Pennsylvania
and
The Philadelphia Public School System
and a
Grant from the Samuel S. Fels Fund

PROJECT DIRECTOR: Anne M. Edelmann, Ed.D.
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FINAL REPORT

ON

EXPLORING THE USE OF MENTAL HEALTH CONSULTANTS TO TEACHERS OF

SOCIALLY AND EMOTIONALLY MALADJUSTED PUPILS   IN REGULAR CLASSES

INTRODUCTION

Schools are the one institution which to all intents and pur-
poses reaches the whole population. When any other institution
(family, vocation, church, etc.) failed to reach its stated objec-
tives it has become customary for the public to expect the schools,
the one institution held in common, to take up their responsibilities.
Rapid technological changes, extensive mobility of all levels of
society, massive exposure of gross inequities in our culture, and
the geometric increase in all the large urban areas caught the
schools totally unprepared to deal with the problems generated by
these forces.

As studies from many disciplines as well as school evaluations
showed an ever increasing lack of intellectual growth in the school
population and other studies indicated the lack of skilled workers,
the increase in juvenile delinquency and other social and psy-
chological ills those most genuinely involved in the development
of man's human potential moved to examine some of the specifics
of the problems. This report will deal with one of these.

HISTORY

The Philadelphia Public School System in 1961 in cooperation
with the Mental Health Association of S.E. Pennsylvania under a
generous grant from the Samuel S. Fels Fund established the first

special class for seriously maladjusted children in a regular elementary school. A carefully selected teacher was appointed for this pilot study class and a clinical psychologist was named to serve as consultant to the teacher. The project guidance team included the first district superintendent, the principal and school counselor of that particular school, a school psychologist and a psychiatrist.

The pilot study demonstrated that seriously maladjusted children could be retained in a regular school without interrupting the desirable learning for himself and others. The results of the pilot study led to the establishment of other such classes in other schools. As a regular component of special education in Philadelphia there are today thirty-one (31) classes in twenty-six (26) schools for the emotionally handicapped.

Without debating the desirability of special classes the mere numbers of such handicapped children highlighted the impossibility of keeping them in special classes but within the regular school. In 1963, the extent of this problem was made manifest through a survey conducted by the Mental Health Association of S.E. Pennsylvania in which teachers of grades one through six identified and expressed concern about adjustment problems of 12,000 pupils. This was probably an under-estimation since the survey included only the teachers of those schools with counselors on the staff.

Whether the 12,000 pupils were in need of special class placement or not is relevant for schools. The fact that the

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teachers in so-called "advantaged" and "disadvantaged" schools felt that these students were not able to learn as affectively ~ most of their peer group from the school offerings is of decided relevance. To reinforce this pertinancy are the recent studies of the large number of socially and emotionally disadvantaged children who have not gained materially from their school experiences. How to deal with the numbers and still use what has been learned about the development of more effective human beings became a central concern of much of the knowledgeable school personnel and mental hygienists. Early in 1965 the Mental Health Association of S. E. Pennsylvania moved again to examine and devise some way of dealing with this concern. A Special Advisory Committee on the Experimental School Project was appointed. The committee was composed of professionals from the Philadelphia School System, private special schools, child psychiatrists, and college of education professors under the chairmanship of Miss Anne Wright, a former district school superintendent in the Philadelphia School System. Dr. Elaine Dorfman, clinical psychologist, was selected to prepare the project for the school system. Each draft prepared by Dr. Dorfman was presented and explored by the advisory committee. The final draft was approved in May, 1965. Dr. Anne M. Edelmann, counseling psychologist and associate professor of educational psychology at Temple University, was appointed director of the pilot project on January 28, 1966.

As the project developed some changes in the structure were

made, particularly in the area of the research materials to be used and the feedback from the school consultants. Dr. Richard Schmuck, professor of educational psychology at the Center for Advanced Study of Educational Administration, University of Oregon, was named the research specialist for the project.

THE PILOT PROJECT

TITLE   Exploring the Use of Mental Health Consultants to Teachers of Socially and Emotionally Maladjusted Pupils in Regular Classes.

SPECIFIC GOALS

The specific goals of the project were:

1. To assist teachers to understand and cope more effectively with the behavior of emotionally and socially handicapped pupils in regular classes in order to enable such pupils to have a successful learning experience.

2. To enhance the ability of the teacher to understand the behavior of all children and teach more effectively.

3. To develop understanding as to how curriculum and teaching methods may affect the behavior and individual needs of children in school.

4. To develop further methods for the understanding and teaching of pupils from disadvantaged as well as more privileged groups in society.

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POPULATION

The Schools (See Appendix 9)

Criteria were established for the selection of the schools whose teachers were to be asked to volunteer for the pilot study.

1. Each school must have a counselor

2. Each school must have reported a large number of disturbed children in the survey conducted previously by the Mental Health Association.

3. Each school must have a principal who is sympathetic to this program.

4. Three schools must be in a disadvantaged community.

5. Three schools must be in an advantaged community.

6. Each school must have enough 4th, 5th, and 6th grade teachers volunteering to form a group of not less than 5 or more than 12 teachers.

7. Two control schools were to be selected, one from an advantaged community and one from a disadvantaged one. From those available that met these criteria eight schools were selected.

The Teachers (See Appendix 10)

From these eight schools, fifty-nine (59) teachers volunteered to participate in the study. The breakdown follows:

Advantaged - Experimental Group   17 Teachers

Disadvantaged - Experimental Group   23 Teachers

Advantaged - Control Group   12 Teachers

Disadvantaged - Control Group   7 Teachers

The teachers in the experimental group were to be paid a nominal sum for the hour and a half spent with the consultant <u>after</u> school hours and a smaller nominal sum was to be paid to the control group for the use of their time in the after school hours for taking the pre and post questionnaires.

The Consultants

Criteria were established for the selection of the mental health consultants. They were to be professionals in the fields of child psychiatry or psychology, social workers, child development specialists and educators with strong psychological backgrounds and work experience. All of these were to have had some experience working with teachers and the schools. Six consultants were secured:

> 2 psychiatrists
>
> 1 psychologist
>
> 1 social worker
>
> 1 specialist in child development
>
> 1 educator-social worker

PROCEDURES AND PREPARATION

The Research Specialist

The director met with the research specialist to determine how to measure the results of the project. Evaluation techniques were built into the project by planning to use questionnaires at both the beginning and end of the project. The questionnaires were to be administered to both the children and the teachers in the program. The questionnaires selected were:

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A. Teacher questionnaires

1. Classroom Situations (Appendix 1):

   Teachers asked to respond to classroom situations
   that were of relatively common occurrence.

2. Categorizing Pupils (Appendix 2):

   How the teacher perceives the student and the relevance
   of that perception for teaching practices.

3. Self-Conception (Appendix 3):

   Teachers asked to name the teaching characteristics
   they have and then to rate them as to degree the
   particular characteristic is positive or negative.

4. Classroom Mental Health Practices and Conditions
   (Appendix 4):

   Teacher asked to list these according to his personal
   opinion only.

B. Student Questionnaires (Each child given a numbered list
   of boys and girls in his class)

1. The Classroom Group (Appendix 5, p. 1):

   Students asked to tell how they thought their class-
   mates behaved or thought they behaved.

2. Sentence Completion (Appendix 6, pp. 2-3):

   Students asked to complete sentences telling how they
   really felt about self and school.

3. Sociometric Questions (Appendix 7, p. 4):

   Students asked questions about personal relationships
   among classmates and with himself.

4. Classroom Life (Appendix 8, pp. 5-6):

   Students asked to encircle statement that best described

how he, his classmates, and the teacher worked together.
Time was set aside to discuss administration and evaluation of
program.

The School Principals

School administrators arranged time for all the principals
to be involved in the program to meet with the pilot project director.
This allowed for further clarification of the project. Arrangements
were made for the director to visit each school individually, to get
a school profile, to speak to the total faculty about the project,
and to return at a later date to ask for volunteers. The principals
also requested that they have an opportunity to meet regularly with
the director and this was done. During these visits the problems
of the individual schools were discussed, school profiles were
secured (see Appendix 9) and availability of space and privacy
were checked. Arrangements were made for release time for teachers
and classes in order to administer the student questionnaires.

The Teachers

On the first visit to the school the director met with the
faculty as a whole to discuss the purpose of the program, why it was
limited to the 4th, 5th, and 6th grades and their possible involve-
ment in the project. Requested assurance was given that the sessions
with the mental health consultant would be private, that the principal
and school counselor would come only if invited by the group and that
the director would return at a later date to request volunteers and
discuss in greater detail the specifics of the program. This was
done. The volunteers understood they could invite the consultant to
visit their classes or speak with him privately during the 1½ hours
he was in the school prior to the group session; that they would be

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asked to complete pre and post questionnaires and were to meet with the mental health consultant for 1½ hours at the close of school one day a week for fifteen weeks. Volunteers were listed and given a code number to be used on all their questionnaires.

The Consultants

Prior to the meeting of the consultants and their groups four meetings of all the consultants and the director were held to explore and clarify the role of the mental health school consultant and the pilot project goals. Reports of previous mental health school consultant projects were made available. Dr. Eli Bower, Assistant Chief of Consultation and Special Services Branch of the National Institute of Mental Health spent three hours with the groups talking about earlier mental health projects, attempting to delineate the school consultants role, the major pitfalls and the need to remind one's self constantly that the school consultant was not a therapist, a social worker, a psychologist, or an educator but that the role was one in which the mental health consultant uses his skills in an attempt to help the teacher solve a mental health problem of one or more students within the framework of the actual teaching situation. Specific suggestions were to be explored with the individual teacher and the group.

Another meeting was held with Dr. Phyllis Schaeffer, Psychiatric Consultant for the Philadelphia School District. She again stressed the various resources the schools had to help the teacher and of the role of the school consultant.

A third meeting was with Mr. Morris Berkowitz, Assistant Director of Special Education for the Philadelphia School District. He spoke about the classes that had already been established for the emotionally disturbed students and the need for preventing school situations which created further problems for children.

The last meeting before beginning with the teachers was to establish means for regular meetings for the consultants and the director, other means for communication, and the assignment of schools and school profiles. The consultants were requested to keep a log of each session in their assigned school. Dr. Schmuck requested that the following points be covered in their logs:

1. Goals for the session

2. Problems brought by teachers

3. Major themes for the session

4. What action plans were made.

The logs were to be sent weekly to the director for the study of process and to select areas of common difficulties for the consultant's to explore at their meetings.

The consultants were told that all the questionnaires had been administered in their schools and the teachers were ready to begin their sessions with the mental health consultants.

Regular meetings were scheduled for all the consultants plus two workshop meetings with Dr. Eli Bower, Assistant Chief Consultation and Special Services Branch, National Institute of Mental Health, and one with Dr. Ruth Newman who had served as a mental health consultant to various school districts and was co-author of Conflict in the Classroom.

5. During the fifteen (15) teacher-consultant sessions:

Many telephone communications with director when administrative difficulties arose.

Monthly meetings of all principals and director.

Monthly meetings of all consultants and director.

6. Closing project after the fifteen (15) teacher-consultant sessions were completed.

Administration of post questionnaires to students and teachers in both experimental and control schools.

Final information and evaluation forms completed by teachers, counselors, principals and consultants in the experimental schools only, (Appendix 11, 12, 13, 14).

RESEARCH EVALUATION

An evaluation of the effects of the mental health consultation was made. Before and after the pilot project and meeting with the consultant, the teachers and their pupils (in the six experimental schools) were asked to complete several questionnaires. A comparison group of teachers and pupils who were not involved in the pilot project (the two control schools) were asked to fill out the same questionnaires at approximately the same intervals. A description and copy of the questionnaires can be found in the appendix. A simple listing of the questionnaires and an analysis of the responses follow:

Teacher Questionnaires

1. Self-concept of the teacher as a teacher

2. Categorizing students in ways relevant to classroom life

3. Classroom mental health practices

4. Reactions to classroom situations and conditions

Pupil Questionnaires

1. The classroom group

2. Sentence Completion

3. Sociometric questions

4. Classroom life

Teacher Questionnaires

A. Self-concept of the teacher as a teacher

It was expected that the mental health consultations would help the teacher develop a more balanced view of himself as a teacher. It was expected that those teachers who viewed themselves as quite negative and insecure would gain a greater sense of competence and

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self-esteem from the consultation. Conversely, it was postulated that those teachers who saw themselves as only very positive and effective would begin to see some areas within themselves which called for improvement. Thus, evaluated highly were those self-concept patterns which became more balanced, containing both positive and negative attributes; and evaluated less highly those self patterns which remained rather negative or defensively positive.

B. Categorizing students in ways relevant to classroom life

In this questionnaire teachers were asked to categorize their pupils in as many ways as they considered relevant to classroom life. The teachers were given a set of cards with the names of each of the pupils in the class and the following instructions:

> In your mind, there are probably many ways in which the children can be seen as similar to and different from one another. Place these cards in piles in as many different ways as might occur in your thinking. Each time you place the cards into piles, you should have some main idea in mind and a descriptive title for each pile.

> For instance, in your mind, you might divide the class into boys and girls. Then you would sort the cards into two piles, the main idea is 'sex differences,' and the descriptive titles of the piles are 'boys' and 'girls.' Another division which might occur could be color of hair. Then 'color of hair' would be the main idea, and 'blondes,' 'brunettes' and 'red-heads,' the descriptive titles.

It was expected that the teachers would develop in several ways as a consequence of the mental health consultation. First, it was hypothesized that the teachers with consultation would use more main ideas at the end of the school year that had to do with personality, emotional factors, attitudes, motivations, and other mental health related categories. For instance, it was expected that more categories on such topics as anxiety, security, self-esteem, attitudes

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toward school, peer group relations would be in the categories.

Secondly, it was expected that the teachers who received consultation would increase the number of differentiations they made every main category. It was hypothesized that the consultation ... facilitate a more sophisticated and differentiated view of their pupils, that the teachers would see their pupils more as having feelings, as being similar but also quite different from one another.

C. Classroom mental health practices

This questionnaire was aimed at measuring the teachers' cognitive structures concerning mental health in the classroom. Each teacher was asked to write about his ideas of good mental health practices and conditions in the classroom by placing one idea on each of twenty-five small index cards. The teachers received the following directions:

> Let us suppose that the following situation occurs. A visiting teacher from a foreign country engages you in conversation about school practices in this country. Assume that your visitor knows very little about American teaching practices. He wants to know what you consider to be good mental health practices and conditions in the classroom. What sorts of things would you include in a list which he could refer to as he tries to learn about classroom mental health.

> Using these cards which have been provided, write one item on each card (word, phrase, or sentence) which describes good classroom mental health practices or conditions. Use as few or as many cards as you need. A total of twenty-five cards is supplied.

> In order to ensure that the foreign visitor has understood you, try to organize the items you listed on the cards. Do this in the following way: lay out in front of you all the cards you used in listing mental health practices and conditions. Look them over carefully and see if they fall into some broad, natural groupings. If they do, arrange them into such groups. Now look at your groups and see if these can be broken into sub-groups. If they can, separate the cards ac-

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cordingly. It is also possible that these sub-groups
can be broken down still further.

The range of groupings generally includes physical properties
of the room and school, physical properties of the individuals,
including teacher and pupils, intellectual characteristics, per-
sonality characteristics including attitudes and motives, inter-
personal relations, and group social climate and cohesiveness. It
was hypothesized that after the mental health consultation the
teachers would emphasize attitudes, feelings, motives, inter-
personal relations, and group climate. Although physical
characteristics might be included it was felt that these less
central to the class's mental health. Moreover, it was expected
that the mental health categories would have more detailed sub-
groupings and that the teachers would relate these more directly
to the pupils in their class.

Previous research lends support to the use of questionnaires
two and three in this evaluation. In a study of 27 classrooms
(Schmuck, 1966), the diffusion of friendship and influence choices
throughout the peer group was shown to be at least one important
aspect of positive classroom social climates. Peer groups
characterized by a nearly equal distribution of liking and influ-
ence choices in contrast to those which were distincly hierarchical
had both more cohesiveness and more positive norms concerning the
goals of the school. Pupils in peer groups with diffuse liking
structures compared to those in centrally structured groups
showed more positive attitudes toward classroom peers, school life
and themselves as pupils. They also shared a more supportive per-

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ception of the teacher and academic work.

Results on the "Categorizing of Pupils" questionnaire showed that the 27 teachers did not differ very much on their numbers of main ideas. They did, however, differ on the extent of their differentiation of these main categories. On the average, teachers with more positive climates used somewhat more than four sub-groupings for each main idea, while other teachers used just less than three. Teachers with less positive social climates tended to dichotomize pupil characteristics such as aggression, self-esteem, and competence; while the teachers with more positive climates saw these as dimensions. Furthermore, the teachers with less positive climates emphasized p., .ical attributes of the child more than the other teachers.

Results on the "Mental Health Categories" questionnaire indicated that the teachers differed significantly on the number and kind of mental health concepts written out. Teachers with positive social climates mentioned almost twice as many mental health conditions important to their teaching as the other teachers. They also showed more sophistication in the detail with which they sub-grouped these. Teachers with less positive climates, for instance, emphasized physical conditions of the classroom much more than other teachers. One such teacher gave four physical conditions top priority for mental health, "bright colors in the room," "good lighting," "fresh air," and "cleanliness of the room." Teachers with more positive climates, on the other hand, mentioned the quality of interpersonal relations more often than the others. One teacher with a very cohesive peer group with supportive norms

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first mentioned, "relaxed relations," "mutual respect for ideas of others," "kindly attitudes toward each other," and "ability to plan and work in groups and not always with the same people." Another teacher with a positive social climate wrote, "tolerance for individual differences is perhaps the most important condition for positive mental health in the classroom." She went on to elaborate the general concept of individual differences listing over ten related items. Another teacher with positive climate emphasized "warm and stimulating peer relationships," and "mutual respect between teachers and pupils."

The teachers in our study differed considerably from one another also. We were concerned primarily with observing changes over the school year which accompanied involvement in the mental health consultation. The results described below are grouped by school.

Teachers in School A

Of the six teachers involved in the consultation from School A, three showed tendencies to view themselves more positively as teachers at the end of the year. The other three teachers showed no change in self-concept as teachers. The positive change indicated that the teachers had more confidence in their own abilities to handle classroom problems. It appears as though the consultation helped three teachers to feel more capable and secure about their teaching.

Very little, if any, change occurred in the ways these six teachers categorized their pupils. Each continued to use the

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same kinds of main categories and each continued to differentiate within these main categories to the same extent. Compared to teachers in other samples (Schmuck, 1966), these teachers were better tha˜ average in their attention to pupil attitudes, interpersonal relati ˜s, and classroom social climates. Most, however, did dwell on physical features of the room and physical features of pupils. There was no tendency shown to become more sophisticated about the way the pupils in each class were viewed by their teachers.

The most striking differences for the teachers in School A occurred in their responses to the "Mental Health Practices and Conditions" questionnaire. Here very positive changes occurred for five or six teachers, the last changing very little but had started out at a very sophisticated level. In the five cases of positive change, all teachers increased the number of main categories used in describing "good classroom mental health" and all changed the extent of their differentiation within these main categories. Moreover, all teachers included much more emphasis on attitudinal, motivational, interpersonal, and group level social-emotional categories. One teacher who had stressed physical conditions of the room early in the year, put it at the bottom of the list at the end and emphasized the "quality of relationships between peers and between the teacher and the pupils." Another teacher entirely avoided including herself in developing mental health categories early in the year, but later she included herself in 3/4 of the main categories, stressing that her own reactions to pupil attitudes, and performance set the mental health tone for the classroom.

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It is difficult to understand why the teachers in School A improved so markedly in their mental health categories but changed so little in categorizing their pupils. It may be that the consultations were somewhat abstract emphasizing principles in lieu of individual pupils. On the other hand it could be that the teachers' views of pupils are much more difficult to change than their understanding of mental health. Finally, for these teachers it could have been the case that their pupil categories were already at a high level for most of them and that room for change occurred more in the mental health areas. Whatever the reason, the teachers in School A showed very significant change in a positive direction in their view of classroom mental health, but showed little change in how they categorize pupils.

Teachers in School B

The teachers in School B, by and large, showed no changes in the three questionnaires described above. Absolutely no changes were indicated on the self-concept questionnaire and the one asking for categorizations of students. Some minor changes were shown for two teachers in the quality of mental health categories. One teacher in particular added emphases on teacher-pupil relations, pupil feelings of security and the important mental health implications of the curriculum. However, this same teacher continued to dichotomize pupils when categorizing them and indicated considerable amounts of doubt and insecurity about herself as a teacher. The consultation seemed to have little effect on the cognitions and attitudes studied here of the

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teachers in School B.

Teachers in School C

Five of eight teachers in School C became more positive about
their own capabilities as teachers. One teacher became slightly
more doubtful about his ability as a teacher but this change also
appeared healthy because of the inflated view he had of himself
early in the school year. The consultations in School C appear to
have had the effect of heightening the teachers' awareness of their
own contributions and deficiencies in relation to the mental health
of the classroom. Compared with all the other experimental schools,
there was more change in the self concept of teachers in School C.

Three of the eight teachers slightly increased their differ-
entiation of students, but only one teacher, and this represented
a unique pattern for the teachers in School C, moved toward cate-
gorizing students in a more analytic and psychological manner.
This teacher added categories concerned with peer group relations,
feelings about the school, and attitudes toward the teacher. Very
few teachers in any of the schools even mentioned pupil attitudes
about the teacher as an important way of categorizing the students.

Large and significant changes occurred on the mental health
practices questionnaire. Five of seven teachers (one teacher did
not complete this questionnaire) changed their view of good class-
room mental health practices from physical and superficial consid-
erations having to do with the environment to much deeper humanistic,
interpersonal, and social-emotional categories. Two teachers who
spoke early in the year about the importance of seating arrangements

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and strict rules for social control, later emphasized student motivation to learn and warm relationships between the teacher and pupils and among the pupils. Three teachers mentioned the quality of interpersonal relationships as an indicator of good mental health at the close of the consultations.

By and large the teachers in School C made significant changes in the ways they viewed themselves as teachers and in the ways they thought about mental health practices. It is unfortunate that these teachers' new insights about self and mental health were not related directly, except for one teacher, to new and more psychologically analytic ways of viewing their students. The more humanistic orientations to self and mental health were not linked to categorizations of the students.

Teachers in School D

Although the data were incomplete for this school, one teacher failed to complete one form, results to these questionnaires indicate that many positive gains were made. Positive changes mainly were indicated on the self-concept questionnaire and the questionnaire measuring mental health concepts. Positive changes were made on the self-concept in such areas as "having more confidence in handling the curriculum," "being better able to lead group discussions," and feeling more secure when reprimanding students. On the mental health concepts, more emphasis was put on student attitudes, interpersonal support between teacher and students, and the entire group social climate. Although a few of the teachers showed very little change, most made these positive gains.

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Teachers in School E

No changes of any significant magnitude occurred for the teachers in School E according to the three questionnaires being viewed here. The self-concepts of the teachers stayed about the same. The latter appeared falsely and defensively high. One teacher was extremely low in her self view showing a great deal of personal doubt and frustration in teaching. Her negative self image did not become more positive during the year and she decided to quit teaching at that point.

The types of main categories used to describe pupils remained as cognitive-academic and disciplinary-control. No interest was shown in the motives, attitudes, feelings, or inter-personal relations of the pupils. The only significant changes occurred for two of the six teachers in the number of sub-categories used in making the differentiations. Each teacher changed from making dichotomies to using three and four sub-categories for every main idea.

No changes occurred in the mental health categories used except for that of the self concept which was mentioned by two teachers at the end of the year. If any change did occur they tended to be negative, in that fewer categories were used and less interest was shown in emotional factors at the end of the year. The data in general show almost no cognitive and attitudinal changes over the school year.

Teachers in School F

Out of seven teachers who completed all of the questionnaires in School E, four showed no changes in self-concept as teachers,

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one became more positive, while two became more negative. Indeed the teachers who became more negative, i.e., showed less confidence and more insecurity, began the school year as already quite negative compared to other teachers. The one teacher who became more positive gained greater respect for herself and had more trust in pupils by the end of the year. Unfortunately, the consultations appeared not to have helped the others strengthen their self-concept as teachers.

No basic changes occurred in the categorizing of students. The content was superficial at the start of the year and it continued to be so at the end of the year. No new ideas, except for one teacher who brought in the pupils' self-concepts, were added. Most of the teachers reported fewer main categories showing less interest in the project at the end; and only two teachers increased their average number of sub-categories, changing from two to three. The rest of the teachers continued to use dichotomies when differentiating their students.

Very little change occurred on the mental health concepts. One teacher did note more interpersonal factors, social climate variables, etc. but her pattern was unique in School F. In general, the teachers in School F showed very little cognitive and attitudinal change.

Teachers in Schools X and Y

Schools X and Y were included in the study as comparison schools. No interventions whatsoever were made in these schools. So far as we know the classes involved in this study were not involved in any other studies.

No significant changes occurred on any of the questionnaires

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used. These data reflect what we expected from a control group.
There was a minor shift in the negative direction, especially on
pupil categories and the mental health practices questionnaires;
but this was probably because of the low involvement in the project.
Little interest and committment lead to a low level of interest,
especially in completing the questionnaire.

Teacher Reactions to Classroom Situations

A fourth questionnaire entitled "Classroom Situations" (Ap-
pendix 4) was administered to the teachers before and after the
consultations. The situations used (44 in all) were taken from
actual classrooms. They were submitted in previous studies to Dr.
Anne Edelmann as situations which the teachers felt they had handled
in an ineffective manner: that the responses they had given were
diminshing of the child, the teacher, the class and interruptive
of the task. Almost all of the incidents occurred in the classroom
while the class was in session and involved in a task. (See Appendix
__1__.)

Each situation was presented to the teachers in this study in
the form of a dialogue. The teachers were given the following
directions:

"Pretend you are the teacher in each situation (even if you
have not met such a situation or would not have allowed it to de-
velop so). Where the dialogue closes with (Teacher:)
write the exact words you would use or one sentence describing what
you might do then. Examples might be: Teacher: Take your seat now.
Teacher: (Ignore it but later ask him to see me.) etc. Please do

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Not skip any of the situations."

Each consultant scored all of the protocols from every school. The consultants did not know what teacher or school they were scoring at the time; nor did they know whether they were scoring the pre or the post measure. The scoring was to be as follows:

+   Did not diminish the child, the teacher   )   Generally Positive
)   Mental Health
         the class or interrupt their tasks.   )   Practice

-     Did diminish the child, the teacher, the   )   Generally Undesirable
)   Mental Health
         class, and interrupted their tasks.   )   Practices

0   The consultant unable to make a judgment

       because the verbal response required a

       certain kind of non-verbal response or

       context.

?   The consultants were so at variance that no

       pattern for judgment was possible and thus

       would not be coded.

In the use of these data, it was required that four or more of the consultants agree before an item was scored. The items were then tabulated. The results, school by school, were as follows:

Teachers in School A

All six teachers made very large and significant improvements in the healthiness of their responses to the situation. On the average these teachers reacted positively only 11 out of 44 times during the pre measure. In contrast, they averaged 29 positive responses in the post measure. Moreover, as the year progressed, these teachers' reactions were clearer with regard to their meaning for classroom mental health.

Teachers in School B

In contrast to the positive reactions of the teachers in School A, School B teachers were split in their performances. Only two of the five teachers clearly improved. These two teachers averaged 11 positive responses in the fall and 24 in the spring. Two other teachers showed no change whatsoever, while the fifth teacher gave indications of losing ground in the positivity of her reactions.

Teachers in School C

Out of the eight teachers tested in School C, six showed clear gains during the consultation. The other two teachers were in the positive direction but the difference between fall and spring was not statistically significant. The average number of positive responses in School C before the consultation was 13, while in the post measure there were 22 out of 44 positive responses. Although the teachers in School A improved somewhat more, the teachers in School C also showed marked improvement compared with other teachers in the study.

Teachers in School D

Three of six teachers in School D showed significant improvement in their responses to the classroom situations. The other three teachers, however, could not show very much improvement because they already were quite high before the study began. In the fall these six teachers averaged 24.5 positive responses already surpassing the teachers best reactions in School C and nearing the best of those in School A. At the end of the year, these teachers averaged 39 nearly achieving perfect scores. Indeed, two teachers

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scored over 40 positive responses. The teachers in School D far surpassed all others in the mental health quality of their responses.

Teachers in School E

Five of six teachers in School E became poorer in their responses to these situations as the year went on. The sixth teacher showed no significant changes. The average number of positive responses in the fall was 16.4, and in the spring dropped to 9.3. The teachers in School E showed about the worst performance of all the teachers on these classroom situations.

Teachers in School F

Two of seven teachers improved significantly in School F. One teacher became worse and the other five showed no significant change over the school year. In the Fall the average number of positive responses was 15.5 while in the spring it was 16.1, indicating no significant improvement for the entire staff during the consultation.

Teachers in Schools X and Y

None of the 21 teachers in Schools X and Y showed improvement. This pattern was as expected since no consulation was given to these teachers. It also, indirectly, supports the reliability of the instrument. The average number of positive responses in the Fall was 12.5 while the average in the Spring was 13.2.

Table 1 summarizes the results of all of the teacher measures.

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TABLE I

SUMMARY OF TEACHERS' CHANGES DURING THE MENTAL HEALTH CONSULTATION

SCHOOL	SELF CONCEPT Q 1	CATEGORIZING PUPILS Q 2	MENTAL HEALTH CONDITIONS Q 3	CLASSROOM SITUATIONS Q 4
A 6 Teachers	3 – more positive 3 – no change	No change	5 – more positive 1 – no change	6 – more positive
B 5 Teachers	No change	No change	No change	2 – more positive 2 – no change 1 – more negative
C 8 Teachers	5 – more positive 3 – no change	3 – more positive 5 – no change	5 – more positive 2 – no change 1 – incomplete	6 – more positive 2 – no change
D 6 Teachers	3 – more positive 3 – no change	2 – more positive 4 – no change	3 – more positive 3 – no change	3 – more positive 3 – no change All, Very High
E 6 Teachers	No change	No change	No change	1 – no change 5 – more negative All, Very High
F 8 Teachers (1 teacher did not complete forms)	1 – more positive 4 – no change 2 – more negative	No change	1 – more positive 6 – no change	2 – more positive 5 – no change
X 7 Teachers	No change	No change	No change	No change
Y 12 Teachers	No change	No change	No change	No change

The results from the teachers indicate that the teachers in Schools A, C, and D made significant and positive changes during the consultation. Teachers from Schools B, E, and F, on the other hand, showed little improvement. Teachers from the control Schools X and Y showed no significant changes during the year as expected. The teachers in School D generally scored most positively in the fall and yet still showed marked improvement on all of the instruments by the close of the year. In contrast, the teachers in School E began the year scoring lowest on all questionnaires, thereby allowing for a greater opportunity to show improvement on these measures. Even so, the teachers in School E showed almost no improvement and indeed indicated some tendencies to become even worse in their approaches to classroom situations. The consultation apparently had no effect upon the teachers.

Student Questionnaires and Responses

The students were asked to complete four questionnaires for evaluation purposes. The first of these entitled "The Classroom Group," asked each student to answer how he saw others in his class behaving There were twelve questions, each to be answered with one of four answers (almost always, usually, seldom and almost never). Examples of the items are: "Help one another with their school work," "Laugh when someone misbehaves," and "Work well with one another." In this analysis we compared student perceptions in the fall with those in the spring.

The second questionnaire was called "Sentence Completions" and asked students to make whole sentences out of incomplete ones.

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This questionnaire was used to measure two important student mental health variables: "Student Attitudes toward School," and Student Self Esteem. Examples of items used to measure the former were: "Studying is _____," "Homework is _____," "Learning out of books is _____," etc. Self-Esteem was measured with some of these stems: "When I look at other boys and girls and then look at myself, I feel _____," "When I look in the mirror, I _____, and "My teacher thinks I am _____."

The third questionnaire was entitled "Sociometric Questions." Here we were mainly interested in patterning of friendships and helping relations in the class. We asked pupils to nominate the four persons in the class that they liked the most and the four who were most helpful to other pupils in the class. Previous research indicated that classroom peer groups characterized by a diffuse pattern of friendship and helpfulness in contrast to those with more hierarchical patterns had more cohesiveness, supportive norms for learning and in general was a mentally healthy climate (Schmuck, 1966). Most students in these diffuse groups perceived themselves as having high status in the groups, whereas only students who actually had high status perceived themselves as having such status in the more hierarchical peer groups. Furthermore, students who perceived themselves as having high peer status tended to have higher self esteem, more positive attitudes toward school work, and were achieving more highly than other students. Because of these findings, we decided that a healthy classroom would show signs of a more diffuse liking and helpfulness

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pattern as the year went by.

The fourth and final student questionnaire was entitled "Classroom Life," and measured student attitudes toward specific aspects of the classroom. The students were asked about "how hard they saw themselves working," "whether the teacher really knows them," "Whether the pupils helped one another, etc." Some of the questions on the first and fourth questions measured the same variable by design. We sought a measure of consistency within the questionnaire to estimate whether the respondent was seriously concentrating on the questions.

Some questionnaires had to be eliminated from the analysis because of inconsistencies. Others were unreadable or just did not make sense to the coders. Questionnaires excluded from the final analysis represented about 5% of the sample and unfortunately most of these were from the more disadvantaged schools.

Generally, the results of these student questionnaires did not indicate much change in the students. Clearly, with an intervention of such short duration, major changes in student attitudes, norms, and relationships would be unlikely. On the other hand, we did expect some changes to occur and a careful analysis of each school did uncover some indications of such change. The following results were derived after applying T-Tests, F-Ratios, and Chi-Square Tests.

Students in School A

Three of the six classes in School A showed significant changes in their social climates. Two of the six showed changes

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in the patterning of classroom friendships, both became more dif-
fuse. More students were included, fewer were rejected and neg-
lected. In the third class, significant changes were recorded in
student self-esteem. A significant majority of students felt
more positive about themselves at the end of the year.

No significant changes were recorded in the students' at-
titudes toward school, nor were there any changes on the "Class-
room Group" questionnaire. However, all six classes showed in-
creasing diffuseness in helpfulness. This indicates that more
students were viewed as being skillful in giving help to one
another at the end of the year compared with the beginning.

Minor positive changes occurred on the "Classroom Life"
questionnaire. In one class, more friendliness was perceived,
more compliance with teacher wishes was indicated in another, and
in a third more positive things in general were perceived. Over-
all, the classes in School A showed moderately positive gains
in social climate.

Students in School B

In general, students in School B showed few changes over
the year. There were no changes on the "Classroom Group" ques-
tionnaire and no positive changes in attitudes toward school and
self-esteem. Indeed, in one classroom, there was a significant
change in the negative direction. The self-esteem of the students
in that class became more negative during the school year.

No changes occurred in the friendship patterns. These
classes did not change in their diffuseness. Slight changes

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were indicated in the helpfulness patterns, but this occurred in only two classes. Answers to the "Classroom Life" questions corroborated that these two classes underwent change in the students' attitudes toward working together, but such positive changes were rarely shown in the data for School B.

Students in School C

Some positive changes occurred in the students in School C, but here again most of the students on most of the variables appear to have changed very little.

On the "Classroom Group" questi nnaire, students in three classes said they laughed less at someone who was making a mistake at the end of the year. Moreover, on the same questionnai , the students of one class said they were working much closer together at the end of the year. In that same classroom, significant changes occurred in the liking and helpfulness diffuseness of the class.

No changes whatsoever occurred in the classes of School C with regard to attitudes toward school or self-esteem. Furthermore, five of six classes showed no changes in the patterning of friendships or helpfulness over the year. By and large, only a very few changes were indicated by the "Classroom Life" questions. In one class, positive changes of feeling toward classmates were reported; but in another less helping and friendliness was indicated at the end of the year. Although the students in School C changed somewhat in the positive direction, at best these were only partial and quite limited in scope.

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Students in School D

Moderate and positive changes occurred in School D. Much more change may have occurred than we were able to measure, because on many of the questionnaires the students started out at the positive end, leaving very little room for improvement. Positive feelings were indicated on the high scores on the "Classroom Group" questionnaire. No significant changes occurred here.

One class became more positive on self-esteem but the rest of the classes showed no change in attitudes toward school or self-esteem. Three out of five classes increased in liking diffuseness and helping diffuseness. One class showed positive attitude change toward helping one another and the teacher's behavior in class. Aside from these changes no other significant modification were revealed by our data.

Students in School E

Changes were reported in School E, but unfortunately positive changes were counterbalanced by negative ones. Whereas one class reported more involvement in class work and increased respect for individual differences, another reported that they were more unruly when the teacher left the room than they were at the beginning of the year.

The attitudes toward school and self-esteem of most of these students were quite negative at the beginning of the year and they remained at the same level throughout the year except in one class where they improved. The most disheartening result for

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School E was that in three classes the friendship and helping patterns became more hierarchical, rather than diffuse. Increases in diffuseness did not occur in any of the classes. There were indications of some positive changes on the "Classroom Life" questions but once again these were not extensive. Some of these were "working harder" at end of year than at the start, "teacher caring more for the students," and "students hanging around with classmates more outside of school." In general, however, few positive changes occurred in the classes of School E.

Students in School F

Very few changes occurred in the students in School F. The most significant changes were in the negative direction. In three of eight classes, students reported putting out less effort on school work at the end of the year compared with the beginning. By the end of the year in four classes students were laughing more, rather than less, at students who were misbehaving or making mistakes in their academic work. Finally, in two classes students reported helping one another less at the end of the year and working less effectively together in groups. All of these significant findings indicate that the students in School F did not improve along the mental health lines of this project.

No changes, either positive or negative, occurred in the self-concepts or general school attitudes of students in School F. Moreover, no changes occurred in the distribution of friendship and helpfulness choices in the classrooms. The liking

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structures remained hierarchical over the course of the year. Very few

children were highly accepted while quite a few were rejected by their

classmates.

Students in Schools X and Y

No positive changes whatsoever occurred in these schools. The changes

that did occur, which were very few, were negative ones indicating less class-

room health at the end of the school year. The student data briefly summarized

in Table 2.

Summary of Student Data (See Table II on page 39)

The results from the students indicate that the students in Schools A and D

made some significant and positive changes during the school year. Positive

changes were also indicated in a few classes in Schools B and C. Students in

School E moved more in the negative direction on the questionnaires. Although

no school seems to stand out, School A appears to have made the most significant

changes, especially in the classroom helpfulness patterns. By and large, attitudes

toward school and self-esteem did not change on a large scale. The most signifi-

cant alterations seem to be in friendship patterns (Schools A and D) and in

helpfulness patterns (Schools A, B, and D).

The overall results, putting together the teacher and the student data,

indicated several things. First, the teachers changed much more in general than

the students. Of course, we expected this because the teachers were the direct points

of intervention, the objects of the consultation. Moreover, changes occurred at

the cognitive and attitudinal levels within the teachers. Realistically, because

of the short period of intervention (15 weeks),

and that intervention only with the teachers, behavioral changes of any magnitude could hardly have occurred. Consequently, we would expect much less change in the students with whom the consultants did not work.

Even though teacher changes did not often filter down to the students, there are some notable exceptions especially in School A and School D where teacher changes also supported student development. Especially in School A the consultations appear to have been beneficial.

TABLE II

SUMMARY OF STUDENT CHANGES BY CLASSES DURING THE MENTAL HEALTH CONSULTATION

SCHOOL	FRIENDSHIP PATTERNS Q3	HELPFULNESS PATTERNS Q3	ATTITUDES TOWARD SCHOOL Q2	SELF ESTEEM Q2	CLASSROOM SOCIAL CLIMATE Qs 1 and 4
A 6 Classes	2 more positive 4 no change	6 more positive	No change	1 more positive 5 no change	6 More friendliness Compliance with Teacher's wishes
B 5 Classes	No change	2 more positive 3 no change	No change	4 no change 1 more negative	2 More helpfulness
C 8 Classes	1 more positive 5 no change 1 less friendship	1 more positive 5 no change 1 less helpfulness	No change	No change	3 Less laughing at peers who make mistakes. 1 More helpfulness
D 6 Classes	3 more positive 2 no change	3 more positive 2 no change	No change	1 more positive 4 no change	5 Help one another more. 5 Liked teacher more.
E 6 Classes	3 no change 3 more negative	3 no change 3 more negative	No change	1 more positive 5 no change	Less laughing at peers. Behave less well when teacher leaves room.
F 8 Classes	3 more negative 3 No change	3 More negative 3 No change	1 More positive 1 More negative 4 No change	1 More positive 3 More negative 2 No change	4 More laughing at peers. 2 Less helping
X 7 Classes	No change	No change	No change	No change	No change
Y 12 Classes	No change	No change	No change	No change	No change

TEACHER SESSIONS WITH MENTAL HEALTH CONSULTANTS

Each consultant kept a weekly log in which he reported all meetings with individual teachers and the process of the group sessions. It had been suggested that the consultants follow some similar structure for their logs. Four were suggested, two were added as their relevance was noted:

1. Goals for the session -- consultant's and group's.

2. Problems brought by teachers to the session.

3. Major themes for the session.

4. Action plans evolving from sessions.

5. Reports of individual conferences and class observations.

6. Attendance at group sessions.

Taking these in the above order the findings in the logs are:

1. GOALS

    School A - Goals of mental health consultant and group permeated sessions.

    School B - Rarely stated.

    School C - Goals of mental health consultant very precisely defined. Group rarely stated goals.

    School D - Goals of mental health consultant and group permeated sessions.

    School E - Goals of mental health consultant stated. Group goals not stated.

    School F - Goals of mental health consultant given. Group goals not stated.

2. PROBLEMS BROUGHT BY TEACHERS TO SESSIONS

    Schools A, B, and D (all advantaged schools) quickly moved

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into identifying problems (child in need of constant as-
surance, isolate child, bussed-in children, overcontrolled
child, recognition of emotionally disturbed child, the
apathetic child, individualizing instruction, "trouble-
makers," parental pressure for grades) and then into
study of specific children (average of 19) and suggestions
from group and consultants as to ways of meeting difficulties.
Schools C, E, and F began with a great ventilation of
grievances about "the system."

In Schools C, E, and F problem children were mentioned
but rarely exploted although in C (11 students) and E (18
students) the consultants worked mightily to try to get the
teachers involved. In Schools E and F the problems remained
as those of the administration, the principal, the counselor,
parents, leck of help in the classroom, and the apathy of
the children.

The teachers in Schools A, C, and D have moved from
seeing all trouble as being externally created to seeing
themselves as a causative and therefore preventive agency.

3. <u>MAJOR THEMES OF SESSION</u>

Schools A and D:

Teachers' problems listed, discussed and many alter-
natives examined for changing the behavior of the individual
child or class.

Teachers examined their own feelings toward children
and teaching.

Curriculum examined a causative factor in undesirable
school behavior.

School C:

Considerable hostility towards poor learners, size of classes, parents and selves. Vefy little about curriculum as factor in poor learning.

School B:

Focused on individual child after third session and some teacher frustrations about parents, children and school, administration.

Discussed how to make referrals to school counselor and what other services are available to teachers and children.

School E:

Consultant structured and restructured his role and role of group.

Recurrent expressions of hostility toward school administration, parents, children, the neighborhood, etc.

Discussion of child rarely achieved any depth and rarely pursued after one meeting.

School F:

Frequent role clarification of consultant requested by group.

Frequent attacks against school administration.

Topical difficulty mentioned then dropped. No major theme seems to have been maintained.

Some children discussed and action planned. Consultant persistent agent in this.

4. ACTION PLANS EVOLVING FROM SESSIONS

School A:

Selecting child to study.

Alternatives suggested tried by teachers.

Check kept on progress of children being studied.

Goals restructured as need arose.

Examination of self increased.

Consultant invited into more classes.

Some curriculum changes made.

School B:

Consultant offered two pamphlets dealing with mental health as basis for discussion for two group meetings. Led to very arid group sessions.

Teachers perceived children differently and they behaved differently.

More teachers asked consultant to visit classes to observe a student or work with class to uncover feelings about school.

School C:

Alternatives suggested by group and consultant tried.

Group less hesitant in inviting consultant to observe class.

Curriculum differentiation discussed and some changes noted.

Less hesitant in recognizing their feelings about some children.

School D:

Alternatives to dealing with social and curriculum behavior used.

Goals planned for each week and generally followed.

Individual child study led to study of general princi-
ples and applied to class.

Teachers said they would try other ways and did.

School E:

Children selected for observation and study, but not studied.

Consultant discovered useful agency that teachers could
use and they did.

School F:

Consultant suggested joint meeting of parents, counselor,
principal, teacher and himself. Accepted. Child helped.

Consulted suggested ways of interviewing parents. Some
teachers tried and found helpful.

6. REPORTS OF INDIVIDUAL CONFERENCES AND CLASS OBSERVATIONS.

School A:

Of the six classes the consultant observed three of them
once, two of them twice and one was not observed, but an
individual conference with the teacher was held.

School B:

Of the five classes the consultant averaged two obser-
vations a piece. He also met to discuss class problems with
each of four classes and made a return visit to evaluate first
session.

Individual conferences with two teachers was held.

School C:

Of the eight classes one was observed five (5) times,
two were observed four (4) times, four (8) were observed
three (3) times and one was observed twice.

There were 9 individual conferences with the teachers.

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School D:

Of the six classes three were seen 4 times, two were seen 3 times, and one was seen twice. There were 4 individual conferences with the teachers.

School E:

Of the 6 classes one class was observed 6 times, one three times, one two times, one observed once and two classes were never observed.

There were two individual conferences with teachers.

School F:

Of the eight (8) classes one was observed twice, four were observed once, and three were not observed at all. There were three individual conferences with teachers, one being seen twice.

6. ATTENDANCE AT GROUP SESSIONS (15 GROUP MEETINGS)

School A: Average of 1 session missed.

School B: Average of 1 session missed.

School C: Average of 1 session missed.

School D: Average of 2 sessions missed.

School E: Average of 3 sessions missed.

School F: Average of 5 sessions missed.

SUMMARY OF FINDINGS IN CONSULTANT LOGS

A. In Schools A, C, and D the goals of the group and the consultant were stressed. The consultant was, in each case, pecularily aware of what they hoped to accomplish. In Schools B and E the consultant goals were rarely stated and the group goals only by an occasional inference. In School E the mental health consultant was very aware of his goals and the unvoiced but implied goals of the group.

B. In all the schools the teachers brought their difficulties to the sessions for discussion but in two of these schools, E and F, they rarely got beyond their complaints about school administration. In all of the schools "discipline" was cited as the major problem (lying, stealing, "calling out," "not doing their work," trouble-makers, foul language, pornography, apathy, "know-it-alls," and "not doing as much as they could.") In Schools A, C, and D there was a steady growth towards recognition of themselves as causative agents. All the teachers raised questions about parents: they were either uninterested in their children or expected too much of them.

C. Even in the schools in which the group was more task oriented many sessions began with gripes, a general ventilation of hostility towards "the system," towards certain students, parents and other teachers. But, in Schools A, B, C, and D there were more task oriented sessions, although the hostility continued in School C longer than in Schools A, B, or D.

D. Generally, a decision was made to continue discussing some troublesome child or situation but by the following week it apparently seemed to have been forgotten. In Schools A, B, D there

was much more follow-through ideas suggested.

E.   The consultants averaged two visits for observation to each class, and two individual teacher conferences. In School B, in addition to class observations the consultant took over 4 (four) classes at different times to discuss their feelings about schools. He returned at a later date to each of the four classes to see what they had done to meet their problems.

COMMENTARY ABOUT MENTAL HEALTH CONSULTANTS TO SCHOOLS

It does not or should not diminish anyone who undertakes being a mental health consultant to the public schools to recognize that being an expert in his particular discipline (psychology, psychiatry, social work, education) does not automatically fit him for the role of such a consultant. Let us pose some questions.

1. What is the major role of the school in our society?

2. What is the major role of the teacher in the classroom?

3. How is the school curriculum related to mental health?

4. What are the facilities within the system that the teacher can use to prevent or deal with learning difficulties?

5. What is the nature of teacher frustrations? Who is this teacher? How free is this teacher to innovate?

6. What are the difficulties inherent in working with 35 to 40 personalities at one time (or 250 personalities a day in the secondary schools)?

7. How much do you know about group dynamics, keeping a group task-oriented?

8. How far are you prepared to go to eliminate incompetencies or correct gross inequities?

There are a host of questions that could be asked. Consultants must be ready to offer specific suggestions, pertinent ones, that will facilitate the learning of each child. The teacher is the medium through which the consultant can enhance the mental health of the child, but the mental health consultant needs to know much more of schools, teaching process and the limitations inherent in dealing with total populations in any area.

FINAL EVALUATION OF PILOT PROJECT BY TEACHERS

Shortly after the last meeting with the consultant the teachers were given an evaluation form to complete. This form was presented to them by the director and was returned to the instructor. (See Appendix 11.)

The last question on the form asked if the teachers would choose to participate again in such a program. The answers were overwhelmingly "Yes." Just five out of the thirty-nine experimental group gave a flat "No" to the question.

School	Number Teachers	Number Yes	Qualified Yes	TOTAL Number Yes	Number No	TOTAL Number No
School A	6	5	1	6		
School B	5	4	1	5		
School C	8	3	3	6	2	2
School D	6	6		6		
School E	6	2	1	3	3	3
School F	8	5	3	8	—	—
TOTALS	39	25	9	34	5	5

The Qualified "Yesses" were based on the matter of time: "Being a wife, mother and working toward an advanced degree" was the frequent explanation.

Even though the teachers were asked to be specific about their evaluation the returns for questions one through three (See Sppendix 11.) are pervasive rather than precise. The answers for the question "Was participation a worthwhile experience?" were frequently stated as "extremely worthwhile" because:

1. It helped me to realize that there were many reasons for a child's behavior.

2. It helped me to be more patient and less demanding.

3. Made me more aware of my own insecurity as a teacher and that many of us shared this insecurity and could talk about it.

4. It made us more eager and willing to work together.

5. It aided me in dealing with children particularly those who created problems in the classroom.

6. It created a greater awareness of myself as a teacher and my effect on the children I taught.

7. I became more conscious of my own motivations . . . and thus more understanding of my students particularly those who created difficulties in the classroom.

8. I became more aware of certain children who needed help beyond that I had given.

9. I stopped blaming the children when my teaching didn't bring the desired results.

10. I began to see that the pupil's way could often be logical, right and useful for himself and often for the class.

11. I began to see that for some children the climate and procedure in the classroom was too structured and controlled.

12. I realized that I don't see myself as I am but as I want to be.

13. It helped me realize that answers to classroom problems may be forthcoming from the class.

14. I became much more aware of my relationships in the classroom and how these affected the learning.

15. It was a great insight for me as I became increasingly aware that the child's unacceptable behavior was not heresy but purposeful and a clue to his feelings and his real problem.

The most common responses to the question about changes in the teacher's approach or changes in the pupils were couched in terms of "trying" and "becoming more aware."

1. I was not as strict with four of the children with whom I had been struggling.

2. I tried new approaches in dealing with difficult children with considerable success.

3. I am more alert to the children's reactions.

4. I am more analytical in my approach to children's behavior.

5. I try now to build positively on what already exists rather than breakdown what is in order to recreate.

6. I prepare better lessons based on children's capacities and not on what I expect all of them to do.

7. Children seem to respond to me better.

8. Class atmosphere became less tense and children worked more willingly and did better work.

9. The bright children became more willing to undertake independent activities.

10. The children began to cope with their own problems.

11. I tried to be more understanding and tended to revert back to the system of punishment. But I'm aware that that is what I'm doing.

12. I notice and try to act in terms of the individual child and his needs rather than treat all children alike.

13. I became more observant of the class and the individual and that seemed to make the children less tense. (Some form of this answer was given 11 times.)

14. I consulted with the counselor more and was able to solve some of the problems within the classroom.

15. I have more confidence in the students and notice that some of them take more responsibility for their own actions.

In response to question 3 "To what extent did the program meet or fail your expectations?" most of the answers indicated that the program had more than met their expectations but they felt more time should be available to the individual teachers to discuss with the consultant about his observations in the classroom. For those teachers who said "No" to repeating the program they observed:

1. I expected specific help (or solutions) for behavior in the class-room especially with the recurring problems.

2. It lacked a predetermined format.

3. I expected the consultant to meet with the problem cases.

4. I didn't expect to center our discussions around a problem child.

5. The consultant didn't tell me what to do about my problems or any-body else's problems.

Question 4 "If the program is to be repeated in your school, what changes would you suggest?" brought more specific comments than the three preceding questions:

1. There should be more time for the individual teacher to meet with the consultant especially after his visit to the teacher's class-room. (Five teachers asked for this.)

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2. There should be more guidelines, goals, structure for each session. (Eleven teachers asked for this.)

3. Consultant should "lead more," "give more concrete advice," etc. (Eleven teachers asked for this.)

4. Consultants should visit classrooms more often. (Four teachers asked for this.)

5. Children should be involved in the sessions, particularly with the consultant. (Five teachers asked for this.)

The rest were scattered with not more than one teacher making the particular suggestion for change. (Example: One problem at a time should be discussed; Consultant take an active part in the classroom; Better compensation for the teachers participating in the program.)

SUMMARY OF FINDINGS

The following findings have been culled from the instruments identified.

FINDINGS ABOUT THE TEACHERS

1. From the Teachers' Questionnaires
   a. Teachers in Schools A, C, and D made significant and positive changes in working with children, changes that are generally accepted as good mental health practices.
      Schools A and D are in the middle and upper socio-economic neighborhood.
   b. Teachers in Schools B, E, and F showed little change and improvement in working with children.
      School B is in a middle and upper-middle socio-economic neighborhood, E and F are in low socio-economic neighborhoods.
   c. Teachers in the Control Schools X and Y (one in an advantaged and one in a disadvantaged neighborhood) maintained the same practices throughout the school year-- practices that are generally accepted as not being desirable mental health practices. One of the schools showed a marked increase in punitive behavior on the part of the teachers

2. From the Teachers' Evaluations of the Pilot Project

   a. Less punitive in dealing with children whose behavior was undesirable.
   b. Teachers found that when they prepared their lessons more adequately to allow for student differences there was less undesirable learning behavior in the classroom.
   c. The teachers made more attempts to understand and meet individual needs of children.
   d. The teachers made better use of the school counselor: they consulted more and referred less.
   e. The teachers expected the consultants to be more direct in helping with "problem children".

3. From the Consultants' Logs

   a. The newer teachers particularly need a knowledgable person with whom to explore their relationships with their students, the school, parents, and themselves. This must be a professionally competent person who is readily accessible to the teacher when needed.
   b. The principals, the teachers, the counselors, and all other school personnel need to have specific, action-oriented training in how to speak and consult with each other about matters of real concern about their jobs.
   c. The teachers rarely see themselves as causative or contributing factors in the undesirable behavior of their students.
   d. There was much more absenteeism from the group meetings in the schools showing the least gain in better mental health practices.

4. From the Consultants' Final Evaluations About Teachers in Project

    a. The teachers became a cohesive group and tended to help each other more.

    2. Most teachers became aware of need to know parents and home conditions of difficult child.

    3. Most teachers reached the stage on which they could examine their own behavior as a factor in precipitating undesirable classroom behavior.

    4. Some teachers learned how to confer with other school personnel before deciding on feasible action for the child or children with difficulties.

    5. Some of the teachers' perceptions of their students changed from seeing them as disturbed children to perceiving them as more energetic, restless children.

    6. Teachers tended to sort out their own needs from those of the children.

    7. Some teachers learned how to help a child channel his feelings in more useful ways.

    8. Some children learned more adequately when new purposes were explored with them by the teacher.

    9. Some teaching practices changed: became more flexible and allowed for more individual differences.

    10. Teachers felt a little less hopeless about the task of changing children's behavior.

5. From the Student Questionnaires

    a. Students were mixed in their feelings about the teacher. In the schools where the teachers showed the most gain in good mental heal . practices, the students indicated more liking for the teacher and more liking and helpfulness for each other.

6. From the Principals' Commentaries About the Teachers

    a. Some teachers showed greater sensitivity to individuals

    b. Teachers made less arbitrary decisions and recommendations about pupils who were non-conforming or non-achieving.

    c. Some teachers changed programs to meet individual needs of their pupils

    d. Teachers in the pilot project developed a better working relationship with each other than was apparent among the rest of the faculty.

    e. Less tension among the teachers.

    f. Fewer children sent to office as "discipline cases".

7. From the Counselors' Commentaries About the Teachers

    a. More teachers discussed children with problems with the counselor.

    b. Some teachers made referrals to counselor who had never before made a referral

    c. Most teachers said nothing at all about the project to the counselor.

    d. Some of the referrals made to the counselor really were in need of counseling aid.

FINDINGS ABOUT THE STUDENTS IN THE PILOT PROJECT

1. ## From the Teachers' Final Evaluations of Project

   a. Students who created difficulties in the classroom became less difficult as the teachers became less punitive.
   b. Students seemed to become more responsive to the teacher.
   c. The class and the individual students became less tense.
   d. Students seemed to work more willingly and did better work.
   e. Students seemed to cope better with own problems.
   f. When "new" ways of dealing with students didn't work right away the teacher reverted to old (punitive) ways and child increased his undesirable behavior.

2. ## From the Consultants' Final Evaluation of Student Change

   a. Seemingly less tension apparent in classrooms
   b. Several children better able to learn and less interruptive in their behavior because teacher's perceptions of them changed
   c. Several children referred to neighborhood resources and got needed help.
   d. "Problem child" ceased being one when special help was provided and success achieved.
   e. Students' contributions accepted more frequently.
   f. Student participation in class activities increased and included more children.

3. ## From the Student Questionnaires

   a. Attitudes toward school and self-esteem did not change on a large scale.
   b. The most significant changes seemed to be in friendship and helpfulness patterns.

4. ## From the Principals' Commentaries About Student Change

   a. There seemed to be less tension in the classrooms.
   b. Fewer children were sent to office as "discipline cases".
   c. Children seemed to be working better with each other.

5. ## From the Counselors' Commentaries of Student Change

   a. Three counselors stated that more children were referred to them who really needed help and accepted help.
   b. Three stated "We weren't involved so we don't know".

FINDINGS ABOUT THE CONSULTANTS

1. ## From the Teachers' Final Evaluations

   a. All but 5 of the 39 teachers stated that the consultants had aided them in some way or another
   b. The gains the teachers made was stated as "the consultant made me more aware" of themselves, of their perceptions, of their purpose in the classroom, of the individual child.
   c. All the teachers expressed the need for more structure in their group meetings.

2. From the Consultants Logs

        a. More time was needed to effectuate any change.
        b. It was difficult for the consultants to act otherwise
           than his discipline dictated
        c. More information was needed about teacher resources
           available to them in the system
        d. The consultant has to work with all the school
           personnel in a school, particularly in helping them
           to work better together.

FINDINGS ABOUT THE PRINCIPALS

1. From the Consultants' Logs and Evaluations

        a. Many teachers felt they could not communicate
           with the principal.
        b. In one school the teachers felt they had been
           coerced to attend these "voluntary meetings".
        c. Most of the principals were meticulous in following
           design. School reorganizations, three or four weeks
                before the close of the project may have been
                needed to improve certain teaching situations,
                but played havoc with data.
        d. Principals felt need to be more deeply involved in
           planning a project such as this one rather than being
           selected to participate in a program already structured.

2. From Regular Meetings With Director of Project

        a. Great need for principals to talk about their mutual
           problems: too many meetings, not enough autonomy, in-
           adequate teachers, not enough aid for new teachers, too
           many projects, not enough space, not enough specialized
           aid for some children, and paper work.
        b. Most principals aware of "problem children" and "problem
           teachers" but don't know how to deal with so many at once.

3. From the Teachers' Final Evaluations

        No comments were made.

Commentary

In brief, the teachers and the students in schools where there were consultants,
gave evidence that intervention did effect the mental health of the school population.
In the two control schools where there were no consultants, no positive changes
occurred. In fact, even the very few changes noted were negative ones, indicating
less classroom mental health at the close of the period studied.

RECOMMENDATIONS RESULTING FROM MENTAL HEALTH PILOT PROJECT IN THE PUBLIC SCHOOLS

The Consultant

1. A mental health consultant be available to schools on a regular basis
   for school year.

   A. Same consultant to same school.
   B. One day a week (or two half days a week to one school).

2. A mental health consultant be one who is:

   A. Trained as a psychologist, social worker, psychiatrist, or educator.
   B. Interdisciplinary oriented.
   C. Experienced in working with individuals and with groups, preferably
      with children and adults.
   D. Knowledgeable and able to work closely with other mental health
      facilities, particularly in consultative capacity.

3. Mental Health consultants be employed on a contract basis rather than
   be an integral part of school administration.

4. Mental Health consultant to have one week's orientation and training--
   plus subsequent supportive training.

   A. Purposes of school explored.
   B. Problems of school explored.
   C. Facilities of school explored.
   D. Principal-Counselor-Consultant relationships explored and defined.
   E. Feedback carefully defined to protect all the relationships.
   F. Consultative training (Practicum level).

5. Regular meetings of director of such a program with consultants through
   school year.

6. Research design and regular evaluation be built into program. Resulting
   data be fed back to the consultants for initiating improvement.

7. When group meetings are requested limit exploration to role these
   teachers play in the mental health of the classroom and how they might
   help one another.

8. Make arrangements to incorporate into a group meeting those people
   (administrators, "experts," etc.) who are requested from the group or
   those whom the consultant suggests and whom the group agrees to have.

9. Develop some means for regular group meetings of students (not with the
   consultant necessarily) to discuss their school frustrations.

10. Meeting with parents to discuss mental health and mental health
    facilities.

The School Counselor

1. Included in group meetings.

2. Works closely with mental health consultant to discuss referrals, alternatives, school tensions, etc.

3. Included in planning for mental health programs.

The School Principal

1. Meets with mental health consultant during training period.

2. Available to consultant for exploration of ways of dealing with specific mental health problems in school and school community.

3. Arranges for full staff meeting in which the mental health consultant is introduced, his function in the school defined, and a system developed for the teachers to reach the consultant in a direct fashion.

4. Arranges for group and individual meeting places and for covering classes when needed.

Director of Consultant Program

1. A full time employee of school system, although this too would be better on a consultant basis.

2. Selects and contracts for mental health consultants (with aid of school committee, etc.).

3. Meets regularly with consultants.

4. Feeds back to research and evaluation groups findings from previous research designs and other evaluative devices.

5. Establishes a good working relationship with all other mental health facilities in the community.

The Teacher

1. Arrangements made for release of time to discuss a student with the consultant.

2. Arrangements made for voluntary group meetings when needed.

3. Records of such discussions are to be privileged information until the teacher releases the consultant from this obligation.

4. Develop ways in which teacher can get feedback from the students about their perception of the teacher.

Some General Observations

1. Using group pre- and post-measures in many of the classes fails to elicit either reliable or valid information. The inability to read and to comprehend simple oral directions makes the findings questionable.

2. Another factor in questioning the findings about the students was the shifting of teachers to another class three to four weeks before the end of the project. Some of the classes, as well, were reorganized.

3. The psychiatrists were most in need of knowing more about the role of the teacher and the role of a school consultant.

4. "Voluntary" has connotations other than permissiveness in some schools. Some principals and many teachers would not have been in the program if it were truly voluntary.

5. There appears to be a very great need to develop and train principals and staff to work together on common problems. They simply did not seem to be open to each other even when there was mutual respect.

6. All the principals agreed that the present teacher rating system increased undesirable staff relationships and thus may contribute to increased class tensions.

7. The new teachers in any school are most in need of help in the first three days of school. No matter how capable and willing these tyros are their egos cannot withstand the blast of indifference or the overt behavior that comes their way. It is suggested that some means be divised so that the new teacher can meet with the students in groups of not more than five in a group, prior to the opening of school. The new class would be meeting a known person and the new teacher would be meeting children with whom she has already established some communication.

8. There was much absenteeism among the teachers in the schools showing the least gain in better relationships.

9. Teachers generally found it difficult to apply what they learned: the abstraction never seemed to be applicable to their particular problem.

   Example: They could understand the need to individualize instruction, but couldn't see how this could be managed with thirty-five children or what they could do to find out about ways of meeting indi- vidual needs in a group setting.

This does suggest that the teachers need "to practice" a new idea before they will freely use it.

10. The teachers in the schools who showed the least gain in mental health practices rarely discussed anything with the consultant prior to the sessions and failed to invite the consultant into their classrooms.

11. Better working relationship between the teacher and the school counselor should be developed. More precise defining of counselor's rule would help.

12. Appendix 9 and 10 again show that the disadvantaged schools have more inexperienced teachers then the advantaged schools and that the bulk of these teachers come from small towns.

CLASSROOM SITUATIONS

Explanation:

1. All the situations in the following pages have been reported by the teachers involved. They were submitted as situations which the teachers felt they had handled in an ineffective manner.

2. All the incidents, unless otherwise stated, occured in the classroom while the class was in session and involved in a task.

Procedure:

1. Pretend you are the teacher in each situation (even if you have not met such a situation or would not have allowed it to develop so).

2. Where the dialogue closes with (Teacher:) write the exact words you would use or one sentence describing what you would do then.

   Example 1   Teacher: Take your seat now.

   Example 2   Teacher: (I would ignore.)

   Example 3   Teacher: (I would ignore but later ask him to see me.)

3. Do not skip any of the situations.

1. 4th Grade. Age 9 years old. Physical Education class.

TEACHER: All right children we must do some exercises before we play any games.

STUDENTS: Do we have to?

TEACHER: Yes, you do. Don't you want to grow up to be strong like me?

STUDENTS: (giggle)

TEACHER: Why are you laughing?

JOHN: We don't want to be fat like you.

TEACHER:

---

2. 6th Grade. Age, 11 years old. Teacher is checking children's homework.

TEACHER: John, why don't you have your homework?

JOHN: I couldn't do it this weekend and if you were at my house you couldn't have done it either.

TEACHER:

---

3. 4th Grade. Age, 9 years old. During a spelling test.

TEACHER: Are you looking at your neighbor's paper?

JOHN: Nah---

MARY: (The neighbor in question) Yes, he is Mr. Jones. He's been copying off me the whole test.

CLASS: Ooh - John!!!

TEACHER:

---

4. 4th Grade. Age, 9 years old. During a health lesson.

TEACHER: Is there anyone in the class who can tell me why it is important to take
            a bath?

JOE: (Aside) Because we will smell like John. (Referring to another boy in the class).

JOHN: (to Joe) Did you ever smell yourself? (Loudly)

TEACHER:

5. 6th Grade. Age 11 years old. John and Mary are twins in this class, but John comes in late to class for the third time in two weeks.

TEACHER:

---

6. 6th Grade. A Social Studies class which is very noisy.

TEACHER: If you do not stop talking, you will all have to write.

JOHN: We are not all talking.

TEACHER:

---

7. 4th Grade. At the beginning of the day a substitute teacher gives the class instructions.

TEACHER: Jane, you will lead the class in the Pledge of Allegience. Anne, you may select the song to follow the Pledge.

CLASS: That's not the way we do it!

TEACHER:

---

8. 6th Grade. A substutute teacher has just had the class do written work.

TEACHER: Now, class, pass your papers over to your left side.

CLASS: Mr. Smith always has us pass them to the front of the room.

TEACHER:

---

9. 5th Grade. The class, as a whole, usually does not bring in homework.

TEACHER: Anybody who doesn't bring in his homework will be kept in at recess.

JOHN: Mr. Smith, I don't have my paper but I...

TEACHER: (Interrupting)

---

10. 6th Grade. Age 11 years old. At the end of the day some children were returning from Glee Club and John hit Mary on the arm.

TEACHER: John, just for that you stay after school today. (John does not respond.) Do you know why you are staying after school?

JOHN: No.

TEACHER:

11. 6th Grade. Age, 11 years old. John continues to talk and disturb the class
     while instructions are being given by the teacher.

TEACHER: John, stop talking and pay attention to the explanations. How are you
          going to get the assignment done if you don't listen to the explanation
          on how to do it?

JOHN: I wasn't talking.

TEACHER:

---

12. 4th Grade. Age, 9 years old. Mary comes to class without her glasses which
     she usually wears faithfully.

TEACHER: Mary, where are your glasses?

MARY: I didn't bring them.

TEACHER:

---

13. 6th Grade. Age, 11 years old. The teacher is giving a science test, and
     after the test is taken, several children leave the room to go to the lavatory.
     Two of the boys who have been out of the room return and a few minutes apart,
     approach the teacher's desk.

JOHN: Can I have my paper back? I forgot to do the first question.

JOE: Gee, me too. Can I have mine back? I just realized I didn't do the first
      question.

TEACHER:

---

14. 6th Grade. Age, 11 years old. Jane gets up from her desk to put an example
     on the board. Joe slams his desk into her chair.

TEACHER:

---

15. 6th Grade. Age, 11 years old. A Social Studies class going over homework.
     Teacher observes that Charles has not done his.

TEACHER:

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16. 4th Grade. Age 9 years old. The class was told to leave their spelling work on their desks before going to recess. They were not to go until the spelling assignment had been completed. All went. John did not leave his spelling work. After recess, the teacher speaks to John.

TEACHER:

---

17. 4th Grade. Age, 9 years old. During a Social Studies class, Mary raises her hand.

MARY: Mrs. Smith, may I leave the room?

TEACHER: Yes. (Mary leaves and returns twenty minutes later.)

TEACHER: (Looking up as Mary enters the room.) Mary, what took you so long?

MARY: I was makin'!

CLASS: (Begins laughing)

TEACHER:

---

18. 4th Grade. Age, 9 years old. During a spelling test. Teacher sees John craning his neck to see Mary's paper.

TEACHER:

---

19. 6th Grade. Age, 11 years old. Charles is turning and talking when he is supposed to be engaged in silent work.

TEACHER: Charles, you are disturbing the people around you. Please turn around and do your work.

CHARLES: I was trying to find out what we are supposed to be doing.

TEACHER:

---

20. 5th Grade. Age, 10 years old. Mary is approaching the teacher's desk.

TEACHER: You have been told not to come up to my desk without raising your hand first.

MARY: But I want to ask a question.

TEACHER:

---

21. 5th Grade. Age 11 years old.

TEACHER: Mary, why are you crying?

MARY: Jane took my quarter. It was change from lunch and I have to take it home.

JANE: It's my quarter, my mother gave ti to me.

TEACHER:

22. 5th Grade. Age, 10 years old. Children have work to do at their desks. Boy is out of his seat.

TEACHER: John, what are you doing out of your seat?

JOHN: I want to sharpen my pencil.

TEACHER:

---

23. 6th Grade. End of term. After class was over. A girl was very good in art and was in a special art group so she had had more personal attention than many others.

STUDENT: I'm really gonna miss you next year.

TEACHER:—That's nice to hear, Rose.

STUDENT: Ya, you understood me. The other kids never liked me.

TEACHER:

---

24. 4th Grade. Age, 9 years old. Teacher walks into the classroom and sees two boys rolling on the floor. Class is just beginning.

TEACHER: David and Doug! Get up! What do you think you are doing?

DOUG: You started it!

DAVID: I did not! You did!

TEACHER:

---

25. 5th Grade. Age, 11 years old. Children asked to take out their workbooks.

TEACHER: Linda can't find her workbook. Did someone take it by mistake?

No response. The teacher looks on desks and sees Linda's workbook sticking out of Robert's desk.

TEACHER:

---

26. 6th Grade. Age 11 years old. Jane is at the blackboard trying to do an arithmetic problem. She has been struggling with this problem for several minutes.

TEACHER:

27. 5th Grade. Age, 12 years old.

TEACHER: I am going to pick up your homework papers now. Richard, where is your homework?

RICHARD: I forgot to do it.

TEACHER: Well then, you can do it now while the rest of us go out to watch the bicycle rodeo.

RICHARD: That's not fair!

TEACHER:

---

28. 5th Grade Art Class. Age, 10 years old.

STUDENT: (After nagging all period) I don't like this project.

TEACHER:

---

29. 5th Grade. Age, 11 years old. Principal has come into classroom to talk with teacher. Class is quite noisy. He leaves in a few minutes.

TEACHER:

---

30. 6th Grade Art Class. Age 11 years old. Class members were delivering reports they had prepared.

TEACHER: John, do you have your report? (It had been late 3 times.)

STUDENT: Yeah, I got it. (Proceeded to give report, obviously copied from Encyclopedia, big words and all.)

TEACHER: What does fresco mean?

STUDENT: I don't know. How should I? I didn't.......

TEACHER:

---

31. 5th Grade. Age, 11 years old. During a lesson, an attractive girl brings a note to the teacher requiring an answer. One student whistles while another makes some remark.

STUDENT: Hi, Jennie!

TEACHER:

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32. 5th Grade. Age, 12 years old. Writing of paragraphs in a creative manner was not a favorite subject for some of the students. It was indicated that, quite by accident, Freddie broke his pencil point and was permitted to sharpen it. Willie seized the opportunity to do likewise.

WILLIE: May I sharpen my pencil?

TEACHER: Yes. (Willie drops something in wastebasket en route to pencil sharpener. A firecracker goes off.)

WILLIE: Oh, oh. I dropped the waste basket and the firecracker accidentally went off just after it.

TEACHER:

---

33. 5th Grade. Age, 11 years old. Teacher notes a child is weeping.

TEACHER:

---

34. 6th Grade. Age, 11 years old.

STUDENT: (calls out during presentation) Would you get a load of that!

TEACHER:

---

35. 5th Grade. Age, 11 years old. The room was quiet with everyone at work on his math problems. One girl broke her pencil point, and required a metal waste basket to be placed under the sharpener because the shavings holder was missing.

STUDENT: May I sharpen my pencil?

TEACHER: Yes.

STUDENT: (drops the metal waste paper basket two consecutive times) Sorry! I'm sorry!

TEACHER:

---

36. 6th Grade. Age, 11 years old. A child raises his hand and reports that the boy behind him has been poking him in the back.

TEACHER:

---

37. 6th Grade. Age, 11 years old. Jimmy is a very bright, active child liked by his classmates and the teachers he has had. Today, the teacher who was patrolling the yard at recess time brings Jimmy to his teacher while the class is returning to the room.

DUTY TEACHER: Miss Jones, I certainly hope you're going to do something about this boy. He acted just like a hoodlum. He ran right through the lines of the little children. I'm surprised he didn't create serious damage.

JIMMY'S TEACHER:

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38. 4th Grade. Age, 9 years old. Jane is a very pretty child whose work had earned her excellent grades. The teacher, however, has noted that when she could not do an operation well she would weep copiously. Jane had volunteered to locate her city (reading) on the globe which had just been presented to the class. She turned it and turned it and then burst into tears fleeing to her seat.

TEACHER:

_____

39. 4th Grade. Age, 9 years old. Pete is a sturdy youngster whose achievement record was average but whose "Character record" was lengthy and indicated that he had had difficulties with all his teachers, the school nurse, the counselor, and the school principal. He teased other youngsters, fought with them, and was insolent in his manner and speech with the adults in the school. He has been in this class three days. While the teacher was writing on the blackboard she heard a scuffle and turned to see Jerry on the floor and Pete glaring at him.

JERRY: He tripped me, Miss Mace.

MISS MACE:

_____

40. Joan's cumulative record was a passing one. She did everything she was asked to do in class, but showed little enthusiasm for school, for her playmates, for the teachers. She rarely volunteered anything. Today, the teacher was discussing with the class what they could arrange for an assembly program. The teacher listed the suggestions on the blackboard. Noting Joan staring out into space the teacher asked.

TEACHER: Could you add to this, Joan? (no answer)

TEACHER:

_____

41. 4th Grade. Age, 9 years old. Mary has been absent on the average of 7 days a month. The note from home states that "she was too sick to come to school." The medical record has no pertinent information and conversation with Mary was unilluminating. She tends to be listless. Today she again presents the teacher with the usual note and then adds:

MARY: Joan told me we were having a test today in arithmetic. I don't think I can do it. Can I be excused?

TEACHER:

42. 4th Grade. Age, 9 years old. Mary has been absent on the average of 7 days a month. The note from home states that "She was too sick to come to school". The medical record has no pertinent information and conversation with Mary was unilluminating. She tends to be listless. Today she again presents the teacher with the usual note and then adds:

MARY: Joan told me we were having a test today in arithmetic. I don't think I can do it. Can I be excused?

TEACHER: (Holding papers for test in her hand) Well, if you weren't absent so much you wouldn't have to be excused. (Mary bursts into tears.) There's no point in crying. Sit down over there until I give out these papers. (Mary sits, sobbing.)

TEACHER:

---

43. 5th Grade. Age, 10 years old. Tim rushes into the classroom removing his coat which he runs. He is still wearing his hat. Teacher has just completed giving the directions for a science experiment. Tim has been late several times. Each time he has told of being held back at home to do some errand. The teacher has talked with him and the principal has talked with him.

TEACHER:

---

44. 5th Grade. Age, 10 years old. Tim rushes into the classroom, removing his coat while he runs. He is still wearing his hat. Teacher has just completed giving the directions for a science experiment. Tim has been late several times. Each time he has told of being held back at home to do some errand. The teacher has talked with him and the principal has talked with him.

TEACHER: Take you hat off, Tim. (He does so and then drops his coat.)

TEACHER: If you didn't have to rush you wouldn't be so clumsy. All right. All right. Hang them up and get started.

TIM: (Muttering) All right, you old nag.

TEACHER:

.Your Code No._____

MENTAL HEALTH ASSOCIATION SCHOOL PILOT PROJECT

TEACHER QUESTIONNAIRE "B"

CATEGORIZING PUPILS

This set of cards includes the names of all the children in this class. In your mind, there are probably many ways in which the children can be seen as similar to and different from one another. Place these cards in piles in as many different ways as might occur in your thinking. Each time you place the cards into piles, you should have some main idea in mind. Each time you do this sorting, we would like you to:

1. Record the main idea (organizing idea) you used for making the sub-groupings
2. Record the identification numbers of those students in each pile.
3. Record the descriptive titles you give to each pile.

For instance, in your mind you might divide the classroom into boys and girls. Then you would sort the cards into two piles, the main idea on which you sorted is "sex differences", and the descriptive titles of the piles are "boys" and "girls". Another division which might occur could be color of hair. Then "color of hair" would be the main idea, "blonds", "brunettes", and "red-heads" the descriptive titles.

For example, the recording format will look like this for each time you sort the cards:

A.   MAIN IDEA _____ SEX DIFFERENCES _____

LIST OF NUMBERS IN EACH PILE :   DESCRIPTIVE TITLES OF THE PILES:

_____   _____ GIRLS _____

_____   _____ BOYS _____

B.   MAIN IDEA _____ HAIR COLOR _____

LIST OF NUMBERS IN EACH PILE :   DESCRIPTIVE TITLES OF THE PILES:

_____   _____ BLONDES _____

_____   _____ BRUNETTES _____

_____   _____ RED HEADS _____

Enclosed you will find a sample recording sheet with a format identical to the above example. Following the format of the sample sheet, use as many sheets as you need to record all the possible ways that you might categorize your pupils in your mind.

Remember, there is no limit to the number of times you can make piles, regather, and make new piles so long as each time you regather and make new piles you have a new organizing idea (main idea) in mind.

Pg. 2   Teacher Code No._____

Sample Format for
Categorizing Pupils

1. MAIN IDEA_____

   LIST OF NUMBERS IN EACH PILE   DESCRIPTIVE TITLES OF THE PILES
   (use as many lines as are necessary) (use as many lines as are necessary)

   _____   _____

   _____   _____

   _____   _____

   _____   _____

   _____   _____

   _____   _____

2. MAIN IDEA_____

   LIST OF NUMBERS IN EACH PILE   DESCRIPTIVE TITLES OF THE PILES
   (use as many lines as are necessary) (use as many lines as are necessary)

   _____   _____

   _____   _____

   _____   _____

   _____   _____

   _____   _____

        Now following the general format of this sample page, ADD as many sheets of
paper for recording as you see necessary for expressing all the ways your pupils
are categorized in your mind. Now please start making piles and the proper
recordings on the enclosed sample sheet as well as any additional sheets which
you furnish.

Teacher Code No._____

RELEVANCE OF PUPIL CATEGORIES FOR TEACHING PRACTICE

Here is the list of Main Ideas for categorizing your pupils which you
indicated recently in the task entitled, <u>Categorizing Pupils</u>. We are interested
not only in the way your students are divided in your thinking; but also the
implications these categories might have for your teaching practice. Therefore,
please indicate whether or not each main idea has anything, whatsoever, to do
with your teaching by placing a "yes" or "no" next to each. Then, if your
answer is "yes", write a few statements describing the relationship between
the main idea and your teaching practices.

MAIN IDEA	<u>Yes</u> or <u>No</u>	Description of Relevance for Teaching Practice
1._____	_____	_____
		_____
2._____	_____	_____
		_____
3._____	_____	_____
		_____
4._____	_____	_____
		_____
5._____	_____	_____
		_____
6._____	_____	_____
		_____
7._____	_____	_____
		_____
8._____	_____	_____
		_____
9._____	_____	_____
		_____
10._____	_____	_____
		_____

Teacher Code No._____

MENTAL HEALTH ASSOCIATION SCHOOL PILOT PROJECT

TEACHER QUESTIONNAIRE "C"

SELF-CONCEPTION

All of us have certain positive and negative aspects which we recognize and learn to live with. There are ten numbered blanks on the page below. In the blanks, please write ter adjectives or short descriptive phrases, each referring to the simple statement, "As a teacher, I have the following characteristics". Answer as if you were giving the answers to yourself, not to somebody else. Write the answers in the order that they occur to you, but remember we are interested in both positive and negative aspects. Don't worry about logic but try to be as clear as possible. Write each descriptive work or phrase as rapidly as possible. Your first impressions are good enough.

AS A TEACHER, I HAVE THE FOLLOWING CHARACTERISTICS:

1. _____ _____

2. _____ _____

3. _____ _____

4. _____ _____

5. _____ _____

6. _____ _____

7. _____ _____

8. _____ _____

9. _____ _____

10. _____ _____

Now go back and evaluate each of these characteristics according to how positive or negative you see it. In order to represent a range, place (++) double plus if you feel the characteristic is quite positive, a(+) single plus if you see it as somewhat positive, a (-) single minus if you see it as somewhat negative, and a (--) double minus if you see the characteristic as quite negative. Be sure to evaluate each descriptive word or phrase by placing one of these sign configurations on the small line to the right of each. Remember there are four such signs, (++), (+), (-) and (--). Work rapidly.

APPENDIX 4

Teacher Code No._____

MENTAL HEALTH ASSOCIATION SCHOOL PILOT PROJECT

TEACHER QUESTIONNAIRE"D"

CLASSROOM MENTAL HEALTH PRACTICES AND CONDITIONS

Let us suppose that the following situation occurs. A visiting teacher
from a foreign country engages you in conversation about school practices in
this country. Assume that your visitor knows very little about American teaching
practice. He is particularly interested in learning about mental health in
classroom teaching, and wants to know what you consider to be <u>good mental health</u>
practices and <u>good mental health conditions</u> in the classroom. Since he will be
visiting a number of classrooms, he is anxious to have a list of things to look
for as he talks with teachers and pupils and observes teaching practices. What
sorts of things would you include in a list which he could refer to as he tries
to learn about classroom mental health?

Using the cards which have been provided, write one item on each card
(a work, phrase or sentence) which describes a good mental health practice or
condition in the classroom. Use as few or as many of the cards as you need. A
total of 25 cards is supplied.

Write as many items as you think of to help your visitor know what to
look for in seeking to understand good mental health in a classroom situation.
Since this is simulating a personal interview with a visitory, we are interested
in <u>your personal opinions only</u>! Do not consult any other persons or references.

Teacher Code No._____

CLASSROOM MENTAL HEALTH - TASK II

In order to ensure that the foreign visitor has understood you, try to organize the items you listed on the cards. Do this in the following way: Lay out in front of you all the cards you used in listing mental health practices and conditions. Look them over carefully and see if they fall into some broad natural groupings. If they do, arrange them into such groups of cards. Now look at your groups of cards and see whether these can be broken down into subgroups. If they can, separate the cards accordingly. It is also possible that these subgroups can be broken down still further.

Now, give names or titles to your groups and subgroups of cards and list the titles in the space below as if they were points and subpoints of an outline. Then in the right hand column, list the identifying numbers of cards that belong in the respective groups and subgroups. Check this column to see that all the cards are included. It is important that you do not omit any of them in your outline. A grouping may consist of a single item.

NAME OR TITLE OF GROUPING OR SUBGROUPING   IDENTIFYING NUMBERS OF CARDS INCLUDED

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

(Use back of page if necessary)

CLASSROOM MENTAL HEALTH - TASK III

In order for the series of items you have developed to be most helpful
to your foreign visitor, an indication of priority snould be made. This can be
accomplished in the following manner?

Ignoring the groupings you made before, lay out the cards in front of you.
Some of the items you listed may seem to be more important than others as indica-
tions of classroom mental health conditions and practices. Arrange the cards in
order, from the most important or outstanding item to the least important item.
Write the identifying numbers for each card along side the rank numbers below.
Number 1 will be the item you consider to be most important, number 2 the next
most important item, and so on.

Rank	Identifying No. on Card	Rank	Identifying No. on Card
1	_____	14	_____
2	_____	15	_____
3	_____	16	_____
4	_____	17	_____
5	_____	18	_____
6	_____	19	_____
7	_____	20	_____
8	_____	21	_____
9	_____	22	_____
10	_____	23	_____
11	_____	24	_____
12	_____	25	_____
13	_____		

MENTAL HEALTH ASSOCIATION SCHOOL PILOT PROJECT

PUPIL QUESTIONNAIRE

Pupil's Name_____

Teacher's Name_____

Name of School_____

THE CLASSROOM GROUP

Circle the number which tells how you think the students in this class behave or think they behave.

The Students in this Class	Almost always	Usually	Seldom	Almost never
(1) All do the very same work at the same time	1	2	3	4
(2) Learn more when they take part in classroom work	1	2	3	4
(3) Help one another with their schoolwork	1	2	3	4
(4) Behave themselves even when the teacher leaves the room	1	2	3	4
(5) Laugh when someone misbehaves	1	2	3	4
(6) Like one another	1	2	3	4
(7) Are pretty much the same	1	2	3	4
(8) Enjoy doing schoolwork	1	2	3	4
(9) Work well with one another	1	2	3	4
(10) Follow the teacher's directions	1	2	3	4
(11) Laugh when someone makes a mistake	1	2	3	4
(12) Like the teacher	1	2	3	4

Pg. 2   Pupil's Name_____

Sentence Completions

On the lines below you will find a number of sentences which are started but are not finished. Complete each sentence to <u>tell how you really feel</u>.

Do every one. Be sure to make a whole sentence. There are no right or wrong answers. Each person will have different sentences.

1. My school work_____

_____

2. Sometimes I think I am_____

_____

3. Studying is_____

_____

4. When I look at other boys and girls and then look at myself, I feel_____

_____

5. Homework is_____

_____

6. Teachers are_____

_____

7. Learning out of books is_____

_____

8. I am happiest when_____ !_____

_____

Pg. 3   Pupil's Name_____

9. I can't learn when_____

_____

10. When I look in the mirror, I_____

_____

11. In class, working with others is_____

_____

12. My teacher thinks I am _____

_____

13. This school_____

_____

14. In class, working by myself is_____

_____

15. Some of the best things about this class are_____

_____

_____

Pg. 4   Pupil's Name_____

SOCIOMETRIC QUESTIONS

QUESTION 1:   Which four persons in this class do you <u>like the most</u>?
                Please write their names in the four blanks below.

                              Pupil's name

Like most   _____

Like next most   _____

Like third most   _____

Like fourth most   _____

QUESTION 2:   Are there other young people about your age not in this class
                whom you <u>like better than anyone in this class?</u>

                    Yes_____   No_____ (Please check right answer)

                If you answered "<u>Yes</u>", how many of these other young people
                would you say there are that you like better than anybody
                in this class?

                    _____(write the number you would guess)

QUESTION 3:   Where would you place yourself in judging how much <u>the others</u>
                <u>in class</u> like you?

                    _____ In highest part (quarter) of the class

                    _____ In second highest part (quarter)

                    _____ In third part (quarter)

                    _____ In lowest part (quarter)

QUESTION 4:   Who are the four pupils in this class who are <u>most helpful</u>
                to other pupils in this class?

                              Pupil's name

Most helpful   _____

Next most helpful   _____

Third most helpful   _____

Fourth most helpful   _____

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Pg. 5   Pupil's Name_____

CLASSROOM LIFE

Here is a list of some things that describe life in the classroom. Circle the number of the statement that best tells how this class is for you.

A.   Life in this class with your regular teacher

    1.   Has all good things
    2.   Has mostly good things
    3.   More good things than bad
    4.   Has about as many good things as bad
    5.   More bad things than good
    6.   Has mostly bad things

B.   How hard are you working these days on learning what you are being taught at school?

    1.   Very hard
    2.   Quite hard
    3.   Not very hard
    4.   Not hard at all

C.   The teacher in this class knows most of the pupils

    1.   Very well
    2.   Pretty well
    3.   Somewhat
    4.   Not very well
    5.   Not well at all

D.   The teacher in this class cares about how hard I work (in school)

    1.   Always
    2.   Most of the time
    3.   Sometimes
    4.   Hardly ever
    5.   Never

E.   The pupils in this class help one another with their schoolwork

    1.   Always
    2.   Most of the time
    3.   Sometimes
    4.   Hardly ever
    5.   Never

Pg. 6   Pupil's Name_____

F.   T. pupils in this class act friendly toward each other

1.   Always
2.   Most of the time
3.   Sometimes
4.   Hardly ever
5.   Never

G.   The pupils in this class do what the teacher wants them to do

1.   Always
2.   Most of the time
3.   Sometimes
4.   Hardly ever
5.   Never

H.   If we help each other with our work in this class, the teacher

1.   Likes it a lot
2.   Likes it some
3.   Likes it a little
4.   Doesn't like it at all

I.   The pupils in this class hang around together outside school

1.   Always
2.   Most of the time
3.   Sometimes
4.   Hardly ever
5.   Never

APPENDIX 9

School Profiles--Data on Organization and Staff

	ADVANATGED - EXPERIMENTAL			CONTROL	DISADVANTAGED - EXPERIMENTAL			CONTROL
	A	B	D (New)	Y (New)	C	E	F	X
Age of Building in years	36	16	1	7	8	75	8	40
Principal	1	1	1	1	1	1	1	1
Adm. Asst. to Principal	0	0	0	0	0	0	1	
Number of Classroom Teachers	30	20	34	36	20	17	49	62
Experience In This School	7	8	1	7	4	1	5	5
Total Teaching Experience	11	22	15	15	4	3	5	5
Number of Students	993	715	1225	1235	616	480	1439	1715
Counseling-Teacher	1	1	1	1	1	1	2	1
Remedial Reading Teacher	1				1	1		
Music Teacher	1	1 Part Time					3 Part time 3 days	
Physical Ed. Teacher	1	1 Part time 2½ days						
Art Teacher	1							
Librarian Aide		1	1				1	
Speech Teacher							1 Part time 2 days	
Classroom Aides							7	
Nurse	1 Part time 4 days	1 Part time 2 days	1 Part time 3 days	1 Part time 2 days	1 Part time 2 days	1 Part time 2 days	1	

	ADVANTAGED - EXPERIMENTAL			CONTROL	DISADVANTAGED - EXPERIMENTAL			CONTROL
	A	B	D	Y	C	E	F	X
EIP Consulting Teacher					1			
School-Community Coordinator					1		1	
Other: Dist. Collaborating Teachers, Consulting Teachers, Subject Matter Supervisors	Circu-lating	Circu-lating	Circu-lating	Circu-lating	Circu-lating	Circu-lating	Circu-lating	Circu-lating
I.Q. of Students Based on Phila. Verbal Ability Test	110	115-120	110	115-120	90-95	85	95	85
Achievement level of students-stated as levels above or below average or standard score for grade	+2	+2	+1	+2	-1	-1.5	-1	-1.5
Mobility of Families	Occasional	Occasional	Seldom		Frequent	Frequent	Frequent	Frequent
Parent-Teacher Assn. Number of Parents Belonging	66%	60%	100%	65%	40%	33%	10%	10%
Major Activities of PTA	Fund Raising	Diversified	Assist Teachers and Program	Assist Teachers Help in Program - Fund Raising	Fund Raising	Fund Raising Seminars	Fund Raising	Fund Raising, Discussion Groups
Major Control of PTA	Majority Control	Majority Control	Majority Control	Majority Control	By Few Members	By Few Members	By Few Members	By Few Members

Profiles of Teachers in the Pilot Project

	Advantaged Experimental Schools			Advantaged Control	Disadvantaged Experimental Schools			Disadvantaged Control School
	A (6)	B (5)	D (6)	Y (12)	C (8)	E (6)	F (8)	X (7)
Ages (22-29 Years Old)	5		4		6	5	8	4
(30-39 Years Old)		1		7	1	1		2
(40-49 Years Old)			1	1				1
(50-59 Years Old)	1	3	1	3	1			
(Over 60 Years Old)		1		1				
Sex (Male)	2			2	1	3	3	2
(Female)	4	5	6	10	7	3	5	5
Marital Status (Single)	2	2	3	2	4	3	4	3
(Married)	4	3	3	10	4	3	4	4
Years of teaching in present school (0-4)	5	1	6	3	5	5	5	3
(5-9)		2		8	2		3	2
(10-19)	1	2		1(over 20)	1	1(0ver20)		2
Total Years of Professional Teaching (1-2)	3		5	1	4	4	4	3
(3-9)	2			2	4	2	3	1
(10-15)				2				2
(16-19)	1	1	1	3			1	1
(20-25)				1				
(35 +)		4		3				
Highest Collegiate (Bach.)	5	4	5	5	8	6	8	6
(Mast.)	1	1	1	7				1
Type of Institution in which most of undergraduate work done (2-3 yr. Normal)	1	4	1	4	2	2		3
(4 yr. T.C.)	1	1	1	3	2	1	5	3
(T.C. in Univ.)	3		3	3	2		3	
(L.A. in Univ.)	1		1		2			
(L.A. in College)						3		1

	Advantaged Experimental Schools			Advantaged Control	Disadvantaged Experimental Schools			Disadvantaged Control School
	A (6)	B (5)	D (6)	Y (12)	C (8)	E (6)	F (8)	X (7)
Population of Community lived in while attending high school								
(under 5000)				1	1	2		1
(5000-10,000)					3	1		2
(10,000-25,000)					1	2	3	1
(100,000-500,000)				3	2	1	2	
(over 500,000)	6	5	6	8	1	1	3	3
Formal Education of Father								
(Some elem.)		1	1	2	4		1	1
(Fin. elem.)	1			2		3	5	2
(Some h.s.)		2	2	3		1	1	
(Fin. h.s.)	4	2	2	2	4	1		
(Some college)			1			1	1	4
(Grad. Col.)	1			3				
CATEGORY of Father's Work								
(Unskilled)	2	2	3	1	1		2	1
(Semi-skilled)	2	2	2	4	1	3	4	1
(Skilled)	1	1	1	3	2	1	1	2
(Small Bus. Owner)	1				3			1
(Professional)				4	1	2	1	2

Final Evaluation of Pilot Project (Teacher)   Code No._____

1. Was participation a worthwhile experience? If so, in what specific ways was it helpful to you as a teacher and as a person?

2. Did you note any changes in your own approach or in the reactions of your pupils?

3. To what extent did the program meet or fail to meet your expectations?

4. If the program is to be repeated in your school, what changes would you suggest.

5. If you had it to do over again, would you choose to participate?

Information re School Mental Health Pilot Project   Consultant:_____

1. What were the major problems in establishin yourself as a helpful person:

        (1) to the teachers?

        (2) to the school principal?

2. If you had it to do over again, what would you do differently?

3. In which, if any specific ways, did you observe change or evidence of real help to the pupils, teachers, counselors, and principals.

Information re School Mental Health Pilot Project

Principal_____

1. From your own point of view, what were the problems associated with having the project in your school?

2. If the project were to be repeated in your school, what changes would you suggest?

3. In what if any ways did you observe change in the behavior of teachers, pupils, parents, and class?

Information re School Mental Health Pilot Project

School Counselor

1. To what extent has the fact that the project was conducted in your school influenced your own functioning?

2. If the project were to be repeated, what changes would you suggest?