A comparison study of the effectiveness of a strategic, short-term school counseling model and traditional counseling models as used by elementary school counselors

Mary Alice Bruce Christensen
Iowa State University

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A comparison study of the effectiveness of a Strategic, Short-Term School Counseling model and traditional counseling models as used by elementary school counselors

Christensen, Mary Alice Bruce, Ph.D.

Iowa State University, 1991
A comparison study of the effectiveness of a strategic, short-term school counseling model and traditional counseling models as used by elementary school counselors

by

Mary Alice Bruce Christensen

A Dissertation Submitted to the Graduate Faculty in Partial Fulfillment of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY

Department: Professional Studies in Education
Major: Education (Counselor Education)

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For the Education Major
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For the Graduate College

Iowa State University
Ames, Iowa
1991

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DEDICATION

To my children -
May each of you enjoy lifelong learning.
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GENERAL INTRODUCTION

School counselors help students deal with developmental concerns such as peer relationships, conflicts with parents and teachers, self-awareness, and academic challenges, as well as stress and anxiety. Demands of the school situation yield a challenging opportunity for counselors to work with many students, yet present the reality of limited time and resources (Das & Bright, 1988; Ivey & Van Hesteren, 1990). In order to provide needed social services to assist students in coping in today's complex society, a counselor accepts roles of consultant and coordinator, in addition to that of individual and group counselor (Myrick, 1987).

Currently, school counselors are attempting to incorporate developmental guidance and counseling programs into all schools (K-12), as suggested by the report from the Commission of Guidance in the American Schools (Wren, 1962). Such programs provide balanced, comprehensive services which mobilize positive resources to assist students in moving through life stages (Myrick, 1987). No longer do guidance programs focus primarily on vocational placement, crisis intervention, or diagnostic testing, but combine remedial, crisis, and preventative approaches within an overall developmental framework (Muro & Dinkmeyer, 1977).

According to Ivey and Van Hesteren (1990), a school counselor often may refer a student and family to an external agency for additional counseling. Yet, the school counselor continues to work with the student at school, communicate with the parents, and consult with other staff members.
Indeed, teachers need continued support, specific strategies, and intervention plans when handling students in a classroom. Administrators and parents continue to rely upon the school counselor as a consultant and coordinator of services for students. Psychoeducational classroom activities, small group work targeting troubled students, in addition to individual counseling sessions, are all part of the assistance provided by the counselor.

Counselor Education programs have expanded curricular offerings to prepare counselors to handle changing needs of the students and schools. Emphasis on group counseling, consultation, and management of counseling services are but a few examples of curricula which enable a counselor to handle the demanding counselor/educator position (Rotter, 1990). However, individual counseling sessions continue to play the primary intervention role (Molnar & Lindquist, 1989; Peer, 1985; Wiggins & Mickle-Askin, 1980). Use of individual counseling sessions is congruent with the idea of confidentiality. Also, teachers may find it easier and less confusing to allow simply one student, rather than a small group of students, to leave the classroom and visit with the counselor. In addition, beginning counselors often find individuals easier to handle than groups of students.

Counseling theories are taught in university graduate programs with reference to individuals and case studies (Cormier & Cormier, 1991; Ivey, Ivey, & Simek-Downing, 1987). Hence, the majority of recently trained counselors have much theoretical and practical laboratory experience with individual counseling. However, most counseling approaches are not designed to be time-limited and may be unrealistic for a school counseling
situation in which demands for services are many and resources are insufficient (Theobald, 1961). Often, a counselor attempts to adapt and compress a traditional long-term therapy model into a short time span (Kreilkamp, 1989).

In response to pressures of situational limitations, as well as aspirations for ever-increasing effectiveness, short-term counseling models have commanded increased professional attention during the last decade (Bloom, 1984; Kreilkamp, 1989; Talmon, 1990). Drawing upon the work of family therapists, Watzlawick, Weakland, and Fisch (1974) and de Shazer (1985), the researcher proposed a 4-step Strategic, Short-Term School Counseling (SSTSC) Model for this study in the schools. The SSTSC model utilizes knowledge of student developmental levels and maximizes inherent capabilities of the school system. The steps in the model are: (a) assessment of the problem in concrete terms, (b) investigation of previously attempted solutions, (c) establishment of a short-term, behavioral goal, and (d) counselor's presentation of an intervention plan for change. Within this framework counselors should be able to apply their choice of theory and techniques appropriate for the student and the concern.

The SSTSC approach sets a context for looking to the future, focusing on solutions, and utilizing the students' strengths and abilities within the larger support of a caring system. In accordance with strategic family therapists, the SSTSC approach addresses students' concerns as ongoing problem patterns maintained within a specific context (Watzlawick et al., 1974). O'Hanlon and Weiner-Davis (1989) have emphasized that a short-term approach should
establish an atmosphere of hope and optimistic expectation for the counseling sessions. In this approach the counselor and student examine the problem behavior, focusing on attainable goals and plan for success, so as to enable the student to take control and responsibility.

The underlying themes of the SSTSC Model seem congruent with developmental guidance's philosophy of assistance in the school. A school counselor consciously works to generate positive change with the student as a member of the system of the school and family. Since dynamics or aspects of an individual in one system are often related to those in other systems, behavioral change may generalize into other areas (O'Hanlon & Weiner-Davis, 1989). "Thus, changes in behavior begun in one setting may influence the individual's behaviors in another setting without intervention directed toward the second setting" (White, 1988, p. 42).

Consequently, improvement in behaviors generalizes across settings and may be observed by members of the various systems, such as teachers and parents. For instance, in accordance with this view, a school counselor may assist a student to generate action for change in the family system. The resultant familial behavior change may influence the student's school behavior.

Change in behavioral patterns must occur to evoke success assert members of the MRI group (Watzlawick et al., 1974). "A counselor's success is judged by the degree to which he can help pupils engage in more appropriate types of behavior" (Krumboltz & Hosford, 1968, p. 236). The emphasis is placed on action; action creates change (Kreilkamp, 1989).
Consistent with such therapeutic concepts, the SSTSC approach as a strategic systems process is a concise, action-oriented model specifically designed to enable rapid change (Christensen, 1989) and may be suited for use by school counselors.

Statement of the Problem

To date, most research on individual counseling in the schools has been primarily anecdotal (Amatea, 1989; Molnar & Lindquist, 1989). The present empirical study was designed to obtain information to facilitate school counselors in better helping students individually. This investigation compared effectiveness of the Strategic, Short-Term School Counseling (SSTSC) approach and traditional counseling approaches in a limited time span, as used by trained counselors in the elementary schools. The effectiveness of the counseling approaches was examined with regard to students self-ratings in behavioral, cognitive, and affective domains, as well as teacher ratings with regard to student behavior and academic performance.

Present Study

Listed below are the questions that provided direction for this study:

1. Are there differences between treatment counseling groups as assessed by changes in student affective, behavioral, and cognitive self-ratings?

2. Are there differences between treatment counseling groups as assessed by teacher ratings?
3. Are there any relationships among the affective, behavioral, and cognitive self-ratings by students?

Hypotheses

The following hypotheses were generated to provide answers to the research questions stated above:

1. The students in the SSTSC group will score significantly higher than the students in the traditional counseling groups with respect to changes in affective, behavioral and cognitive self-ratings.

2. The students in the SSTSC group will score significantly higher than the students in the traditional counseling groups with respect to teachers' behavioral and academic ratings.

3. There are significant positive relationships among the affective, behavioral, and cognitive ratings by the students.

Assumptions

The design of this study and the generalization drawn from analysis of the data rested upon the following assumptions:

1. Each counselor uniformly used the basic steps of the SSTSC Model as assigned for the Treatment Group 1.

2. Each counselor used the traditional form of counseling which he or she usually practices as assigned for the Treatment Group 2.

3. Changes in behavioral, cognitive, and affective ratings can be measured.
4. Positive changes in behavioral, cognitive, and affective ratings reflect student satisfaction with self-progress.

Limitations
Efforts to add to the understanding of the counseling process and measure success bring with them many limitations, of which, the following were recognized at the onset of this research:

1. The use of self-report measures to assess change in behavioral, cognitive, and affective domains of the students may lack reliability.
2. This study was limited to students of four rural elementary schools in a midwestern state.
3. This study was limited to the four counselors who were the regular elementary school counselors assigned to the students.

Definition of Terms
The following terms were defined for use within this dissertation:

Affective Mood - arising from feelings or emotions
Behavioral - observable evidences of activity
Strategic, Short-Term School Counseling Model - a 4-step counseling model which draws upon the work of strategic family therapists (de Shazer, 1985; Watzlawick et al., 1974)
Cognitive Thoughts - knowing which includes awareness and judgment
Traditional Counseling - the theoretical orientation, concepts, skills, and techniques with which the counselor would normally counsel the student, if not the SSTSC Model

Explanation of Dissertation Format

This dissertation has been organized and written under the guidelines specified for the alternate dissertation format (Iowa State University Graduate College Thesis Manual). The alternate format allows presentation of the research in manuscript form suitable for submission to referred scholarly journals.

The dissertation is comprised of a general introduction, a review of literature, two manuscripts, a general summary, additional literature cited, acknowledgements, and appendices. The first manuscript, entitled "The Use of the Strategic, Short-term School Counseling Model", will be submitted to The School Counselor, the journal of American School Counseling Association. The second paper, entitled "A Comparison Study of the Effectiveness of the Strategic, Short-Term School Counseling Model and Traditional Counseling Models as used by Elementary School Counselors", will be submitted to the Journal of Counseling and Development, the journal of the American Association of Counseling and Development. The doctoral candidate is the sole author of the first article. The authorship of the second article will be shared with Gordon C. Hopper due to his role as major professor for the dissertation.
Human Subjects in Research Statement

The Iowa State University Committee on the Use of Human Subjects in Research granted approval of student participation in this research January 11, 1991 (see Appendix 1). The committee concluded that the rights and welfare of the human subjects were adequately protected, that the risks were outweighed by the potential benefits and expected value of the knowledge sought, that the confidentiality of data was assured and that informed consent was obtained by appropriate procedures. A copy of the parental consent form is included in Appendix 2. Forms for approval for research in cooperating schools are included in Appendix 3.
REVIEW OF LITERATURE

School Systems

Within the setting of an elementary school, working with the school staff and child can be a powerful means for the counselor to initiate change (Amatea, 1989). The counselor may access and mobilize people throughout the school system positively through the counseling of individual students. Assisting a student by means of individual counseling may be initiated in a variety of ways, including: (a) A student requests a visit with the counselor, (b) a parent may visit with the counselor about an issue, or (c) members of the school staff or community express concern about a student.

Often, the school counselor assists a student with a concern which has been brought by the student. Contacts with the majority of the students are commonplace. In the context of the school, many student encounters with the counselor are informal, as in the hallways and lunchroom. Usually, the counselor is visible, accessible, and nonthreatening. Hence, the everyday presence of the school counselor facilitates acceptability of talking with the counselor. Not only the emotionally disturbed or behaviorally disordered children visit with the counselor. The counselor is a respected student advocate, an adult with whom many students may opt to discuss ideas, opinions, and concerns. Consequently, acceptance and rapport with students is facilitated by such a profile in the school system.

Parents sometimes approach school counselors for information and help with problems. Additionally, a counselor may contact parents, depending upon the counseling situation and confidentiality issues. Such connections
with parents can be quite advantageous in initiating and maintaining change because multiple change agents in a system dramatically combine forces and complement each other in change efforts.

Unfortunately, overt cooperation of the family is not always feasible. However, a counselor does not have to depend upon the family to assist in the change process; as the counselor works with the child, the action will impact the family. Thus, the counselor must recognize the relative influences of the family system dynamics and strategically use the system to advantage.

In addition, classroom teachers, administrators, and other school personnel may ask the school counselor to address concerns they have about a student. As colleagues, staff members consult with one another and regard the counselor as a knowledgeable team member and professional. School counselors are able to take advantage of such communications to use the system of the school and build team efforts in solving problems. A counselor is able to work with students as needed, whether for short, long-term counseling (as resources allow), or intermittent. Thus, the counselor may collaborate with significant members of the system as needed to assist in specific interventions.

Such a system has distinct advantages. Through its natural networking of relationships, the school system operates as a vital community in itself to support each staff member and child (Kreilkamp, 1989; Molnar & Lindquist, 1989). Within such a group, students, teachers, aides, and other staff may informally communicate, express concerns, and collaborate to assist students
in personal, social, and academic growth. School staff may operate in nurturing, caretaking type roles, especially in an elementary school. Thus, students have opportunities to look to multiple adults in the system for support.

**Student Developmental Level**

School counselors must be aware of students' varying developmental levels in order to meet their needs. The counselor assesses the student to best fit theoretical techniques and methods to the student. Providing an appropriate stimulation for growth and development is dependent upon matching expectations and treatment to developmental stages of the student (Ivey, 1986).

According to Erikson (1968), elementary school children of ages 6 to 12 attempt to acquire a sense of industry, rather than experience estrangement or inferiority. Recognition of the importance of social collaboration with others also emerges during this period. Members of the school staff may encourage a child's positive identification by acknowledging the child's competencies. Later school age years, ages 12 to 18, find a young person facing identity crisis, searching for trust in self and others.

Piaget's (1965) developmental framework emphasizes a child's advancement in thought processes. Until age six or seven and sometimes beyond, a child concentrates on language development and symbols. Beginning about age six, a child is able to relate concrete and behavioral perceptions during the concrete operational period. Choices, decisions, and
consequences are considerations for action. Around age eleven a child begins to reflect, analyze, and move into abstract thought. A counselor can help students with insightful, cognitive awareness integrated with behavioral approaches.

By and large, an elementary school student is not as able to grasp conceptual ideas as well as a secondary school student. Also, a child is less able to verbalize cognitions or emotions than an adolescent. However, such a young child is usually more congruent, and a child generally is more spontaneous and genuine in the expression of him or herself than an adolescent (Dinkmeyer, 1968).

Perceptive attention to verbal and nonverbal behaviors facilitates matching the counseling interactions with the student's levels, as well as cultural background (Ivey, 1986). Recognizing and using knowledge of such developmental differences is essential for a counselor when working with children who encompass a mixture of developmental levels. Students' personal inclinations, abilities, and verbal capacities decide the counseling approach to be attempted. The natural network of relationships in the school enables a counselor to determine a child's conceptual development.

Traditional Counseling Theories in the Schools

Theories assist a counselor in organizing data to understand the student. By means of theories, a counselor establishes a referential framework to guide the counseling relationship, conceptualize goals, and form an intervention plan. Counselor Education graduate training programs emphasize several
classic theoretical approaches as especially helpful and feasible in the school environment. The following is a brief overview of alternative therapeutic approaches used by school counselors.

**Existential-Humanistic Therapies**

According to Ivey and associates (1987), the counselor using an existential-humanistic approach regards the student as the one who must take control and make decisions. The counselor is positive and future-oriented when dealing with the student. Thus, choices are opportunities to progress, accept responsibility, and change. Each person is a unique human who relates to others and has a chance to build his or her own reality.

The person-centered approach of Carl Rogers advocates that the counselor enter the worldview of the student and facilitate the student in finding his or her own direction (Ivey et al., 1987). The counselor hopes to understand and empathize with the student, thereby understanding the child's perceptions and expecting positive movement toward change. When a student is able to vent frustrations, express desires, and experience acceptance and respect as a human, then the student will regard him or herself as worthy and can move toward self-enhancing behaviors. The focus of a counselor in this approach is genuine caring and accurate listening, so as to empower the student. Few techniques are used. Further personal growth and release of potential may result with the person-centered approach. Because of accountability demands and conceptual developmental level of
elementary age children, some counselors regard this approach alone as too slow and impractical in the school setting (Myrick, 1987).

Use of Gestalt therapy entails respect of the immediate experiences of the student (Simkin & Yontef, 1984). The counselor assists the student in becoming aware of what is happening and how it is happening. The counselor does not judge what should be, but awareness of what is. Such attention to process assists the student in acceptance and knowledge of self. Hence, the counselor utilizes active influencing skills with students. Creative, directive techniques of this therapy are used by many school counselors (Myrick, 1987). For example, a counselor may instruct the student to express thoughts and feelings to an empty chair, symbolic of someone else or parts of self. Enjoining the student to talk in the present tense, reference to self, and stay with the feeling are additional examples of powerful techniques.

Psychodynamic Approach

Within the framework of the Adlerian perspective, students' behavior is purposeful and goal-directed (Mosak, 1984). Especially congruent in the social context of the school setting is the emphasis on choice and responsibility. Thus, the counselor appreciates the uniqueness of each student, facilitates insight, and assists with goal setting. The counselor may use therapeutic mechanisms including: acting "as if", catching oneself, the "aha" experience, and the pushbutton technique.

Cooperation with clients, combined with hope and encouragement for change, establish Adlerian psychotherapy as particularly appropriate for the
elementary school setting. Concerns with preventative processes and interactions with others fit psychoeducation models of parenting and teaching. Elementary school counselors utilize Adlerian principles via "widely accepted guidance program(s)" for children and adults (Myrick, 1987, p. 83).

**Behavioral Counseling**

Corey (1986) presents behavioral counseling as an approach which focuses on doing -- taking concrete action steps to change. Optimistically moving forward, the student takes control and selects the action or procedure. The counselor and student examine the situation and environment, then establish practical goals for improvement. A warm, facilitative relationship is a necessary base for the counselor to establish.

Pressure from school staff to show immediate results and prove accountability has pushed counselors to use behavioral techniques. When using this approach, the first step is to establish a baseline measure of behavior. Then, such methods as behavior rehearsal, role playing, positive and negative reinforcement, and modeling assist the counselor and student in achieving change in behavior toward a determined goal. Such concrete techniques are practical and easy to apply with elementary school children who can be proud of specific successes, then can build on the successes. Insight and understanding are not seen as necessary for change in behavior. Hence, behavioral counseling is particularly appropriate for children who operate at Piaget's concrete operational level.
However, implementation of behavioral methods of reinforcement, especially token economy systems, can be problematic. Some problems inherent in this approach are: (a) erratic control of the rewards system by the parents (Martin, 1975), (b) inconsistent cooperation from teachers, (c) unnecessary attention focused on the student, (d) resentment of other students for the reinforcements given to a student, and (e) exhibition of problems by some students simply to obtain similar reinforcements. Usually, a counselor and teacher can work together to design reinforcements applicable to the students of the particular classroom, including prompts, encouragements, time outs, and selective ignoring.

Cognitive-Behavioral Approaches

Contemporary counselors recognize the interplay of cognitive factors and behavior with a multimodal, cognitive-behavioral therapy (Corey, 1986). Purely behavioral approaches focus on changing overt behavior and ignore "cognitive aspects of conditioning and deconditioning" (Ellis, 1984, p. 200). In contrast, cognitive-behavioral approaches target covert behavior change, specifically changing thought in order to change behavior. Cognitions affect behavior; cognitions can be altered and behavior change may result. A decision to act is necessary. Hence, the counselor assists the student in changing thinking, then attempts to ensure action on the altered cognitions. Behavioral and cognitive-behavioral approaches are designed to be shorter term therapies than those of the psychodynamic or person-centered emphasis.
The cognitive-behavioral framework of Rational-Emotive Therapy (RET) of Albert Ellis calls for the counselor to take a directive role in the counseling process (Corey, 1986). The counselor uses techniques from various theories to alter the mediational processes of the student -- the thoughts, assumptions, and interpretations. Challenging and questioning the student's irrational beliefs is part of the process. School counselors may take advantage of the wealth of children's books for bibliotherapy to impart further understanding to students. Assignment of homework tasks, role plays, and guided imagery to assist students in generalizing and practicing is helpful. Throughout the process, the counselor expresses unconditional positive regard for the student as a person, while attacking debilitating thought patterns utilized by the student. Additionally, the counselor attempts to ensure that the student learns how to question his or her own thoughts.

Beck (1976) asserts that students live by rules, sometimes interpreting and assessing life by inappropriate rules. Counselors judge and help students modify unrealistic attitudes and rules. Beck's work with depressed clients stresses action on the part of the client, then builds on the successful actions. The ability of elementary school children, ages 7 to 9, to respond to cognitive restructuring and self-insights is questionable. However, Meichenbaum and Genest (1980) offer specific clinical examples of successful cognitive behavioral modification self-instructional training with children.

The rational and cognitive approach of William Glasser’s Reality Therapy has numerous educational applications (Myrick, 1987), although it
has been criticized as oversimplifying complex issues. To help students become emotionally strong and rational, Glasser emphasizes the necessity of a person accepting responsibility for his or her own behavior. Understanding of self, setting goals, and making responsible decisions are essential elements for successful living. The counselor teaches problem-solving and decision-making as plans of action. Additionally, the school counselor establishes a friendly, supportive, and caring relationship with students.

**Overview of Traditional Counseling**

Schaefer, Millman, Sichel, and Zwilling (1986) purport that a combination of the cognitive, behavioral, and affective approaches in a comprehensive, eclectic manner may yield the most promise for therapeutic change of children. The empirical research on effectiveness of various child therapies is a neglected area (Kazdin, 1988). Available sources offer primarily "interpretive and anecdotal accounts of treatment, and recommendations for clinical care" (p. 9). Two prominent meta-analyses of child psychotherapy literature, Casey and Berman (1985), and Weisz, Weiss, Alicke, and Klotz (1987), surmised that therapy generally is better than no treatment. Behavioral treatments seem somewhat more effective than other treatments. However, critics contend that the paucity of studies and wide differences in methodologies are serious limitations for these conclusions.

In sum, the aforementioned theories are practical and representative of those used by most elementary school school counselors. Genuine integration of several therapeutic approaches, yet avoidance of an
undisciplined eclectic combination, may develop into a counselor's personal style and offer intervention direction. Often, school counselors appreciate the useful dimensions in several approaches and attempt to fit key concepts to the context and each student's needs.

The school environment places constraints upon counselors' time for counseling services encompassing a schedule of many preventative activities. According to the Iowa Department of Education, the typical counselor is assigned 475 students. Hence, adequate time for individual counseling is limited, while demands for such services is great (Myrick, 1987). Consequently, a need exists for a succinct model for short-term counseling to fit the attention span, developmental needs, and changing world of children in the elementary school. The successful model must be designed as brief by design, not by accident.

The Strategic, Short-Term School Counseling Model

Historical Developments

Strategic Systems therapies refer to at least four interrelated, family-oriented approaches, including the Brief Therapy Center's brief, problem-focused therapy (Watzlawick et al., 1974), based at the Mental Research Institute of Palo Alto; the Milan systemic model of Palazzoli, Boscolo, Cecchin, and Prata (1978), represented at Ackerman Institute of New York; the strategic/structural family therapy of Haley (1977, 1980) and Madanes (1981); and Minuchin's (1974) structural family therapy of the Philadelphia Child Guidance Clinic. These contemporary models of therapy focus upon the
circular interactions of members of a system with a strategic outlook to change, but are not applicable only to families (Rohrbaugh & Eron, 1982). In like manner, school counselors work with students as a part of the educational system, and therefore, can effectively bridge the systems.

Interpretation of relational interactions became the focus of Gregory Bateson in 1952 with communication theory, systems theory, and his development of cybernetics as an underlying basis. Working with families, Bateson and associates Haley, Weakland, and Jackson developed the theory of the double-bind to explain the etiology of schizophrenia (Bateson, Jackson, Haley, & Weakland, 1956). This systemic (interactional) work examined the influence of paradoxical communication on human behavior and change. The importance of the process of interpersonal relationships, as well as the situational context, became the basis of intervention for individual behavior change. Bateson's theoretical developments combine with the techniques of Milton Erickson to provide the foundation of the strategic systems therapies (de Shazer et al., 1986). Erickson's clinical methods include the use of indirection, strategic plans, hypnotic suggestions, and paradox.

The strategic therapist specifically formulates an intervention plan to interrupt the ongoing circular process of social interaction for problem formation and maintenance. Patterns and sequences of interaction are inseparable from the problem. Thus, "the intrinsic characteristics of individuals, their personality traits, biological predispositions, unconscious conflicts, social skills, etc., are secondary to the ongoing communicational patterns in which problems are embedded" (Rohrbaugh & Eron, 1982, p. 251).
These strategic therapies do not rely upon awareness, emotional catharsis, or insight to promote change. The therapist does not specifically attend to goals of personal growth and development, but attempts "to solve problems through minimal but sufficient intervention so that people can get on with life" (p. 251). The counseling is time-limited by design, so that the process does not become a part of the problem.

**Strategic Approach of the Mental Research Institute**

Although the systemic family therapies have many commonalities, the Mental Research Institute's (MRI) theoretical framework for behavioral change seems particularly appropriate to the school counseling situation. Behavior within the school system is viewed by the counselor within the ongoing context of social interactions (Fisch, Weakland, & Segal, 1982). Transitions and developments of children often are expected to be fun and exciting, but in reality involve some difficulties. A positive feedback loop concept from cybernetics suggests that a snowball effect operates. A problem develops when difficulties in life are mishandled and escalate.

In accordance with Erickson, the counselor accepts and uses what the student brings to the session (Haley, 1973). The counselor looks for descriptions of concrete patterns, not explanations. Within the immediate context, the counselor focuses on the presenting problem in relation to the relevant interactions. The presenting problem is accepted as the problem, not symptoms of underlying problems (Watzlawick et al., 1974).
A problem may be solved via a common-sense resolution. However, attempted solutions fail in certain circumstances. A continuous loop or problem cycle of attempts and failures begins; thus, the unsuccessful solution becomes the problem (Watzlawick et al., 1974). The longer the problem cycle continues, the more intense and compounded the problem may become, repeated attempts at solution actually maintaining the problem. A counselor who prescribes the same type of solution becomes a part of the problem cycle as well. Thus, it is important that the counselor and student discuss the ineffective attempted solutions and the counselor notes what maintains the cycle.

Of utmost importance is the establishment of a specific, concrete goal which is truly achievable for the student. Goals allow the student and counselor to know when the solution is successful. Children usually need a series of goals, each of which can be reached in a few days if the situation allows. Building upon a series of small successes empowers the student, enhances confidence, and motivates for future behavioral changes.

The positive feedback loop of the system needs only the introduction of small changes in the problem pattern to alter the cycle and initiate additional changes. The MRI group advocates that such a change may be accomplished through one or several members of the system and affect other members and interactions of the system. Within a school system, the counselor advantageously may link a student, plus teacher, aide, administrator and/or parent. Sometimes, dealing separately with a student and another system member may be beneficial, since together they may inhibit each other's needs.
The framework is one of control and reciprocal influence. Such a situation-centered adaptive approach allows for many variations of therapeutic methods and interventions. Three overlapping modes of interventions are common among strategic therapists: prescribing, reframing, and positioning (Rohrbaugh & Eron, 1982). These elements combine with use of the SSTSC Model to empower the students.

**Prescribing.** When prescribing, a counselor may assign a task for the student to complete in order to achieve a goal. If perceiving a student's tendency to disobey, a counselor may assign a task, anticipating noncompliance, in order to achieve a goal by means of the rebellious action.

An example of such a situation harnessing the student's energies for change is that of a fifth grade girl who states that she wants friends. After discussing ways in which people act with friends, the counselor insists, "Don't do anything about making friends yet. You are not ready. Just watch others and tell me next session what you see happening with classmates that you might like to have as friends. But, don't you do anything; don't approach them in any way. You must wait until you are ready." The student may or may not sabotage the task by taking action for friendship. In such a way, the cooperation of the student can be utilized directly or indirectly, and student resistance is minimized.

**Reframing.** A counselor reframes so as to change the meaning assigned to a situation. The viewpoint is redefined such that it still applies to the situation, but switches the nature or definition of the concern. Hence, the situation itself is actually unchanged; the change occurs in the opinion of the
student. The new frame must be "one that is congenial to the person's way of thinking and of categorizing reality" (Watzlawick et al., 1974, p. 103). For example, a student complains that she created a wild design for a kite pattern, but other students have copied her idea such that her kite isn't unique. The counselor is delighted to learn that so many students were impressed by the student's creative design that they have complimented her by copying it. Now, a new meaning exists for the same relationship and events. Consequently, reframing provides "alternative, solution generating perception shifts for problem situations" (White, 1988). The different definition, label, or meaning of the situation may determine different possibilities for what the student can do to solve the problem (de Shazer, 1985).

**Positioning.** The methods of the MRI group are beneficial especially for minimizing student resistance. Positioning during a session may be utilized by the counselor when joining with the student to examine the problem and solution attempts. A one-down position builds the student as the expert who must verbalize the concern and goals, plus generally assist the counselor in understanding the situation. Often, students are vague and confused when describing a problem and goals. A counselor who also exhibits confusion forces students to clarify problems in specific terms and construct meaning in the situation. A one-down position does not force authority, yet allows for maneuverability, switching to a one-up position when needed to encourage, overtly direct, and support the student.
If multiple helpers in a system are involved with a student, the counselor may position one colleague as doubting the student can change or move to solve the problem. Meanwhile, the counselor and others may take the position of believing in the student's ability and determination to change. A school counselor may take advantage of a consultation team with a teacher, wherein part of the team aligns with the student and part co-opts resistance. Whereas, an individual counselor may express the attitude that "Part of me thinks that you are going to do this and part of me hesitates and wonders." Hence, part directly encourages change, and part warns against change. Cooperation of some sort is inevitable.

Recognizing and acknowledging pessimism or discouragement of the student without making statements of a noncredible, optimistic nature may avoid the creation of student resistance (Fisch et al., 1982). Acceptance of what the student brings while gathering information from the student allows the counselor time to assess the student's priorities and opinions. In addition, the counselor's maneuverability is maintained. Qualified language also ensures maneuverability for the counselor (Fisch et al., 1982). While assessing the student and the situation, the counselor may offer suggestions and responses tempered with language such as, "I'm not sure if ..." or "This may or may not be exactly what ...". Such indirect suggestions communicate respect for the student. With enough data the counselor expresses definite ideas with confidence. Cautioning the student to go slowly, watch for pitfalls, and expect setbacks actually decreases the counselor's role in the problem cycle, empowers the student, and encourages the student to take control.
Brief Family Therapy Center

At the Brief Family Therapy Center in Milwaukee, Steve de Shazer and associates have expanded the original work of the MRI group by emphasizing solutions (1985). de Shazer's research team fits the intervention to "the way that the solution evolves" (p. xv) out of the problem situation. Concentrating on the type of solution desired by the client helps to pinpoint how a solution may work. Delineating what could be different with a satisfactory solution assists the client and counselor to anticipate and expect beneficial change.

A counselor might say to an elementary student, "It's tomorrow morning and everything is exactly as you want. How do you look now that this is all changed? How are you sitting in your chair now that things are different? How do your friends know? What is the first sign to you that things are going better?" Consequently, counselor and student cooperatively examine the complaint and clarify expectations of a solution, positively linking the present and future. Articulation of the complaint, construction of a solution, then introduction of a noticeable change, however small, allows the student to expand the change according to his or her own situation and needs.

According to de Shazer, the use of "skeleton keys" (1985, p. 119) is a conceptualization of intervention for various problem situations. Initially, the counselor must gather data about the interactional pattern, but does not need to learn all the details of the specific situation. The counselor adjusts the wording of the task presentation to fit each client and situation. A skeleton key intervention "fits particular situations and yet is so generalized..."
that it can be transferred from situation to situation without a lot of
variation" (p. 123). The "direct but nonspecific intervention offers the client a
wide range of possible new behaviors and insures that the chosen behavior
will be something that fits for them and is not outside their bounds of
possibility" (p. 125).

One intervention which is transferable to a variety of situations is "Do
something different" (de Shazer, 1985, p. 122). The purpose of this
intervention task is to jolt the problem cycle by means of the student's totally
different, extraordinary behavior which jump starts the system in another
direction. Such an intervention is most beneficial when the student presents
the attempted solutions as different (but not different enough), ineffective
responses to a repetitious problem event.

The author appreciates the creativity of students when assigned this
intervention. For example, a fourth grade student and his older brother
tended to fight physically and verbally when home alone after school.
Parental threats, rules, behavioral charts, and punishments did not seem to
affect the interaction. The counselor challenged the student to "Do
something totally different with your brother, not to hurt him or anyone.
Just surprise him and see what happens." When next approached for a fight,
the fourth grader popped on a Lone Ranger Halloween mask and laughed,
thus breaking the problematic sequence. The reaction proved to be a
generalized solution, since the student reports that now, when needed, he
and his brother each use their hands to make a mask, laugh, and ease
escalating tension between them.
Another intervention task is "Pay attention to what you do when you overcome the urge to . . . " (de Shazer, 1985, p. 132). For example, a student may want to stop blurting out in class. An adolescent may want to avoid eating junk food upon arriving home after track practice. The student complains about an intrapersonal problem cycle for which it seems no effective solution ever has appeared. Usually, an exception to the troublesome cycle has occurred in the same or similar situations, but may have been regarded as a lucky accident, not as a solution.

In one such case, the author counseled a twelve year old who wanted to stop mouthing off at her mother when assigned her the job of washing dinner dishes. The student insisted she always got in trouble when told to wash the dishes. As a result of the task assignment, the student realized that she occasionally kept her lips tightly together when trying to avoid verbal conflict with her mother on other occasions. Consequently, one evening, the student rose from the dinner table, pretended to zip her lips together, and went to the sink to begin the dishwashing. The student discovered her own strength and self-control, as well as created a playful means to signal potential conflict to her mother. Now the student claims that she mentally zips her lips together and thinks when she is tempted to engage in sassy talk.

Ferreting the effective exception to the usually unsatisfactory problem situation is of value to solution-oriented therapy. The counselor takes note of past successes, the unnoticed or unrecognized occurrence of a solution, then prescribes "More of the same" to the client (de Shazer, 1985). The author suggests to an elementary school child that together they will act as detectives
to hunt for clues for solutions. "Has there ever been a time when it went as you would like?"

One case with an adolescent brought a concern of procrastination. The student always left term papers until the last minute and was not happy with the resulting grade. The student faced a semester with an impending term paper. "Have you always waited until the last minute to start the paper? . . . always?" Actually, once the student had committed to a girlfriend to start a paper a week early, was not in a panic, and received a satisfactory grade. The counselor helped the student to realize that indeed, the solution was successful. Thus, a task assignment of specific commitment to a significant person for a term paper was given, that is, more of the same satisfactory solution.

Often, a student is vague, confused, and generally unhappy. Specific articulation of a problem or goal is frustrating. The student may want to complain, but not take action to improve his or her life. The formula intervention instructs the student to watch for what happens (e.g., in the classroom, with friends, on the school bus) that the student wants to continue to have happen (de Shazer & Molnar, 1984). Positive expectation that new perceptions or concrete, worthwhile things will happen is implicit. Usually, the student mentally portrays him or herself as a victim to whom uncontrollable things happen; now, things happen which may not be interpreted as so troublesome. The counselor's optimistic expectations may assist the student in noticing and perceiving beneficial happenings. Later, the student and counselor may be able to build a specific goal.
An example is an elementary age student who whined that nobody liked him; nobody wanted to be his partner; nobody invited him to play at recess. He regarded himself as a victim and was not motivated to do anything. The counselor instructed him, "Now I don't want you to do anything. Between now and the next time we meet, I want you just to watch what happens that you like and want to have keep happening. You may write something down each day in one of these small (flashy) notebooks so as to keep track of the good things and show me." The student proudly recorded a happening each day. Some of his positive happenings included: a smile from another student, encouragement from the teacher, chosen to pass out treats with the birthday boy. Things were better and the student was already having more fun at recess.

To prepare the student to accept the intervention assignment, the counselor carefully leads the client into a yes set (Erickson, Rossi, & Rossi, 1976). The counselor honestly states real compliments, truisms, to the student which describe strengths that the student has exhibited that may help in carrying out the assigned task. Statements such as "I am impressed by your concern for this situation" or "You know yourself and your friends. You know how people tick." The student cannot deny the truth of the statement. The student and counselor link, the student realizing the understanding and appreciation that the counselor has for the student and the situation. The student may indicate acceptance and mutuality by means of verbalized agreement, head nods, and continuous eye contact. If a receptive relationship
is cemented in this way, cooperation with the counselor for the task is more likely (de Shazer, 1985).

During follow-up checks the counselor asks for the student's report of progress toward the goal. Follow-ups help a student summarize progress and take credit for accomplishments. If the student replies that the goal has been reached and things are much better, the counselor acknowledges the success, but does not wildly celebrate. In addition, the counselor may warn the student to "Go slowly. You will have to handle challenges and maybe even a relapse." Consequently, the student continues to enjoy successes and does not give up at the first sign of failure.

A student's reply that things are the same may lead the counselor to check if the student understood the task. If the situation really is unchanged, the counselor may respond, "You must be doing something right since things aren't worse. Watch to see what you are doing right."

If the student considers that things are worse, the counselor may respond, "Sometimes things have to get worse before they can get better. I wonder if this is as bad as it will get?" Additionally, the counselor takes responsibility for the failed intervention. The counselor attempts to clarify and reach understanding of the situation, perhaps redefines goals, and intervenes again. During all sessions, goals may be redefined and finely tuned as more understanding is achieved. Further expectation for positive change permeates the follow-up. The MRI approach regards resolution of the problem as sufficient indication of positive change (Watzlawick et al., 1974).
**Outcome Studies of Short-Term Therapy**

To date, most research on individual short-term counseling has focused on adult populations (Budman & Gurman, 1988). Various human service professionals have employed brief therapy as a necessary and effective answer to administrative concerns of cost containment (Cummings, 1986). Research has shown that traditional long-term methods, which may involve years of therapy, are not necessarily more effective than short-term counseling of up to twelve sessions (Bloom, 1980; Gurman, Kniskern, & Pinsof, 1986; Janis, 1983). The pressure of time limitation for counseling may actually increase clients' motivation for useful change (Breit, Im, & Wilner, 1983).

Averaging seven sessions at the MRI, Weakland et al. (1974) subsequently checked on 97 patients and discovered that 72% were better or much better. According to R. Fisch of MRI (personal conversation, May 2, 1989), comparable results are still obtained. With a client base of 56, de Shazer (1985) found that only 9% were worse or much worse at the first follow-up, after an average of five sessions.

Primarily, accumulated anecdotal reports describe the effectiveness of systemic brief therapy with school children. Amatea and Sherrard (1991) tell of a success with a third grade student who was unmotivated in completion of school assignments. After ruling out learning deficits, the counselor facilitated the student in taking responsibility for her achievements. The counselor brought the teacher and parents into the solution efforts as well. The changes resulted in a shared "sense of increased power and control, the sign that everybody wins" (p. 343).
A case study related by Chandler (1983) illustrated improvement in friendships, school work, and parent-child relations for a seven year old boy. Teacher and mother were involved in the plan for change. The out-of-school counselor at a psychoeducational clinic emphasized the importance of working with significant others in the system.

Other applications of brief strategic interventions with school children are relayed by Molnar and Lindquist (1989). Examples of effective short-term counseling within a variety of school contexts (e.g., the classroom, playground, and teachers' lounge) demonstrate the use of ecosystemic concepts to produce desired change. Amatea (1989) explains the use of a strategic approach in solving persistent school problems. Coordinating efforts among members of the school team enables powerful interactions for change.

Success of single-session counseling with follow-up checks is of particular intrigue and interest to many counselors. The idea of a limited time-frame ranges from a minimum of one session (Bloom, 1984; O'Hanlon & Weiner-Davis, 1989; Talmon, 1990) to a maximum of 20 sessions (Malan, 1963). Proponents of single-session models state that client satisfaction following one succinct counseling session is not surprising. Bloom (1981) states, "Single-session encounters between mental health professionals and their clients are remarkably common. Not only is their frequency underestimated, but more importantly, their therapeutic impact appears to be underestimated as well" (p. 180). A community study by Kogan (1957) demonstrated that two-thirds of the clients who discontinued therapy after only one counseling session felt they had been helped. Talmon (1990)
advocates the powerfulness of single-sessions and urges counselors to "maximize its unusual potential" (p. 17). For the overcommitted school counselor the single counseling session with follow-up contacts is a viable model worthy of investigation.

In sum, research to date illustrates that time-limited approaches (1 to 20 sessions) are at least as effective as treatments of longer duration (Gurman et al., 1986). However, "most of the research consists of accumulated case studies" (White, 1988). Systematic, rigorous empirical studies are needed to determine the success of a short-term counseling model in the elementary school context.

Use of the Strategic, Short-Term School Counseling Model

Key elements of the strategic therapies seem particularly appropriate for the elementary school counselor. Problems are defined as "impasses, deadlocks, knots, etc., which are created and maintained through the mishandling of difficulties" (Watzlawick et al., 1974, p. 39). A school counselor can assist with such defined problems of interaction, in contrast to mental helplessness evoked when portraying problems as deep neurotic personality dilemmas. Hence, the counselor develops a unique plan to fit the needs of the situation and student with an underlying expectation of positive change (Haley, 1973).

Another primary concern is the goal setting. Strategic system therapy emphasizes that focusing on challenging yet minimal, concrete goals is preferable to "promoting vast and vague targets with whose desirability
nobody would take issue, but whose attainability is a different question altogether" (Watzlawick et al., 1974, p. 159). The limited attention span and cognitive level of the preadolescent calls for setting a small, but significant, goal which can be achieved within a developmentally appropriate time period.

Empowerment is of utmost importance for children, so that they may take responsibility and control for action. The counselor works to position him or herself so as to give credit for any change to the student. During the counseling session, and follow-up contacts, the counselor constantly acknowledges and reinforces student change. By means of reframing, a counselor expands the student's choice of possible behaviors. The simple intervention tasks of de Shazer allow the student to take control, tailor the task to fit the situation, and experience success. Certainly, such a mission is in accordance with the reality of counseling elementary school students.

Consequently, combining elements of the brief, strategic therapy of Palo Alto's Mental Research Institute with specific interventions and considerations from de Shazer's solution-oriented approach of the Brief Family Therapy Center creates an action-oriented, practical, focused counseling model to suit the realistic needs of a school counselor. A classroom of teacher and students is similar to the family structure of parent and children. Like a family system, members of the school act as a consultation team to express concerns, attempt to collaborate, mobilize efforts, and handle problem situations (Molnar & Lindquist, 1989). Since the counseling interaction occurs within the real world setting of many of the
presenting problems, the counselor has the powerful opportunity to incorporate members of the school to influence significant change.
Abstract

Drawing upon the work of strategic family therapists, the author specifically proposes a four-step, Strategic, Short-Term School Counseling (SSTSC) model for use by school counselors.

Introduction

School counselors face increasing demands for individual counseling of students in today's schools (Myrick, 1987). Peer relationships, family difficulties, stress, and inappropriate behavior are some of the concerns that elementary school students discuss with their counselors. However, the school counselor's average workload encompasses many preventative group activities and time for individual counseling is limited. Consequently, a need exists for a successful model of individual counseling designed as time-limited to fit the context of the school system. Advantageously, such a model would tap the power of the environment to enhance individual behavioral change. Drawing from the work of family therapists, Watzlawick, Weakland, and Fisch (1974) and de Shazer (1985), the author offers a Strategic, Short-Term School Counseling (SSTSC) Model which fits the attention span, developmental level, and changing world of children in the elementary school.
Contemporary models of strategic family systems therapies focus upon the circular interactions of members of a system with a strategic outlook to change (Haley, 1977, 1980; Minuchin, 1974; Palazzoli, Boscolo, Cecchin, & Prata, 1978; Watzlawick, et al., 1974). The importance of the process of interpersonal relationships, as well as the situational context, is the basis of intervention for individual behavior change (Fisch, Weakland & Segal, 1982). When viewing student behavior within the ongoing context of social interactions, a school counselor may utilize systemic ideas of family therapies and apply them to the school situation (Rohrbaugh & Eron, 1982).

Initially, a problem develops when difficulties in life are mishandled and escalate. Patterns and sequences of interaction are inseparable from the problem. Thus, "the intrinsic characteristics of individuals -- their personality traits, biological predispositions, unconscious conflicts, social skills, etc. -- are secondary to the ongoing communicational patterns in which problems are embedded" (Rohrbaugh & Eron, 1982, p. 251). Drawing upon the techniques of Milton Erickson (Haley, 1973) and work of the Mental Research Institute (MRI) (Watzlawick et al., 1974), as expanded by de Shazer (1985), the strategic counselor specifically formulates an intervention plan to interrupt the ongoing circular process of problematical social interaction. These strategic therapies do not rely upon awareness, emotional catharsis, or insight to promote change. Rather than specifically attend to goals of personal growth and development, the counselor attempts "to solve problems through minimal but sufficient intervention so that people can get on with life" (Rohrbaugh & Eron, 1982, p. 251). The counseling is time-limited by design, so
that the process does not become a part of the problem. Such a theoretical framework for behavioral change certainly is appropriate to the school counseling situation.

In addition to the recognition of systemic elements, an individual counseling model must take into account a child's developmental level. During a child's school-age years, collaboration and positive identification are critical foci for social development (Erikson, 1968). With regard to cognitive progression, a child is able to relate concrete and behavioral perceptions beginning about age six (Piaget, 1965). Hence, choices, decisions, and consequences are primary considerations for action. Around age eleven a child begins to reflect, analyze, and move into abstract thought. A counselor can help students with insightful, cognitive awareness integrated with behavioral approaches. By and large, an elementary school student is not as able to grasp conceptual ideas as well as a secondary school student. Also, a child is less able to verbalize cognitions or emotions than an adolescent. However, such a young child is usually more spontaneous and congruent in the expression of him or herself than an adolescent (Dinkmeyer, 1968).

The Strategic, Short-Term School Counseling Model

Use of the proposed four-step SSTSC Model takes advantage of the systemic approach and allows for developmental differences. The steps of the model are: (a) assessment of the problem in concrete terms, (b) investigation of contemplated and previously attempted solutions, (c) establishment of a short-term, behavioral goal, and (d) counselor's presentation of an
intervention plan for change. The steps are not designed to be absolutely linear, but rather adapted to the session. For instance, a student first may explain numerous attempts to have someone else change (step two). The counselor may challenge the student to look at what realistically is in the student's control, then circle to step one and ask "So what is the problem here?"

**Step One**

When investigating the problem, the counselor looks for descriptions of concrete patterns, not explanations. Within the immediate context, the counselor focuses on the presenting problem in relation to the relevant interactions. The presenting problem is accepted as the problem, not symptoms of underlying problems (Watzlawick et al., 1974). For example, a student tells the counselor that big kids push him down at recess every afternoon. The counselor regards the situation as the problem, not the student. In accordance with Erickson, the counselor accepts and uses what the child brings to the session (Haley, 1973). The counselor asks the child what exactly happens and how the pushing occurs during recess. "How" and "what" questions elicit descriptions of interactions and can lead to plans for change. In contrast, "why" questions may lead participants into guesswork for understanding, which does not necessarily guarantee change.
Step Two

The counselor asks about the attempted solutions, solutions suggested by friends or family, and solutions considered, but rejected. Therein, the counselor obtains additional information about the interactions. Often, a problem may be solved via a common-sense resolution. However, attempted solutions fail in certain circumstances. A continuous loop or problem cycle of attempts and failures begins; thus, the unsuccessful solution becomes the problem (Watzlawick et al., 1974). The longer the problem cycle continues, the more intense and compounded the problem may become. Repeated attempts at solution actually maintain the problem. A counselor who prescribes the same type of solution repeatedly fits into the problem cycle as well. Thus, it is important that the counselor and student discuss the ineffective attempted solutions and the counselor notes what maintains the cycle. To illustrate: At recess, the second grade boy tried to avoid being pushed by smiling at the older kids, by asking if he might play with them, and by offering them candy. Such repeated approaches and appeals were ineffective and resulted in additional teasing which intensified and maintained the problem.

Step Three

Of utmost importance is the establishment of a specific, concrete goal which is truly achievable for the student. Goals allow the student and counselor to know when the solution is successful. According to the attention span and motivation of the child, the counselor carefully targets a time period within which the goal should be achieved. A kindergartner may try for a goal
within an afternoon, while a sixth grader may set a goal to be achieved within a week. Building upon successful attainment of a short-term goal empowers the student and enhances confidence and motivation for future behavioral changes. For example, for the student with problems at recess, a suitable goal could be to have just one "good" recess period this week and the student picks the period which is right for being a good one. Often, the student will surprise the counselor and report more than one good period. To make use of the system, the counselor may have alerted the on-duty teacher to enable a difference for the student.

Many times a student knows that things are not right, but is not certain what an appropriate goal could be. Simply pausing the counseling session, then dramatically asking "What do you want?" may assist the student in expressing a goal. In addition, concentrating on the type of solution desired by the student helps to pinpoint a goal and how a solution may work (de Shazer, 1985). Delineating what could be different with a satisfactory solution assists the student and counselor to anticipate and expect beneficial change. A counselor might say to an elementary student, "Let's pretend that it's tomorrow morning and everything is exactly as you want. How do you look now that this is all changed? How are you sitting in your chair now that things are different? How do your friends know? What is the first sign to you that things are going better?" Consequently, counselor and student cooperatively examine the complaint and clarify expectations of a solution, positively linking the present and future. Articulation of the complaint, construction of a solution and introduction of a noticeable change — however
small — allows the student to expand the change according to his or her own situation and needs.

Step Four

Intervention plans for various problem situations may be conceptualized as "skeleton keys" (de Shazer, 1985, p. 119) which can open a variety of locks. Initially, the counselor must gather data about the interactional pattern via steps one through three, but does not need to learn all the details of the specific situation. Then, the counselor adjusts the wording of the task presentation to fit each student and situation. A skeleton key intervention "fits particular situations and yet is so generalized that it can be transferred from situation to situation without a lot of variation" (p. 123). The "direct but nonspecific intervention offers the student a wide range of possible new behaviors and insures that the chosen behavior will be something that fits for them and is not outside their bounds of possibility" (p. 125).

Ferreting the effective exception to the usually unsatisfactory problem situation is of value to solution-oriented therapy. The counselor takes note of past successes, the unnoticed or unrecognized occurrence of a solution, then prescribes "More of the same" to the student (de Shazer, 1985). The author suggests to an elementary school child that together they will act as detectives to hunt for clues for solutions. "Has there ever been a time when it went as you would like?" For case with the second grader who complained of no playmates at recess the counselor asked, "Have you ever enjoyed a good recess?" The boy realized that during the previous week he had fun playing
ball with a classmate during recess. He had made it happen by carrying one of the classroom balls out to the playground where someone his own age had joined him. Recognition and expansion on the past success helped ensure future action.

One intervention which is transferable to a variety of situations is "Do something different" (de Shazer, 1985, p. 122). The purpose of this intervention task is to jolt the problem cycle by means of the child's totally different, extraordinary behavior and jump start the system in another direction. Such an intervention is most beneficial when the student presents the attempted solutions as different (but not different enough), ineffective responses to a repetitious problem event.

The creativity of students is appreciated when assigned this intervention. For example, a fourth grade student and his older brother tended to fight physically and verbally when home alone after school. Parental threats, rules, behavioral charts, and punishments did not seem to affect the interaction. The counselor challenged the student to "Do something totally different with your brother, not to hurt him or anyone. Just surprise him and see what happens." When next approached for a fight, the fourth grader popped on a Lone Ranger Halloween mask and laughed, thus breaking the problematic sequence. The reaction proved to be a generalized solution, since the student reports that now, when needed, he and his brother each use their hands to make a mask, laugh, and ease escalating tension between them.

Another intervention task is "Pay attention to what you do when you overcome the urge to . . . " (de Shazer, 1985, p. 132). For example, a student
may want to stop blurting out in class. An fifth grader may want to avoid eating junk food upon arriving home after school. The student complains about an intrapersonal problem cycle for which it seems no effective solution ever has appeared. Usually, an exception to the troublesome cycle has occurred in the same or similar situations, but may have been regarded as a lucky accident, not as a solution.

In one such case, the author counseled a twelve year old who wanted to stop mouthing off at her mother when assigned the job of washing the dinner dishes. The student insisted she always got in trouble when told to wash the dishes. As a result of the task assignment, the student realized that she occasionally kept her lips tightly together when trying to avoid verbal conflict with her mother on other occasions. Consequently, one evening, the student rose from the dinner table, pretended to zip her lips together, and went to the sink to begin washing dishes. The student discovered her own strength and self-control, as well as created a playful means to signal potential conflict to her mother. Now the student claims that she mentally zips her lips together and thinks when she is tempted to engage in sassy talk.

Often, a student is vague, confused, and generally unhappy. Specific articulation of a problem or goal is frustrating. The student may want to complain, but not take action to improve his or her life. The formula intervention instructs the student to watch for what happens (e.g., in the classroom, with friends, on the school bus) that the student wants to continue to have happen (de Shazer & Molnar, 1984). Positive expectation that new perceptions or concrete, worthwhile things will happen is implicit. Usually,
the student mentally portrays him or herself as a victim to whom uncontrollable things happen; now, things happen which may not be interpreted as so troublesome. The counselor's optimistic expectations may assist the student in noticing and perceiving beneficial happenings. Later, the student and counselor may be able to build a specific goal.

An example of this approach is an elementary age student who whined that nobody liked him; nobody wanted to be his partner; nobody invited him to play at recess. He regarded himself as a victim and was not motivated to do anything. The counselor instructed him, "Now I don't want you really to do anything. Between now and the next time we meet, I want you just to watch what happens that you like and want to have keep happening. You may write something down each day in one of these small (flashy) notebooks so as to keep track of the good things and show me." The student proudly recorded a happening each day. Some of his positive happenings included: a smile from another student, encouragement from the teacher, and chosen to pass out treats with the birthday boy. Things were better and the student was already having more fun at recess.

The intervention step is vital to the SSTSC Model. As illustrated in the aforementioned examples, the positive feedback loop of the system needs only the introduction of small changes in the problem pattern to alter the cycle and initiate additional changes. Strategic counselors advocate that such a change may be accomplished through one or several members of the system and affect other members and interactions of the system. A school counselor may take advantage of the working with a student, plus teacher, aide, administrator
and/or parent. For example, a counselor may assist a student with a plan for change with regard to a behavioral problem, then mention to a significant school staff member, "You will probably notice a real change in this student. I know you will give her the encouragement she needs." Hence, the staff member who complained about the student, now maintains an positive expectancy for anything different. Sometimes, dealing separately with a student and another system member is beneficial because together they may inhibit each other's needs. The framework is one of control and reciprocal influence. Such a situation-centered, adaptive approach allows for many variations of therapeutic methods and interventions.

**Therapeutic Elements**

Three overlapping therapeutic elements are common among strategic therapists: prescribing, reframing, and positioning (Rohrbaugh & Eron, 1982). These elements are integrated throughout the four steps of the counseling model to empower the students.

**Prescribing**

When prescribing, a counselor may assign a task for the student to complete in order to achieve a goal. If perceiving a student's tendency to disobey, a counselor may assign a task, anticipating noncompliance, in order to achieve a goal by means of the rebellious action. An example of such a situation harnessing the student's energies for change is that of a fifth grade girl who states that she wants friends. After discussing ways in which people
act with friends, the counselor insists, "Don't do anything about making friends yet. You are not ready. Just watch others and tell me next session what you see happening with classmates that you might like to have as friends. But, don't you do anything; don't approach them in any way. You must wait until you are ready." The student may or may not sabotage the task by taking action for friendship. In such a way, the cooperation of the student can be utilized directly or indirectly, and student resistance is minimized.

Reframing

A counselor reframes so as to change the meaning assigned to a situation. The viewpoint is redefined such that it still applies to the situation, but switches the nature or definition of the concern. Hence, the situation itself is actually unchanged; the change occurs in the opinion of the student. The new frame must be "one that is congenial to the person's way of thinking and of categorizing reality" (Watzlawick et al., 1974, p. 103). For example, a student complains that she created a wild design for a kite pattern, but other students have copied her idea such that her kite isn't unique. The counselor is delighted to learn that so many students were impressed by the student's creative design that they have complimented her by copying it. Now, a new meaning exists for the same relationship and events. Consequently, reframing provides "alternative, solution generating perception shifts for problem situations" (White, 1988). The alternate definition, label, or meaning of the situation may determine different possibilities for what the student can do to solve the problem (de Shazer, 1985).
Positioning

Positioning is beneficial especially for minimizing student resistance. Positioning during a session may be utilized by the counselor when joining with the student to examine the problem and solution attempts. A one-down position builds the student as the expert who must verbalize the concern and goals, plus generally assist the counselor in understanding the situation. Often, students are vague and confused when describing a problem and goals. A counselor who also exhibits confusion forces students to clarify problems in specific terms and construct meaning in the situation. A one-down position does not force authority, yet allows for maneuverability, switching to a one-up position when needed to encourage, overtly direct, and support the student.

If multiple helpers in a system are involved with a student, the counselor may position one colleague as doubting the student can change or move to solve the problem. Meanwhile, the counselor and others may take the position of believing in the student's ability and determination to change. A school counselor may take advantage of a consultation team with a teacher wherein part of the team aligns with the student and part co-opts resistance. Whereas, an individual counselor may use positioning when stating, "Part of me thinks that you are going to do this and part of me hesitates and wonders." Hence, part directly encourages change, and part warns against change. Cooperation of some sort is inevitable.
Utilizing Students' Empowerment

Recognizing and acknowledging pessimism or discouragement of the student without making statements of a noncredible, optimistic nature may avoid the creation of student resistance (Fisch et al., 1982). Acceptance of what the student brings while gathering information from the student allows the counselor time to assess the student's priorities and opinions. In addition, the counselor's maneuverability is maintained. Qualified language also ensures maneuverability for the counselor (Fisch et al., 1982). While assessing the student and the situation, the counselor may offer suggestions and responses tempered with language such as "I'm not sure if . . . " or "This may or may not be exactly what . . . ". Such indirect suggestions communicate respect for the student. With enough data the counselor expresses definite ideas with confidence. Cautioning the student to go slowly, watch for pitfalls, and expect setbacks actually decreases the counselor's role in the problem cycle, empowers the student, and encourages the student to take control.

To empower the student for the intervention assignment, the counselor carefully leads the student into acceptance (Erickson, Rossi, & Rossi, 1976). The counselor honestly states real compliments, truisms, to the student which describe strengths that the student has exhibited that may help in carrying out the assigned task. Statements such as "I am impressed by your concern for this situation" or "You know yourself and your friends. You know how people tick." The student cannot deny the truth of the statement. The student and counselor link, the student realizing the understanding and appreciation that the counselor has for the student and the situation. The student may indicate
acceptance and mutuality by means of verbalized agreement, head nods, and continuous eye contact. If a receptive relationship is cemented in this way, cooperation with the counselor for the task is more likely (de Shazer, 1985).

During follow-up checks the counselor asks for the student's report of progress toward the goal. Follow-ups help a student summarize progress and take credit for accomplishments. If the student replies that the goal has been reached and things are much better, the counselor acknowledges the success, but does not wildly celebrate. In addition, the counselor may warn the student to "Go slowly. You will have to handle challenges and maybe even a relapse." Consequently, the student continues to enjoy successes and does not give up at the first sign of failure.

A student's reply that things are the same, may lead the counselor to check if the student understood the task. If the situation really is unchanged, the counselor may respond, "You must be doing something right since things aren't worse. Watch to see what you are doing right."

If the student considers that things are worse, the counselor may respond, "Sometimes things have to get worse before they can get better. I wonder if this is as bad as it will get?" Additionally, the counselor takes responsibility for the failed intervention. The counselor attempts to clarify and reach understanding of the situation, perhaps redefines goals, and intervenes again. During all sessions, goals may be redefined and finely tuned as more understanding is achieved. In addition, further expectation for durable change permeates the follow-up. Resolution of the problem may be regarded as sufficient indication of positive change (Watzlawick et al., 1974).
Outcome Studies of Short-Term Therapy

To date, most research on individual short-term counseling has focused on adult populations (Budman & Gurman, 1988). Various human service professionals have employed different forms of brief therapy as necessary and effective answers to administrative concerns of cost containment (Cummings, 1986). Research has shown that traditional long-term methods, which may involve years of therapy, are not necessarily more effective than short-term counseling of up to twelve sessions (Bloom, 1980; Gurman, Kniskern, & Pinsof, 1986; Janis, 1983). Actually, the pressure of time limitation for counseling may actually increase clients' motivation for useful change (Breit, Im, & Wilner, 1983).

Averaging seven sessions at the MRI, Watzlawick et al. (1974) subsequently checked on 97 patients and discovered that 72% were better or much better. According to R. Fisch of MRI (personal conversation, May 2, 1989), comparable results are still obtained. With a client base of 56, de Shazer (1985) found that only 9% were worse or much worse at the first follow-up, after an average of five sessions.

Primarily, anecdotal reports describe the effectiveness of systemic brief therapy with school children. Amatea and Sherrard (1991) tell of success with a third grade student who was unmotivated in completion of school assignments. After ruling out learning deficits, the counselor facilitated the student in taking responsibility for her achievements. The counselor brought the teacher and parents into the solution efforts as well. The changes resulted
A case study related by Chandler (1983) illustrated improvement in friendships, school work, and parent-child relations for a seven year old boy. Teacher and mother were involved in the plan for change. The out-of-school counselor at a psychoeducational clinic emphasized the importance of working with significant others in the system.

Other applications of brief strategic interventions with school children are relayed by Molnar and Lindquist (1989). Examples of effective short-term counseling within a variety of school contexts (e.g., the classroom, playground, and teachers' lounge) demonstrate the use of ecosystemic concepts to produce desired change. Amatea (1989) explains the use of a strategic approach in solving persistent school problems. All reports indicate that coordination of efforts among members of the school team enables powerful interactions for change.

In sum, research to date illustrates that time-limited approaches (1 to 20 sessions) are at least as effective as treatments of longer duration (Gurman et al., 1986). However, "most of the research consists of accumulated case studies" (White, 1988). Systematic, rigorous empirical studies are needed to determine the success of a short-term counseling model in the elementary school context.
Conclusion

Key elements of the strategic therapies seem particularly appropriate for the elementary school counselor. Problems are defined as "impasses, deadlocks, knots, etc., which are created and maintained through the mishandling of difficulties" (Watzlawick et al., 1974, p. 39). Strategic systems therapy emphasizes that focusing on challenging yet small, concrete goals is preferable to "promoting vast and vague targets with whose desirability nobody would take issue, but whose attainability is a different question altogether" (p. 159). The limited attention span and cognitive level of the preadolescent calls for setting a small, but significant, goal which can be achieved within a developmentally appropriate time period. Then, the counselor develops a unique plan to fit the needs of the situation and student with the underlying expectation that positive change will occur.

Additionally, empowerment is of utmost importance for children, so that they may take responsibility and control for action. The counselor works to position him or herself so as to give credit for any change to the student. During the counseling session, and follow-up contacts, the counselor constantly acknowledges and reinforces student change. By means of reframing, a counselor expands the student's choice of possible behaviors. The simple intervention tasks of de Shazer (1985) allow the student to take control, tailor the task to fit the situation, and experience success. Certainly, such a mission is in accordance with the reality of counseling elementary school students.
Consequently, drawing upon elements of the strategic systems therapies which have been used successfully in family therapy creates an action-oriented, focused counseling model which suits the practical needs of a school counselor. A classroom of teacher and students is similar to the family structure of parent and children. Just as a family system, members of the school act as a consultation team to express concerns, attempt to influence and collaborate, mobilize efforts, and handle problem situations (Molnar & Lindquist, 1989). Since the counseling interaction occurs within the real world setting of many of the presenting problems, the counselor has a powerful opportunity to utilize members of the school to influence significant change.
References


MANUSCRIPT II:
A COMPARISON STUDY OF THE EFFECTIVENESS OF A
STRATEGIC, SHORT-TERM SCHOOL COUNSELING MODEL
AND TRADITIONAL COUNSELING MODELS
AS USED BY ELEMENTARY SCHOOL COUNSELORS

Abstract
The major purpose of the study was to compare the effectiveness of the Strategic, Short-Term School Counseling (SSTSC) model and traditional counseling models, as used by trained counselors in the elementary school. Drawing upon the work of family therapists Watzlawick, Weakland, and Fisch (1974) and de Shazer (1985), the researcher specifically proposed the 4-step SSTSC model which utilizes elements of student developmental levels and maximizes inherent capabilities of the school system. Following one individual counseling session, treatment groups were compared. It appeared that students in the SSTSC group improved at a faster rate than did students in the traditional group. More actions were taken by the students in the SSTSC group, who seemed happier and more content in their progress toward achieving goals and solving the problem. The students were able to maintain and continue the improvement simply by means of two brief counselor contacts. Whereas, for the traditional group, equivalent positive change required more and longer counseling sessions. The researcher suggests that intrinsic qualities of the SSTSC model may facilitate such quick, enduring improvement for the students. The results of this study indicate
that this model, with underlying themes from successful family therapy approaches, may be a viable counseling model for elementary school counselors.

Introduction

The purpose of this study was to compare the effectiveness of the Strategic, Short-Term School Counseling (SSTSC) approach with traditional counseling approaches in a limited time span, as used by trained counselors in the elementary schools. In response to pressures of situational limitations and societal insistence for expedient treatment, intentional short-term counseling models have commanded increased professional attention during the last decade (Bloom, 1984; Kreilkamp, 1989; Talmon, 1990). Family therapists claim their strategic, time-limited approaches to be successful in clinical settings (Budman & Gurman, 1988; de Shazer, 1985; Fisch, Weakland, & Segal, 1982). Borrowing elements from family therapy may provide school counselors with a successful, short-term counseling approach for individual counseling in the context of the school.

Currently, school counselors are attempting to incorporate developmental guidance and counseling programs into all schools (K-12), as suggested by the report from the Commission of Guidance in the American Schools (Wren, 1962). Such programs provide balanced, comprehensive services which mobilize positive resources to assist students in moving through life stages (Myrick, 1987). No longer do guidance programs focus primarily on vocational placement, crisis intervention, or diagnostic testing,
but current programs combine remedial, crisis, and preventative approaches within an overall developmental framework (Muro & Dinkmeyer, 1977). In order to provide needed social services to assist students in coping in today's complex society, an elementary school counselor accepts roles of consultant and coordinator, in addition to that of individual and group counselor (Myrick, 1987). However, individual counseling sessions do continue to play the primary intervention role (Molnar & Lindquist, 1989; Peer, 1985; Wiggins & Mickle-Askin, 1980). While demands for individual counseling are numerous, adequate time for such service is limited (Myrick, 1987). Consequently, a need exists for a succinct model for short-term counseling to fit the attention span, developmental needs, and changing world of children in the elementary school. The successful model must be brief by design, not by accident.

Counseling theories are taught in university graduate programs with reference to individuals and case studies (Cormier & Cormier, 1991; Ivey, Ivey, & Simek-Downing, 1987). Hence, the majority of recently trained counselors have much theoretical and practical laboratory experience with individual counseling. Yet, most counseling approaches are not intended specifically to be time-limited and may be unrealistic for a school counseling situation (Theobald, 1961). Often, a counselor may attempt to adapt and compress a traditional long-term therapy model into a short time span (Kreilkamp, 1989).

Drawing upon the work of family therapists, Watzlawick et al. (1974) and de Shazer (1985), the researcher proposed a 4-step Strategic, Short-Term...
School Counseling (SSTSC) Model for this study in the schools. The SSTSC model utilizes knowledge of student developmental levels and maximizes inherent capabilities of the school system. The steps are: (a) assessment of the problem in concrete terms, (b) investigation of contemplated and previously attempted solutions, (c) establishment of a short-term, behavioral goal, and (d) counselor's presentation of an intervention plan for change. Within this framework counselors should be able to apply their choice of theory and techniques appropriate for the student and the concern.

In accordance with strategic family therapists, the SSTSC approach addresses students' concerns as ongoing problem patterns maintained within a specific context (Watzlawick et al., 1974). The counselor and student examine the problem interactions. Also, the counselor and student focus on attainable goals and successes, so as to empower the student to take control and responsibility. In addition, simple interventions allow for creativity and sensitive individual tailoring. O'Hanlon and Weiner-Davis (1989) have emphasized that the approach establishes an atmosphere of hope and optimistic expectation for the counseling sessions. The use of SSTSC is in the context of looking to the future, focusing on solutions, and utilizing each student's strengths and abilities within the larger support of a caring system. The procedure and underlying themes of the SSTSC model seem congruent with developmental guidance's philosophy of assistance in the school.

A school counselor consciously works to generate positive individual change with the student as a member of the system of the school, family, and community. Since dynamics or aspects of an individual in one system are
often related to those in other systems, behavioral change may generalize into other areas (O'Hanlon & Weiner-Davis, 1989). In accordance with this view, a school counselor may assist a student to generate action for positive change in the classroom situation. As a result, positive change may result at home as well. Thus, improvement in behaviors may generalize across settings to be observed and enhanced by members of the various systems, such as teachers and parents. Indeed, Krumboltz and Hosford (1968) purport that "A counselor's success is judged by the degree to which he can help pupils engage in more appropriate types of behavior" (p. 236). Hence, the strategic systems approach of the SSTSC Model is concise and action-oriented, specifically designed to enable rapid change (Christensen, 1989) and appears to be suited especially for use by school counselors.

Three hypotheses were examined during the study. First, it was hypothesized that the students individually counseled with the SSTSC Model would score significantly higher (better) than the students of the traditional counseling methods with respect to changes in affective, behavioral, and cognitive self-ratings. The SSTSC Model, specifically designed to enhance rapid change in a limited time frame, was expected to help students more successfully than abbreviated traditional counseling methods of the school counselor's repertoire.

Second, it was predicted that the students, assisted by means of the SSTSC Model, would score significantly better than students assisted with traditional counseling models with respect to teachers' behavioral and academic ratings. This was based on the concept that "changes in behavior
begun in one setting may influence the individual's behaviors in another setting without intervention directed toward the second setting" (White, 1988, p. 42). For example, success when dealing with peer relationships on the playground may generalize to facilitate success with academic concerns as well.

Third, it was hypothesized that significant positive relationships would exist among the affective, behavioral, and cognitive ratings by the students.

Method

Subjects

The population for this investigation was second through seventh grade students from four rural, midwestern elementary/middle schools. The mean age of students was 10.3 years (SD = 1.06). A total of 54 students participated, consisting of 4 Native Americans and 50 white Americans, 22 males and 32 females. The students included in the study were those: self-referred to the counselor, 55.5%; or referred by a parent, 27.8%; teacher, 14.8%; or counselor, 1.8%. Students presented various types of problems: academic and studies, 11%; family, 24%; peer relationships, 37%; behavior, 11%; and personal 17%. The four counselors in the study were identified as professionally successful counselors by counselor educators, school psychologists, peers, and/or administrators. Prior to beginning the study, the author and counselors reached consensus that students who were suspected to be victims of abuse or from highly dysfunctional families would be eliminated from the study automatically because of probable need for longer term support.
Instrumentation

**Student Self-Ratings Form.** The instrument used to record the students' affective, behavioral, and cognitive self-ratings is an assessment instrument developed by the researcher (see Appendix A) During the counseling sessions, each counselor and student completed the instrument together; the counselor recorded the student's responses.

Affective mood was determined by students' responses to the following question: How are you feeling about the problem now? The 5-point Likert-type scale with gradations of faces from very unhappy or angry to very happy, was a simple and straightforward determination of affective self-rating. If the student were indecisive or between levels, results were downgraded to the more conservative reply. The counselor also recorded specific descriptive words used by the student.

Behavioral ratings were determined by the students' responses to the following two statements: (a) You have done something about the problem, and (b) you have reached your goal (if applicable). First, the counselor asked the student if he or she Agreed or Disagreed with the statement. If the student were totally uncertain, the counselor circled both Agree and Disagree. Next the counselor asked the student to decide upon the strength of the agreement or disagreement, ranging from slight to strong. Responses were graded on an 11 point continuum which assigns larger values to the end points (Warren, Klorglan, & Sabri, 1969).

Intuitively the certainty method assumes that there is a greater difference between a respondent or judge who disagrees with certainty of
5 and a respondent or judge who disagrees with certainty of 4 than there is between two respondents, one of whom said disagree with a certainty of 1 and the other who said disagree with a certainty of 2. (Warren et al., 1969, p. 9).

Hence, the resultant ratings were assigned values ranging from 0 to 16. In addition, the counselor recorded specific examples of action taken by the student, as reported by the student.

Cognitive thoughts were determined by the students' response to the following statement: You have solved the problem. Additionally, the counselor recorded any specific words expressed by the student. Again, the Certainty Method (Warren et al., 1969) was used to score the ratings.

**Teacher Report Form.** The classroom teachers completed the Teacher Report Form which the researcher devised (see Appendix B). The instrument asked the teacher to compare the student's current behavior and academic performance with performance at the time of the initial counseling session. The Certainty Method (Warren et al., 1969) was used to score the ratings. In addition, teachers had the opportunity to write specific comments concerning the student.

**Procedure**

Four experienced elementary school counselors (3 female and 1 male) conducted the counseling sessions at four different rural schools. By means of lecture, discussion, use of videotape segments, and experiential techniques, the researcher trained the four school counselors to use the SSTSC Model
prior to beginning the study. Verbal checks via telephone and three additional personal contacts were made to ensure the strict adherence to the research design and use of the SSTSC Model. After the initial training session, the counselors expressed comfort and demonstrated expertise with their own traditional approaches as well as the SSTSC Model.

The counselors were instructed to accept students for counseling in the usual manner, suitable for the setting. The students were randomly assigned to one of the two treatment groups as they made appointments with the counselors. After the four week time frame within which the experiment was completed for each student, the counselors assisted the students additionally as needed.

Completion of the Student Self-Ratings instrument occurred during each session and research contact. The teachers completed the Teacher Report Form approximately one week following the completion of the four week treatment time frame.

Treatment Group 1. For students in the SSTSC group, the counselor checked with each student during two short (average of 5 minutes) follow-up contacts after the first counseling session (approximately 20 to 30 minutes in length) to discover what the student had accomplished, facilitate activity, and elicit responses for the Student Self-Ratings instrument. The first minimal contact was during the second week of treatment; the second was during the fourth week.
The SSTSC Model used in this study has four sequential steps:

Step 1. The counselor helps the student define a problem or concern on which the student would like to work. The counselor assists the student in eliminating vagueness so as to clarify the concern and especially verbalize specific behaviors.

Step 2. The counselor and student delineate the student's attempted solutions and consequences. The two also thoroughly discuss solutions suggested by others but not attempted. The counselor is alert to "exceptions," times when a solution actually was successful but not recognized as such by the student, or was successful in another context that could be transferred to the problem situation.

Step 3. The counselor and the student discuss future goals and possibilities. The essence of the goal is chosen by the student. The counselor helps the student set the goal as limited, specific, and short-term. The goal is negotiated as a meaningful improvement which can be achieved within one week. The student has to structure a measurable goal, so as to be aware of progress.

Step 4. The counselor assigns a simple intervention to assist the student in an active plan. At the beginning of this step, the counselor compliments the student on specific behaviors or attitudes he or she has described or demonstrated. Such compliments induce the student to feel comfortable and in
agreement with the counselor's judgment, thus facilitating better reception of the assigned intervention (de Shazer, 1985). Then, the counselor uses one of the four interventions with the student: Between now and when we meet again . . .

a. I would like you to see just what it is that you really like about (e.g., school friends, family).

b. When you start to (e.g., talk out of turn, get angry, hit someone), pay attention to what you do instead.

c. I would like you to do something different, something fun or surprising, but not to hurt yourself or somebody else. Whatever you decide to do, just do something totally different.

d. You have a couple ideas that do work. Go ahead and keep (e.g., smiling at other kids, sitting in the new seat on the bus). It sounds as if you have already found something that works, so keep doing it.

Treatment Group 2. The traditional approach was established to be the utilization of the theoretical orientation, methods, and techniques with which the counselor would normally counsel the student, if not the SSTSC Model. The Counselors in this study expressed themselves as partial to the practice of Ellis' Rational Emotive Therapy (Ellis, 1984), Glasser's Reality Therapy (Glasser, 1965), and the Adlerian framework (Dinkmeyer & Dreikurs, 1963). The counselors described their theoretical modes as: (a) underlying Adlerian themes, usually utilizing bibliotherapy; (b) eclectic; (c) lots of
cognitive restructuring, especially rational emotive therapy; (d) Adlerian with families, often Reality Therapy for individuals.

Each of the four counseling sessions was approximately 20 to 30 minutes in length. The counselor conducted all sessions within a four week time frame.

**Research Design and Data Analysis**

Inspection of the univariate plots illustrated extensive skewness of the dependent variables F (affect), B (behavior), G (goal attainment), and C (cognitions). Use of logarithms produced reasonable approximations to normality of these dependent variables.

For this study, a split-plot factorial design was used. Between-subject factors were the counselor (four counselors), sex of subject, and treatment method (2 levels: SSTSC and traditional counseling). A with-in subject factor was time (two time periods). The students' self-reported baseline scores at the initial session (time period 1) were before treatment. The SSTSC group did not meet during time period 3, and therefore, did not produce student scores. Consequently, the two time periods examined for all students' self-reported scores were time periods 2 and 4. The investigator supplemented the split plot results with analysis of variance outcomes for each of the four dependent variables at the two different points in time. (Analyses of covariance were also performed, but as the covariates of the pre-treatment dependent variable levels were nonsignificant, the analysis of covariance results were not further informative.)
An independent means t-test analysis was performed comparing means of teachers' behavioral and academic ratings for the two groups, the SSTSC Model and traditional counseling. Spearman rho correlations were used to investigate relationships among the dependent variables. (The skewness of the univariate plots of the variables suggested the use of the rank order correlations which are not dependent upon normal distribution.)

Results

It was hypothesized that the students individually counseled with the SSTSC model would score significantly better than the students of the traditional counseling methods with respect to changes in affective, behavioral, and cognitive self-ratings. A split plot factorial was calculated with dependent variables (time, affect, cognition, behavioral action and goal attainment) to determine the statistical difference between the treatment groups as averaged across time periods 2 and 4. The natural logarithms of the complements of the actual data yielded reasonable approximations of normality so as better to meet the assumptions for use of split plot factorial. Because complements were used, as reported scores decrease, the students' real scores actually increase, and vice versa. An increase in real scores indicates improvement or betterment with regard to the presenting problem situation.

The primary interest of this study was the effect of time (A), treatment (TY), and their interaction (A x TY). Counselor main effects and counselor interactions are noted frequently. However, counselor differences are of little
interest, since counselors was a fixed effect factor. Thus, the conclusions are limited to the particular four counselors of this study. Of secondary interest are the sex differences and sex interactions.

Split plot data are summarized for the dependent variable F (affective domain) in Table 1. The highly significant main effect A (time) (p=.0001) is qualified by an interaction of A x TY (p = .0394). Plotting of the means illustrates that the SSTSC group mean is lower (better) than the traditional group at time 2 (X = .81, SD = .34 and X = 1.07, SD = .44, respectively), likewise at time 4 for the SSTSC group and traditional group (X = .59, SD = .34 and X = .77, SD = .42, respectively). The interaction reveals that the difference between the two treatments was significantly greater at time period 2 than at time period 4.

Inspection of the significant A x SEX interaction (p = .0148) shows that the mean of males as compared to females was approximately the same at time 2 (X = .89, SD = .4641 and X = .89, SD = .34, respectively), while the mean of females was lower (better) that the mean of males at time 4 (X = .59, SD = .38 and X = .74, SD = .36, respectively). The interaction reveals that the difference between the two sexes was significantly greater at time period 4 than at time period 2.

Additional analyses add a somewhat different perspective. When differentiating time 2 and time 4 via separate ANOVAS for the factor F, the
researcher found a significant treatment (TY) effect at time period 2, $F(1, 39) = 5.94, p = .0194$ with the SSTSC group indicating significantly greater happiness at time 2 than those of the traditional group ($\bar{X} = .81, SD = .34$ and $\bar{X} = 1.07, SD = .44$, respectively). There is no TY significance at time period 4.

---

Insert Table 2 about here

---

Active behavior (B) was also a consideration of the first hypothesis (see Table 2). The highly significant main effect A (time) ($p = .0002$) and highly significant TY (treatment) ($p = .0042$) are qualified by an interaction of A x TY ($p = .0039$). Plotting of the means illustrates that the SSTSC group mean is lower (better) than the traditional group at time 2 ($\bar{X} = .79, SD = .80$ and $\bar{X} = 1.89, SD = .86$, respectively) and time 4 ($\bar{X} = .57, SD = .81$ and $\bar{X} = 1.26, SD = 1.04$, respectively). The interaction reveals that the difference between the two treatments was significantly greater at time period 2 than at time period 4.

Inspection of the significant TY x SEX interaction ($p = .0137$) shows that the difference between males and females was less for the SSTSC group ($\bar{X} = .65, SD = .86$ and $\bar{X} = .70, SD = .78$, respectively) than for the traditional counseling group ($\bar{X} = 1.88, SD = .93$ and $\bar{X} = 1.15, SD = .95$, respectively). The interaction reveals that the difference between the two sexes was significantly greater for the traditional group than for the SSTSC group.

Examining the separate ANOVAS for additional information, gives $F(1, 39) = 21.59, p = .0001$ for treatment differences (TY) with regard to student self-reported ratings of action behavior at time period 2. The SSTSC group
resulted in a lower (better) mean at time, $\bar{X} = .79$, $SD = .80$, while for the traditional group $\bar{X} = 1.89$, $SD = .86$. There were no significant TY differences at time period 4.

An additional behavioral factor was considered, whether or not the student had reached a goal (G), as summarized in Table 3. Of interest to the researcher was the highly significant main effect of time (A) for which $F(1, 39) = 21.05$, $p = .0001$. The means were reported at time 2 and at time 4 ($\bar{X} = 1.65$, $SD = .85$ and $\bar{X} = 1.07$, $SD = .92$, respectively). Hence, there was more agreement overall that a goal had been reached at time period 4 than at time period 2.

Another highly significant main effect for the dependent variable G was sex of students (SEX) for which $F(1,39) = 7.76$, $p = .0082$. The means were reported for males and females respectively ($\bar{X} = 1.70$, $SD = .90$ and $\bar{X} = 1.12$, $SD = .87$). In total, the females were more satisfied with goal attainment than the males.

Cognition (C) was the final factor considered for the first hypothesis. The split plot factorial for factor C (see Table 4) generated no significant differences between treatment groups, but indicated the main effect of time (A) as highly
significant, $F(1,39) = 21.81, p = .0001$. Means for time interval 2 and 4 were $X = 1.91, SD = .68$ and $X = 1.39, SD = .88$, respectively. The trend across time indicated agreement that more problems were solved by time period 4 than at time period 2.

Another significant main effect for the dependent variable $C$ was sex of students (SEX) for which $F(1,39) = 4.32, p = .0442$. The means were reported for males and females respectively ($X = 1.83, SD = .89$ and $X = 1.52, SD = .75$). In total, more females than males reported agreement that they had solved their problems.

Inspection of the significant $TY \times SEX$ interaction ($p = .0293$) shows that the difference between males and females was less for the SSTSC group ($X = 1.42, SD = .87$ and $X = 1.51, SD = .70$, respectively) than for the males and females of the traditional counseling group ($X = 2.32, SD = .66$ and $X = 1.58, SD = .96$, respectively). The interaction reveals that the difference between the two sexes was significantly greater for the traditional group than for the SSTSC group.

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Insert Table 5 about here
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It was hypothesized that teachers would score students assisted with the SSTSC model significantly higher than the students of the traditional group with respect to academic achievement and behavior five weeks following the initial counseling session. After checking for equality of variances ($F = 1.04, p = .96$ and $F = 1.21, p = .61$), means were tested using pooled estimate of
variance. Results for hypothesis two are summarized in Table 5. The t-test shows no significance between the two treatment groups on either academic or behavioral teacher ratings.

Insert Tables 6 and 7 about here

Hypothesis three predicted correlations among the dependent variables. Results are presented in Table 6. Due to the lack of normality for the univariate plots, Spearman correlation coefficients were calculated rather than Pearson's r. Note that all correlations are highly significant. Inspection of the correlations reveals a strong relationship among affective, behavioral, and cognitive domains.

Discussion

Review of the literature and practical experience as a school counselor suggested to this researcher that a counseling model based on concepts drawn from strategic family therapies could be utilized successfully in the elementary schools for individual counseling sessions. The researcher specifically proposed a 4-step, Strategic, Short-Term School Counseling (SSTSC) Model which considers elements of the student developmental level and maximizes inherent capabilities of the school system. The major purpose of the study was to compare the effectiveness of the SSTSC model and traditional counseling models normally used by the in-place school counselor. More specifically, (a) can one counseling session using the SSTSC
model and two follow-up contacts be more successful in initiating positive change than four sessions of traditional counseling, (b) does positive change in one setting generalize to other settings, and (c) how strong is the relationship among affective, cognitive, and behavioral domains?

Generated hypotheses necessitated investigation of students' self-reported ratings of affective, cognitive, and behavioral domains across time in order to measure the comparative success of the counseling models. These domains referred to (a) feelings about the problem, (b) thoughts about the problem, and (c) behavior, including specific action and goal attainment. Relationships among the three domains were of additional interest. Also, the researcher requested teachers' academic and behavioral ratings of students approximately 5 weeks following the student's initial counseling session with the school counselor.

Four experienced counselors, located in different rural elementary schools, conducted the individual counseling sessions with a total of fifty four students randomly assigned to the traditional counseling or SSTSC groups. The students, self-referred and/or referred by parents or teacher, discussed issues of sincere concern to them. Students of the traditional counseling group were counseled on four separate instances, averaging one half hour, approximately one week apart. Whereas, students of the SSTSC group participated in a one half hour initial counseling session, followed by two contacts, averaging five minutes, during the second and fourth weeks of treatment. Self-reported rating scores obtained at each interval indicated the state of the student with respect to the presenting concern.
Use of the SSTSC Model and Traditional Counseling Models

When comparing the treatment groups following one individual counseling session, students in the SSTSC group had taken significantly more actions, and seemed happier and more content in progress toward achieving goals and solving the problem. Although by the end of the study's designated time interval students in the SSTSC group had taken significantly more actions, there were no other significant differences between the counseling groups. Across the four week time period of treatment for individuals, students of both groups indicated a highly significant positive change in the three domains (i.e., affective, cognitive, and behavioral) with regard to the presenting problem.

Sex differences within the traditional counseling group were greater than within the SSTSC group with regard to active behavior. Girls tended to report more action than boys. As a whole, girls felt significantly different than boys about their concern at time 4 than at time 2. Girls tended to feel better than boys at time 4 than at time 2. Overall, more females than males were satisfied with goal attainment and thought they had solved their problem. Such findings are in keeping with the evaluations of Casey and Berman (1985) which demonstrated smaller effect sizes for therapeutic effectiveness studies which contained a greater proportion of boys.
Generalization Across Settings

As a student experiences success in one area, the student may experience an increased sense of competence and control. Positive accomplishments may become more frequent and generalize to other situations and settings. Then, other individuals and systems may be actuated for change. Such a ripple effect is congruent with the family systems theory (de Shazer, 1985).

The teacher ratings of general observations for academic achievement and behavior were not significant between the groups. Three explanations for this result are offered. Teacher ratings occurred five weeks after the initial counseling session. By that time, the students' self-reported ratings were essentially equivalent. Therefore, not much difference could be expected between groups. Second, the students of the SSTSC group greatly improved by the second week. The researcher may expect more rapid and dramatic generalization, but in reality small, slow change may be demonstrated instead. A teacher may acknowledge and encourage improvements, but not recognize the significance of even such small improvements. Third, the teacher may have expectations of perfectionism or else a mind-set and conception of the student which may be hard to alter.

Relationships Among the Domains

Affect, cognitions, and behaviors displayed highly significant correlations. A strong relationship among these variables suggests that as a student takes action regarding the problem, the student may feel better and think more positively. Likewise, as a student feels better, the student may
take steps for action and think of the problem as increasingly resolved. In a similar manner, as the student believes the problem is solved, the student may feel happier and take more action to handle the problem.

The SSTSC model focuses on change in behavior which is innately suitable for the elementary age child. Frequently, the verbal and conceptual abilities of a child limit the use of some traditional approaches (e.g., cognitive restructuring). The findings of this study suggest that an appeal for action within the capabilities of the child yields quick results. Often, elementary children desire immediate gratification; active behavior offers such potential. These data seem to indicate that change in affect and cognition soon follow successful change in behavior.

Limitations of the Present Study

It is apparent from the analysis of the obtained results that both groups of students exhibited a trend toward positive change across the four week counseling time frame for each student. Such a trend possibly may be due to a multiplicity of agents including: maturational factors, historical factors, environmental factors, the additive effects of counseling, or some combination thereof (Campbell & Stanley, 1966). For example, Eysenck (cited in Goldenberg, 1983) argued that almost 70% of severe neurotics spontaneously recover. Congruently, Haley (1971) asserted that between 50 and 70% of patients independently improve and really have no need of therapy. It is possible that the highly significant improvement across time may be partially explained by the natural progress made by children.
Perhaps the most critical aspect of the study was the reliance upon student self-report measures to demonstrate effectiveness of the counseling approaches. Dinkmeyer (1968) has alleged that children generally are spontaneous and genuine in the expression of themselves. However, it is possible that demand characteristics exerted an influence. Often, children want to please adults and may report positive change in order to receive encouragement. On the other hand, a child may report negative happenings in order to obtain additional sessions and attention from the counselor. It could be that such advantages and disadvantages balanced.

According to Barlow, Hayes, and Nelson (1984), "There is no other means of measurement than self-report for cognitive and subjective experiences." By using multiple factors of criteria for judgement, the researcher attempted to assess the effectiveness of individual counseling. The three domains of affect, cognition, and behavior seemed to be a comprehensive framework for measuring various therapeutic operations no matter what the planned outcome for a specific student.

A genuine dilemma when conducting research in the field may be the lack of a control group. Always of primary importance is the well-being of the students. A group whose members were put on a waiting list was not a consideration for this study. In addition, it should be noted that children of highly dysfunctional families (i.e., abusive situations) were not a part of the study.

The elementary school children of this study were students in four rural school in the midwest. Hence, generalizability is limited by the characteristics
and situations of the treatment groups. Personal characteristics and professional development of the counselors also limit the external validity of this study.

Implications and Recommendations

The students in the SSTSC group improved faster than the students of the traditional group. Then, these students were able to maintain and continue the improvement simply by means of two brief counselor contacts. Whereas, for the traditional group, equivalent positive change seemed to require more and longer counseling sessions. The researcher suggests that intrinsic qualities of the SSTSC model may facilitate such quick, enduring improvement for the students.

Specifically, the setting of a small, but achievable, behavioral goal is congruent with the concrete thinking of the elementary school child. The student knows what measurable goal is desired and can recognize its attainment. Whereupon, experiencing quick success for positive change, the student is empowered to continue constructive action for further change. The nature of the school system, especially the intimacy of the classroom, prompts peers and caring adults to acknowledge small behavioral changes and encourage progress.

Additionally, the student is empowered by the counselor when complimented on his or her strengths. An elementary student appreciates respectful acknowledgement of capabilities. To have a significant adult of the
school system take time to appreciate, amplify, and believe in the student's positive qualities can be quite propelling.

Another element differentiating the SSTSC Model from traditional approaches is the counselor's presentation of an intervention plan for change. The mesmerizing presentation of the intervention itself may captivate the student by offering drama, playfulness, and an unexpected assignment. The type of task assignment is determined by the interaction pattern. The student retains control of when, where, and exactly how to best execute the task. The student knows his/her own situation and may tailor the assignment as appropriate to his/her own capabilities and needs.

A counseling session utilizing the SSTSC Model appears to impact the student in a way that provides motivation for active change. Note that the counselor does not belabor the problem or attempt to find out "why" the concern is present, but assists the student in making an action plan and looks expectantly to the future. In sum, the specific use of compliments plus the steps of goal setting and intervention appear to be unique elements of the SSTSC model which distinguish it from traditional counseling approaches.

Both groups received additional contacts/sessions with the counselor. The SSTSC group's brief contacts with the counselor appeared to be extremely influential as social support from a significant adult. In like manner, for students of the traditional group the additional counseling sessions may have assured the students of caring support. The elementary student seems responsive to nurturing, respectful interaction, even if brief, with a significant adult within the school system. The individual attention,
allowance of time for venting, plus feedback and support may serve to maintain and highlight the change process.

The results of this study are encouraging with regard to the effectiveness of the SSTSC model, adding empirical support to the anecdotal reports of successful strategic counseling in the schools (Amatea, 1989, 1991; Molnar & Lindquist, 1989). Direction for further research could lead to the replication of this study and expansion to other populations of school age children. Examining correlations among domains for various age groups and genders may offer information about the impact of different counseling approaches. Additional studies focusing on gender differences and consideration of cognitive levels could be helpful in determining what counseling treatment is effective for which student.
Table 1. Analysis of variance summary table for affect (F)

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Note: CO = counselor; TY = treatment; A = time interval; SEX = sex of student; ID = student.
Table 2. Analysis of variance summary table for behavior (B)

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Note. CO = counselor; TY = treatment; A = time interval; SEX = sex of student; ID = student.
Table 3. Analysis of variance summary table for goal attainment (G)

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Note: CO = counselor; TY = treatment; A = time interval; SEX = sex of student; ID = student.
Table 4. Analysis of variance summary table for cognition (C)

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Note: CO = counselor; TY = treatment; A = time interval; SEX = sex of student; ID = student.
Table 5.  *t*-tests of teacher ratings of student achievement and behavior

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Table 6. Spearman rho correlation coefficients / Prob>ᵦ Time two (n = 54)

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Table 7. Spearman rho correlation coefficients / Prob>ᵦ Time four (n = 54)

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References


APPENDIX A: STUDENT SELF-RATING FORMS
STUDENT INFORMATION FORM

Student ID Number: ________________________________

Counselor: ________________________________

1. Student's sex (Circle Number)
   1 MALE
   2 FEMALE

2. Date of birth: ________-_______-______
   month day year

3. Grade in school (Circle Number)
   1 KDG
   2 1ST
   3 2ND
   4 3RD
   5 4TH
   6 5TH
   7 6TH
   8 7TH
   9 8TH

4. Race-Ethnic (Circle Number)
   1 WHITE AMERICAN
   2 BLACK AMERICAN
   3 NATIVE AMERICAN INDIAN
   4 HISPANIC AMERICAN
   5 ASIAN AMERICAN
   6 FOREIGN (INTERNATIONAL)

5. Referred by (Circle Number)
   1 SELF
   2 TEACHER
   3 PARENT
   4 ADMINISTRATOR
   5 COUNSELOR
   6 OTHER (Specify)
Student ID Number: __________________________

Date: _________ Follow-up Date: _________
month day year month day year

6. Session Number 1 2 3 4

7. The problem is: __________________________

8. How are you feeling about the problem now? [a) Write specific word or words; b) indicate intensity on the scale]

   a) __________________________

   b) __________________________

9. You have done something about the problem. (Circle AGREE OR DISAGREE, then indicate the strength of the response.)

   AGREE slight (degree) strong
   1 2 3 4 5

   DISAGREE

   Write specific example. __________________________

10. You have reached your goal. (If applicable)

   AGREE slight (degree) strong
   1 2 3 4 5

   DISAGREE

11. You have solved the problem.

   AGREE slight (degree) strong
   1 2 3 4 5

   DISAGREE

11. Counseling notes (Circle one...BRIEF or TRADITIONAL):
Teacher Report

Checking student progress, consider ________________
since ________________:

DATE

The student's behavior is better. Behavior includes: cooperating, taking responsibility, following directions, working on-task. (Circle AGREE or DISAGREE, then indicate the strength of your decision).

AGREE slight (degree) strong
1 2 3 4 5

DISAGREE

The student's academic performance is better. Academic performance may include: in-class assignments, homework, projects, tests, grades. (Circle AGREE or DISAGREE, then indicate the strength of your decision).

AGREE slight (degree) strong
1 2 3 4 5

DISAGREE

Comments:

Thank you for your assistance!
RESEARCH OVERVIEW AND FUTURE DIRECTION

Review of the literature and practical experience as a school counselor suggested to this researcher that a counseling model based on concepts drawn from strategic family therapies could be utilized successfully in the elementary schools for individual counseling sessions. The researcher specifically proposed a 4-step, Strategic, Short-Term School Counseling (SSTSC) Model which considers elements of the student developmental level and maximizes inherent capabilities of the school system. The major purpose of the study was to compare the effectiveness of the SSTSC model and traditional counseling models normally used by the in-place school counselor. More specifically, (a) can one counseling session using the SSTSC model and two follow-up contacts be more successful in initiating positive change than four sessions of traditional counseling, (b) does positive change in one setting generalize to other settings, and (c) how strong is the relationship among affective, cognitive, and behavioral domains?

Generated hypotheses necessitated investigation of students' self-reported ratings of affective, cognitive, and behavioral domains across time in order to measure the comparative success of the counseling models. These domains referred to (a) feelings about the problem, (b) thoughts about the problem, and (c) behavior, including specific action and goal attainment. Relationships among the three domains were of additional interest. Also, the researcher requested teachers' academic and behavioral ratings of students approximately 5 weeks following the student's initial counseling session with the school counselor.
Four experienced counselors, located in different rural elementary schools, conducted the individual counseling sessions with a total of fifty four students randomly assigned to the traditional counseling or SSTSC groups. The students, self-referred and/or referred by parents or teacher, discussed issues of sincere concern to them. Students of the traditional counseling group were counseled on four separate instances, averaging one half hour, approximately one week apart. Whereas, students of the SSTSC group participated in a one half hour initial counseling session, followed by two contacts, averaging five minutes, during the second and fourth weeks of treatment. Self-reported rating scores obtained at each interval indicated the state of the student with respect to the presenting concern.

Use of the SSTSC Model and Traditional Counseling Models

When comparing the treatment groups following one individual counseling session, students in the SSTSC group had taken significantly more actions, and seemed happier and more content in progress toward achieving goals and solving the problem. Although by the end of the study's designated time interval students in the SSTSC group had taken significantly more actions, there were no other significant differences between the counseling groups. Across the four week time period of treatment for individuals, students of both groups indicated a highly significant positive change in the three domains (i.e., affective, cognitive, and behavioral) with regard to the presenting problem.
Sex differences within the traditional counseling group were greater than within the SSTSC group with regard to active behavior. Girls tended to report more action than boys. As a whole, girls felt significantly different than boys about their concern at time 4 than at time 2. Girls tended to feel better than boys at time 4 than at time 2. Overall, more females than males were satisfied with goal attainment and thought they had solved their problem. Such findings are in keeping with the evaluations of Casey and Berman (1985) which demonstrated smaller effect sizes for therapeutic effectiveness studies which contained a greater proportion of boys.

Generalization Across Settings

As a student experiences success in one area, the student may experience an increased sense of competence and control. Positive accomplishments may become more frequent and generalize to other situations and settings. Then, other individuals and systems may be actuated for change. Such a ripple effect is congruent with the family systems theory (de Shazer, 1985).

The teacher ratings of general observations for academic achievement and behavior were not significant between the groups. Three explanations for this result are offered. Teacher ratings occurred five weeks after the initial counseling session. By that time, the students' self-reported ratings were essentially equivalent. Therefore, not much difference could be expected between groups. Second, the students of the SSTSC group greatly improved by the second week. The researcher may expect more rapid and dramatic generalization, but in reality small, slow change may be demonstrated.
instead. A teacher may acknowledge and encourage improvements, but not recognize the significance of even such small improvements. Third, the teacher may have expectations of perfectionism or else a mind-set and conception of the student which may be hard to alter.

Relationships Among the Domains

Affect, cognitions, and behaviors displayed highly significant correlations. A strong relationship among these variables suggests that as a student takes action regarding the problem, the student may feel better and think more positively. Likewise, as a student feels better, the student may take steps for action and think of the problem as increasingly resolved. In a similar manner, as the student believes the problem is solved, the student may feel happier and take more action to handle the problem.

The SSTSC model focuses on change in behavior which is innately suitable for the elementary age child. Frequently, the verbal and conceptual abilities of a child limit the use of some traditional approaches (e.g., cognitive restructuring). The findings of this study suggest that an appeal for action within the capabilities of the child yields quick results. Often, elementary children desire immediate gratification; active behavior offers such potential. These data seem to indicate that change in affect and cognition soon follow successful change in behavior.
Limitations of the Present Study

It is apparent from the analysis of the obtained results that both groups of students exhibited a trend toward positive change across the four week counseling time frame for each student. Such a trend possibly may be due to a multiplicity of agents including: maturational factors, historical factors, environmental factors, the additive effects of counseling, or some combination thereof (Campbell & Stanley, 1966). For example, Eysenck (cited in Goldenberg, 1983) argued that almost 70% of severe neurotics spontaneously recover. Congruently, Haley (1971) asserted that between 50 and 70% of patients independently improve and really have no need of therapy. It is possible that the highly significant improvement across time may be partially explained by the natural progress made by children.

Perhaps the most critical aspect of the study was the reliance upon student self-report measures to demonstrate effectiveness of the counseling approaches. Dinkmeyer (1968) has alleged that children generally are spontaneous and genuine in the expression of themselves. However, it is possible that demand characteristics exerted an influence. Often, children want to please adults and may report positive change in order to receive encouragement. On the other hand, a child may report negative happenings in order to obtain additional sessions and attention from the counselor. It could be that such advantages and disadvantages balanced.

According to Barlow, Hayes, and Nelson (1984), "There is no other means of measurement than self-report for cognitive and subjective experiences." By using multiple factors of criteria for judgement, the
researcher attempted to assess the effectiveness of individual counseling. The three domains of affect, cognition, and behavior seemed to be a comprehensive framework for measuring various therapeutic operations no matter what the planned outcome for a specific student.

A genuine dilemma when conducting research in the field may be the lack of a control group. Always of primary importance is the well-being of the students. A group whose members were put on a waiting list was not a consideration for this study. In addition, it should be noted that children of highly dysfunctional families (i.e., abusive situations) were not a part of the study.

The elementary school children of this study were students in four rural school in the midwest. Hence, generalizability is limited by the characteristics and situations of the treatment groups. Personal characteristics and professional development of the counselors also limit the external validity of this study.

Implications and Recommendations

The students in the SSTSC group improved faster than the students of the traditional group. Then, these students were able to maintain and continue the improvement simply by means of two brief counselor contacts. Whereas, for the traditional group, equivalent positive change seemed to require more and longer counseling sessions. The researcher suggests that intrinsic qualities of the SSTSC model may facilitate such quick, enduring improvement for the students.
Specifically, the setting of a small, but achievable, behavioral goal is congruent with the concrete thinking of the elementary school child. The student knows what measurable goal is desired and can recognize its attainment. Whereupon, experiencing quick success for positive change, the student is empowered to continue constructive action for further change. The nature of the school system, especially the intimacy of the classroom, prompts peers and caring adults to acknowledge small behavioral changes and encourage progress.

Additionally, the student is empowered by the counselor when complimented on his or her strengths. An elementary student appreciates respectful acknowledgment of capabilities. To have a significant adult of the school system take time to appreciate, amplify, and believe in the student's positive qualities can be quite propelling.

Another element differentiating the SSTSC Model from traditional approaches is the counselor's presentation of an intervention plan for change. The mesmerizing presentation of the intervention itself may captivate the student by offering drama, playfulness, and an unexpected assignment. The type of task assignment is determined by the interaction pattern. The student retains control of when, where, and exactly how to best execute the task. The student knows his/her own situation and may tailor the assignment as appropriate to his/her own capabilities and needs.

A counseling session utilizing the SSTSC Model appears to impact the student in a way that provides motivation for active change. Note that the counselor does not belabor the problem or attempt to find out "why" the
concern is present, but assists the student in making an action plan and looks expectantly to the future. In sum, the specific use of compliments plus the steps of goal setting and intervention appear to be unique elements of the SSTSC model which distinguish it from traditional counseling approaches.

Both groups received additional contacts/sessions with the counselor. The SSTSC group's brief contacts with the counselor appeared to be extremely influential as social support from a significant adult. In like manner, for students of the traditional group the additional counseling sessions may have assured the students of caring support. The elementary student seems responsive to nurturing, respectful interaction, even if brief, with a significant adult within the school system. The individual attention, allowance of time for venting, plus feedback and support may serve to maintain and highlight the change process.

The results of this study are encouraging with regard to the effectiveness of the SSTSC model, adding empirical support to the anecdotal reports of successful strategic counseling in the schools (Amatea, 1989, 1991; Molnar & Lindquist, 1989). Direction for further research could lead to the replication of this study and expansion to other populations of school age children. Examining correlations among domains for various age groups and genders may offer information about the impact of different counseling approaches. Additional studies focusing on gender differences and consideration of cognitive levels could be helpful in determining what counseling treatment is effective for which student.
REFERENCES


Ivey, A., & Van Hesteren, F. (1990). "No one can do it all, but it all needs to be done". Journal of Counseling and Development, 68, 534-536.


ACKNOWLEDGEMENTS

First, I would like to thank Dr. Gordon C. Hopper for his steadfast encouragement, thoughtful insight, and probing questions which inspired me during this study and for continued research with children and adolescents.

Without the enthusiasm, energies, time, and skills of school counselors, Jeanne Birkenholz, Phyllis Bradley, Sue Johnson, and Mike Wignall, this study could not have been successful. To these talented counselors I offer my gratitude. Also, I impart appreciation to the involved children and school staff for their willingness to participate in this study.

I express wholehearted thanks to Dr Robert F. Strahan for his generosity of time and patience during the data analysis phase. His intelligence and persistence are exemplary.

My thanks also go to committee members Dr. Norman A. Scott, Dr. George A. Kizer, and Dr. Charles W. Jones for the energies they invested in this undertaking.

Special thanks to my friends who supported me throughout my endeavors, including Sue Griffin, Rosemary Noel, Ruth Frerking, John Niska, Kris Benyshek, Scarlett Rehrig, Karen Willis, and Dave Black.

A final thank you to all who offered encouragement during this investigation, especially my family, who sustained me throughout my graduate work.
APPENDIX 1: HUMAN SUBJECTS APPROVAL OF STUDENT PARTICIPATION
Information for Review of Research Involving Human Subjects

Iowa State University

(Please type and use the attached instructions for completing this form)

1. Title of Project: Comparison study of elementary school counselors' use of the brief counseling model and traditional models (Elementary Counseling Project)

2. I agree to provide the proper surveillance of this project to insure that the rights and welfare of the human subjects are protected. I will report any adverse reactions to the committee. Additions to or changes in research procedures after the project has been approved will be submitted to the committee for review. I agree to request renewal of approval for any project continuing more than one year.

Mary Alice Christensen 12-6-90
Typed Name of Principal Investigator

Signature of Principal Investigator

Professional Studies in Education N221 Lagomarcino 294-4156
Department Campus Address Campus Telephone

3. Signatures of other investigators

Date Relationship to Principal Investigator

Major Professor

4. Principal Investigator(s) (check all that apply)

☐ Faculty ☒ Staff ☐ Graduate Student ☐ Undergraduate Student

5. Project (check all that apply)

☒ Research ☒ Thesis or dissertation ☐ Class project ☐ Independent Study (490, 590, Honors project)

6. Number of subjects (complete all that apply)

☐ # Adults, non-students ☐ # ISU student ☐ # minors under 14 ☐ other (explain)

80 # minors 14 - 17

7. Brief description of proposed research involving human subjects: (See Instructions, Item 7. Use an additional page if needed.)

To date, most research on short-term counseling in the schools has been primarily anecdotal (Amatea, 1988; Molnar & Lindquist, 1989). It has been suggested that a Brief Counseling Model integrating the four-step model of the Mental Research Institute group and the simple interventions of de Shazer (1985, 1988) may be a viable counseling approach with elementary school students. This investigation compares the Brief Counseling Model approach with traditional counseling approaches in a limited time span, as used by trained counselors in the elementary schools. The effectiveness of the counseling approaches is examined with regard to students' self-ratings in behavioral, cognitive, and affective domains, as well as teacher ratings of student behavior and academic performance.

(continued on attached page)

(Please do not send research, thesis, or dissertation proposals.)

8. Informed Consent: ☐ Signed informed consent will be obtained. (Attach a copy of your form.)

☒ Modified informed consent will be obtained. (See instructions, item 8.)

☐ Not applicable to this project.
### Checklist for Attachments and Time Schedule

The following are attached (please check):

12. [ ] Letter or written statement to subjects indicating clearly:
   a) purpose of the research  
   b) the use of any identifier codes (names, #'s), how they will be used, and when they will be removed (see Item 17)  
   c) an estimate of time needed for participation in the research and the place  
   d) if applicable, location of the research activity  
   e) how you will ensure confidentiality  
   f) in a longitudinal study, note when and how you will contact subjects later  
   g) participation is voluntary; nonparticipation will not affect evaluations of the subject

13. [ ] Consent form (if applicable)

14. [ ] Letter of approval for research from cooperating organizations or institutions (if applicable)  
   Forthcoming

15. [ ] Data-gathering instruments

### Anticipated dates for contact with subjects:

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<th>Last Contact</th>
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17. If applicable: anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:

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18. Signature of Departmental Executive Officer  

   [Signature]  
   12/5/91  
   [Department or Administrative Unit]

19. Decision of the University Human Subjects Review Committee:

   [ ] Project Approved  
   [ ] Project Not Approved  
   [ ] No Action Required

   Patricia M. Keith  
   Name of Committee Chairperson  
   1-11-91  
   [Signature]

   GC:1/90
APPENDIX 2: STATEMENT OF INFORMED CONSENT
Dear Parent or Guardian:

Becoming a more effective and accountable counselor is a goal for counselors of your school district. In conjunction with the Elementary Counseling Research Project at Iowa State University, your elementary counselor, ____________________________, is participating in a research project to investigate the relative effectiveness of different counseling techniques. The project has been approved by your School district and the Iowa State University Human Subjects in Research Committee.

The students to be included in the project will be those self-referred or referred by a parent, administrator, teacher, or counselor. The students will visit with your school counselor to discuss a concern. All students will receive the usual competent, timely counseling with only a variation in actual counseling techniques. Students will be randomly assigned to the strategic counseling model or traditional counseling.

By participating in the study, students may reasonably expect to benefit by discussing a concern that he or she is encountering. All counseling sessions for each student will be within a 4-week period, during which each student will visit the counselor at least three times. If your counselor judges a problem to be serious, he or she will make appropriate referrals.

Information that the student shares with the counselor will be held in strict confidence. Information will be pooled so that any specific student cannot be identified. Students are free to withdraw their consent and discontinue participation in the project at any time without penalty.

Your school counselor or the Counselor Educators at Iowa State University are available to answer any questions concerning procedures used in this study. Please complete the attached form and send it to the school in the attached stamped envelope. Thank you for your support.

Counselor’s Name: ____________________________
Professional Title: ____________________________
Address: ___________________________________
Telephone Number: ____________________________

Mary Alice Christensen
Doctoral Candidate
Iowa State University
N221 Lagomarcino Hall
Ames, IA 50011
(515) 294-4156

: mas
My child, ________________________, does/does not have my permission to participate in counseling sessions conducted in conjunction with the Elementary Counseling Research Project at Iowa State University.

Signed ___________________________ Date __________

(Parent or Guardian)
APPENDIX 3: APPROVAL FOR RESEARCH 
FROM COOPERATING SCHOOLS
Dear Colleague:

As a part of my doctoral program at Iowa State University, I am designing a study to investigate the effectiveness of different counseling models, as used by trained counselors in the schools. Becoming a more effective and accountable counselor is a goal for counselors of your school district. Demands of the school situation yield a challenging opportunity for counselors to work with many students, yet present the reality of limited time and resources.

Your elementary counselor has been recommended and identified as a professionally successful counselor by counselor educators, school psychologists and/or peers. Your counselor’s participation in this project will be mutually beneficial. Benefits of participation include:

- expanding your counselor’s repertoire of skills for successfully helping students which adds to the body of knowledge in counseling
- improving your counselor’s competence and abilities for dealing with students
- establishing your counselor as a member of a research team and support system

The information below will help you to understand the procedures for carrying out the study and explain your counselor’s role.

A. Students and Activities. The study will begin in January and end in May. The approximately 40 students to be included in the study are those self-referred or referred by a parent, administrator, teacher, or counselor. The students will visit with your school counselor to discuss a concern. All students will receive the usual competent, timely counseling with only a variation in actual counseling techniques. Due to the nature of the experimental design, students will be randomly assigned to the strategic counseling model or traditional counseling. All counseling sessions for each student will be within a 4-week period, during which each student will visit the counselor at least three times. Certainly, a student may continue to visit with the counselor after the 4-week period. If your counselor judges a problem to be very serious, he or she will make appropriate referrals.

B. Confidentiality and Anonymity. Information that the student shares with the counselor will be held in strict confidence. All data-gathering instruments will be coded by your counselor in order to assure anonymity. Code sheets will be destroyed in May. Information will be pooled so that any specific student cannot be identified.
I hope I have addressed the critical questions you may have concerning the study. Please let me hear from you soon so that your letter of approval may be filed with the Iowa State University Human Subjects in Research Committee. Should you have any questions or concerns, ask your elementary school counselor or call me at the Counselor Education office (515) 294-4156.

Thank you for your time in considering my request. I appreciate your interest and do hope your counselor is able to participate in this important study.

Sincerely,

Mary Alice Christensen
Doctoral Candidate
Iowa State University
N221 Lagomarcino Hall
Ames, IA 50011
(515) 294-4156

MAC: mas
Dear Human Subjects Review Committee:

Our school does give/does not give (circle one) approval to cooperate in the Elementary Counseling Research Project at Iowa State University.

Sincerely,

Mary Alice Christensen
Counselor Education
Iowa State University
N221 Lagomarcino Hall
Ames, IA 50011

Name

School Address