The Effect of Interpersonal Skills Training on the Self-Concept and Personal Problems of Adolescent Males

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THE EFFECT OF INTERPERSONAL SKILLS TRAINING
ON THE SELF-CONCEPT AND PERSONAL PROBLEMS
OF ADOLESCENT MALES

BY

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THESIS

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Abstract

This study undertook to determine if teaching interpersonal skills to adolescents who were already manifesting dysfunctional behavior would increase their self-concepts and decrease their personal problems. Of further interest to this study was whether or not once trained, the experience of utilizing these skills in a structured setting would further increase their self concepts and decrease their personal problems.

Fifteen adolescent males who were residing in a residential center for children in need of supervision were randomly assigned to one of three experimental groups. The Piers-Harris Children's Self Concept Scale and the Mooney Problem Checklists - Junior High Form, were administered to all three groups prior to involving two of the groups in an interpersonal skills training program, after the interpersonal skills training program, and after the field experience. A peer facilitation program, Caring and sharing: Becoming a peer facilitator (Myrick & Erney, 1978) was utilized to teach subjects interpersonal skills twice a week for four weeks.

At the conclusion of the interpersonal skills training program, half of the participants in the training group planned and presented affective activities in a fourth grade classroom and facilitated small group discussions twice a week for two weeks.

No significant results were found on the Piers-Harris Children's Self-Concept Scale for either the interpersonal skills training
only group or the interpersonal skills training plus field experience group. However, subjects who participated in the interpersonal skills training group plus the field experience utilizing these skills reported significantly less personal problems on the Home and Family Scale and the Boy and Girl Relations Scale of the Mooney Problem Checklists - Junior High Form then did the interpersonal skills training only group and the control group \( (p \leq .05) \).

Thus, it appears from this study that interpersonal skills training alone does not have an effect on the self concept or personal problems of troubled adolescent males nor does the opportunity to utilize these skills in a field experience influence their self concepts. However, it does appear that training troubled adolescent males in interpersonal skills and giving them the opportunity to utilize these skills in a field experience does have some impact on their perception of their personal problems.
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CHAPTER I

Introduction

The Department of Health, Education, and Welfare has the second largest budget of any department in the federal government today. One of the major reasons for its size is the increasing social difficulties being experienced in the United States especially among our young people. The extent of the problem has been delineated in a report by the Joint Commission of Mental Health of Children (1969) which indicates that ten million children, youths, and young adults need professional help because of emotional problems. Many of these emotional problems manifest themselves in problem dependencies such as alcoholism, drug abuse, hardcore unemployment, and dropping out educationally. In 1977, it was estimated that one third of all persons reaching age eighteen would require the services of some helping professional to eliminate some problem dependency in their lives (Glenn & Warner, 1977).

What is the implication of these numbers on the time and money needed to provide professional help to all who need it? Over fifteen billion dollars or seventy-five tax dollars per person per year was spent in 1977 for the services of helping professionals (Glenn & Warner, 1977). Mental health centers and social service agencies as well as private psychologists, psychiatrists, and social workers consistently have to place people requesting help on waiting lists. This creates frustration for the person requesting help and consequently they often
never end up in therapy but continue their problem dependency. In seeking alternatives to the one-to-one traditional psychotherapeutic approach to treatment in order to enable mental health to expand services, there has to be a widespread interest in the service potential of nonprofessional helpers. Studies have generally supported the effectiveness of nonprofessionals with various populations (Carkhuff, 1969; Gruver, 1971; Guerney, 1969) and in some instances have shown where nonprofessionals have been more effective than professionals in producing client change (Carkhuff & Truax, 1965a; Poser, 1966).

The following review of the literature discusses three major areas where the use of nonprofessionals or peers have been successful in producing change. First, studies in which peer tutoring related specifically to academic learning in an educational environment will be discussed. These studies have demonstrated improvement in achievement levels of the tutor as well as the tutee. Second to be presented will be studies in which subjects were trained in interpersonal skills and then used these skills in a direct service capacity. Subjects in these studies are found to have higher self-concepts and less personal problems then those who have only been trained in interpersonal skills. Finally, studies which show that training alone in interpersonal skills may be optimally therapeutic for the subjects involved will be presented.

The field of education has for years used students to tutor other students in programs called learning through teaching, crossage teaching or peer teaching. These programs generally place a student with academic weaknesses in the role of the tutor to teach a younger child
the very skills that the tutor also lacks. One might assume that in order to tutor another, the tutor should have a strong knowledge of the subject. However, Frager and Stern (1970) have shown that the achievement level of the tutor seems to make very little difference in the amount of learning attained by the tutee, whereas there are significant differences in the gains made by the tutors themselves.

In their study, UCLA students divided sixth graders into two groups of high and low achievers and paired each tutor with a kindergarten child. Each tutor received training in one of two different counseling methods: (a) traditional instructional procedures in which the tutorial process was described, suggestions for working with younger children were presented and questions on specific problems were answered; or (b) systematic procedures which consisted of basic steps including defining goals, defining obstacles, specifying alternatives and making selections among alternatives. Within this framework, other basic principles of learning were taught, such as the value of extrinsic and intrinsic rewards as motivation to promote learning.

The kindergarten children were divided into three treatment groups: children taught by tutors who had received training in method a, children taught by tutors who had received training in method b, and a third group used as a control. Within each of the two experimental treatments, half of the children were taught by tutors who had made high scores and half by those who had made low scores on the Stanford Achievement Test.

Results showed that all kindergarten children improved their
reading scores significantly when compared to the controls. With respect to the effect on the tutors, all showed high morale, good attendance, and satisfactory adjustment to the school setting. For the high achievers, this was equally true whether they had been trained in method a or method b. However, low achieving tutors trained in method b showed higher school morale, increased attendance, and more positive feelings about themselves than low achieving tutors trained in method a. Thus it appears that low achieving students do make effective tutors and at the same time profit considerably themselves.

Further validation of Frager and Sterns' conclusions was shown by Erickson and Cromack (1972) who took 12 underachieving seventh grade boys and used them to tutor 12 underachieving third grade boys. Tutors were given preservice and inservice training after which they held half-hour tutoring sessions twice a week for five months. The tutoring significantly improved the reading of the tutors as compared with non-tutors who were also underachieving. Other studies (Cloward, 1967; Dineen, Clark, & Risley, 1977; Lundberg, 1968) have pointed out the remedial benefits of tutoring to the tutor as well as the tutee.

In pursuing why tutors in fact often gain more than the tutees, Vassallo (1973) and Lundberg (1968) both found that tutors indicate they are helped by having to pay more attention in class thus improving their knowledge of the subject matter, learning about their ability to work with and teach people, learning to communicate better and in some cases, helping them to make career decisions. Although these findings appear to be logical, it should be pointed out that they are based on self-reports of the tutors and not on empirical evidence.
Lane, Pollack, and Sher (1972) added another dimension to the effects of tutoring on the tutor when they studied how the academic tutoring experience had an impact on the disruptive behavior of eighth and ninth graders. Eight disruptive eighth and ninth graders were chosen to be reading tutors to an equal number of third and fourth grade poor or non-readers. They tutored twice a week for seven months and were involved in rap sessions every other week. Rap sessions served a dual purpose: (a) they helped tutors with problems they encountered in tutoring; and (b) behavior modification techniques as well as modeling techniques were employed at these sessions to improve the behavior and heighten the self-image of the tutors.

At the end of the study, tutors evaluated changes in themselves positively in both attitude and behavior, as did guidance counselors and teachers. Pre and post administration of the Burks' Behavior Rating Scales showed a decrease in disruptive behavior. Although not a controlled study, the authors found that the adolescents became deeply involved in an active therapeutic modality— that of helping younger children in a type of task-oriented therapy reinforced by a supportive group experience. The authors further generalized that in the process, self-image improved as the adolescents discovered new strengths within themselves, developed a responsible giving relationship with another person, learned to evaluate objectively their troubled lives and succeeded in implementing behavioral changes.

If helping another learn an academic subject helps the helper learn the subject better, what implications might this have for training lay persons to help others who are experiencing emotional/behavioral problems? Several studies involving university students have demon-
strated how the helping role has effected constructive changes in the helper as well as the helpee. Woudenberg and Payne (1978) point out that numerous peer counseling programs have been established on college campuses based on the assumption that similarities in age, environmental stresses, etc. create favorable conditions for peers to help peers. Although most research on peer counseling has emphasized the non-professional helper's ability to promote constructive change, some theory and research suggest that training or helping produces benefits for the helper as well. Often cited is Riessman's (1965) helper-therapy principle which suggests that the helper appears to make greater improvement and profits most from the helping role.

Holzberg and Knapp (1965) recruited university students to participate in a mental hospital's companion program. Volunteers were randomly assigned to either an experimental group or a control group. Both groups were asked to complete two questionnaires - one on moral judgment and one on self-acceptance. The control group had no contact or involvement with the companion program, while the experimental group spent one hour a week with an assigned patient over a 30 week period of time. The same time was spent by the student in group meetings with a professional staff member to discuss problems that were occurring with their patients. At the end of the 30 week, both groups again completed the questionnaires on moral judgment and self-acceptance. The authors found that students working in the mental hospital changed significantly toward more tolerant moral judgments and greater self-acceptance then did the control group.

West and Ray (1977) investigated whether college students who
worked as commuter peer counselors derived psychological benefits (self-concept changes) from giving help to other commuter students. Their investigation sought to explore the relationship between helping and training as experimental main effects. The interaction effects between helping and training main effects when self-concept, communication ability, and discrimination ability are criterion variables was also of interest. Fifty-three subjects were randomly assigned to four experimental groups. Group I was a helping-nontrained group who received commuter peer counselor folders containing campus community service information and referral resources off campus. After this information was reviewed, each subject was given a list of 10 freshman commuting subjects with whom he or she was to arrange an introductory interview. Group II was a helping-trained group who participated in a four hour group encounter training session and 10 additional hours of training in the Integrated Microcounseling and Human Relations Skills Training Program. Subjects in this group were then given a list of 10 freshman commuting students with whom they were to arrange an introductory interview. Group III was a nonhelping trained group who for six weeks participated in the same 14-hour training program utilized with Group II. They were not involved as commuter peer counselors until after the post testing took place. Group IV was a nonhelping-nontrained group who were the control group.

The instruments used to measure the dependent variables were the Tennessee Self Concept Scale, the Communication Index of Interpersonal Functioning, the Discrimination Index of Interpersonal Functioning, and the Interview Evaluation Inventory. These tests were administered to all groups upon their first meeting when they were told what their
responsibilities would be and again at the completion of the six week training program.

Results indicated that helping or training does make a difference in relation to increasing positive perception of self, and increasing helper-communication skills, helper-discrimination skills and interview skills, and that there are significant main effects when self-concept, communication ability, and discrimination ability are criterion variables.

Likewise, Fremouw and Harmatz (1975) and Rakos and Schroeder (1976) found that by having speech anxious subjects and snake phobic subjects respectively learn behavioral techniques and coping statements and then teach these techniques to other persons with similar problems that the helpers gained significantly in decreasing their own fears. The authors concluded that it was the task of helping another person which maximized the social reinforcement for the helpers to learn and practice the therapeutic techniques. In addition, the authors speculated that the helpee became involved with their own treatment more because of receiving treatment from a person of similar age and behavioral problems. These studies further confirmed the two mechanisms of change that Riessman (1965) identified as operating in the helper-therapy principle: (a) the act of behaving as a helper may lead to reinforcements that alter certain cognitions, particularly attitudes about one's status, importance, and worth; and (b) improvement may be related to the behavioral demands of the role of a helper-giver. Rakos and Schroeder's (1976) study identified a third mechanism thought to be operative in Riessman's (1965) helper-therapy principle. That is, modeling of improving behavior by the help-receiver reinforces the
help-giver's improving behavior. Another way of stating this is that the help-giver realizes that if it works for the helpee, it will probably work for me too.

A variation of Riessman's helper-therapy principle is Carkhuff's (1971) training-therapy principle which suggests that training to be a helper may be optimally therapeutic for the helper. Helpees may be trained directly in the kinds of skills which they need themselves. Pierce and Drasgow (1969) demonstrated this effect when they employed systematic training in interpersonal skills with a group of seven chronic neuropsychiatric patients who were not otherwise being seen for treatment. Their hypothesis was that improvement in interpersonal functioning by these patients would lead to improvement in other areas of functioning including the ability to relate to significant others within and outside the hospital and also that the patients might eventually benefit other patients. In response to spontaneous helpee expressions, patients cast in the helping role were simply asked whether the helpee felt happy, angry, sad, and so on. If a patient perceived happiness accurately, for example, he or she was directed to construct a response such as you feel happy. Gradually, trainee responses were built into two-statement interactions, then three-statement interactions, and so on until they were able to sustain 15-20 minute interactions as talkers and listeners. After 20 hours of intensified training over a three week period of time, all patients clearly demonstrated an ability to function at more than a single level higher than initially. When compared with other patients receiving drug, individual, group, or all three forms of treatment, the training
group demonstrated significant improvements in interpersonal skills and were functioning at significantly higher levels than members of other groups.

In similar studies, Demos and Zuwaylif (1963) and Martin and Carkhuff (1968) demonstrated the effects of training in interpersonal skills and other counseling techniques on the attitudes and personality change in secondary school counselors and counselor trainees respectively. Both studies showed that participants change in the direction of more facilitative functioning on dimensions related to client change as well as showing constructive personality changes and higher levels of interpersonal functioning. From this, we might conclude that a systematically implemented program integrating both didactic and experiential aspects of training can, over a short period of time, not only lead to significant improvement in interpersonal functioning but also to constructive personality change in general. According to Carkhuff (1971) the reason for this is that at some point in training in interpersonal skills, a trainee may explore and experience real problems at intense levels due to learning how to function at high levels of interpersonal skills. Therefore, the helpee-trainee may select from among responses of multiple-trained helper-trainees in the group, selecting the one who most effectively responds to the problem for more extensive interaction. Thus, the trainee with the problem has the benefit of numerous trained potentially and high-level functioning helpers right within the group.

Other comprehensive training programs integrating interpersonal skills and counterconditioning in problem areas have been successfully
applied with ghetto children who were having trouble expressing themselves in predominantly white classes (Carkhuff, 1970); with parents from a waiting list of a child psychiatric clinic (Carkhuff & Bierman, 1970); and in peer counseling programs in colleges (Woudenberg & Payne, 1978) and secondary schools (Samuels, 1977). These studies further emphasize and reinforce the idea that training is treatment.

Thus, lay programs which have assessed interpersonal dimensions such as counselor communications of empathy, warmth, regard or respect, genuineness, and congruence conclude that lay persons can be trained to function at minimally facilitative levels related to constructive client change over relatively short periods of time (Carkhuff, 1968). Both carefully screened college students and unselected volunteers from schools, hospitals, and the community demonstrated change in the direction of more facilitative functioning on dimensions related to constructive client change or gain in training periods ranging from 20 hours to one year (Berenson, Carkhuff, & Myrus, 1966; Carkhuff & Truax, 1965b; Martin & Carkhuff, 1968). Further evidence indicates that lay persons can effect significant constructive changes in clients whom they see (Carkhuff & Truax, 1965a; Holzberg & Knapp, 1965; Magoon & Golann, 1966) while at the same time demonstrating constructive change themselves as a consequence of being cast in a helping role (Holzberg & Knapp, 1965; Knapp & Holzberg, 1964; Riessman, 1965).

As can be seen, most of these studies have involved adult populations. If we are to impact the large number of young people who are experiencing problem dependencies, we must begin to look at how these young people can be utilized to help each other. If training college level students to help others is effective, why can we not
train secondary and even elementary age students to help each other? Before this is discussed, however, one must first be aware of similarities that might exist among people already experiencing problem dependencies in order to build a systematic approach to preventing or intervening before these dependencies become too strongly established. In observing closely the characteristics of individuals who consistently seek the services of social service agencies, Glenn and Warner (1977) have identified a set of developmental characteristics that characterizes the typical client. In general, this individual shows significant inadequacies in one, several, or all of the following areas:

1. Identification with viable role models refers to a person's reference group and self-concept. When a person's self-concept is poorly developed he does not see himself as possessing the same abilities, attitudes, values and behaviors that allow others to survive in their total environment.

2. Identification with and responsibility for family processes refers to identification with a significant group, whether it is the traditional nuclear family or a more broad organization. When this is poorly developed, a person cannot see how what he does effects others. These persons show little shared responsibility for achieving outcomes or any accountability to others for their behavior.

3. Faith in miracle solutions to problems refers to the lack of skills and attitudes necessary to work through problems. Persons lacking these skills often believe that problems have been escaped when they can't feel them anymore. They feel a loss of control over what happens to them.
4. Intrapersonal skills refers to one's ability to communicate with oneself. When a person has not developed self-discipline and self-assessment, he is often unable to cope with personal stresses and tensions and unable to defer gratification which results in being dishonest with self and a lowered self-esteem.

5. Interpersonal skills are those skills which enable a person to build a relationship with another person. When a person has not developed the ability to relate to or build a relationship with another person, he often becomes dishonest with others, lacks empathic awareness, resists feedback and is unable to give or receive love or help.

6. Systemic skills refers to the ability to respond to the limits inherent in a situation. A person weak in systemic skills often is unable to modify his behavior according to a situation in order to meet his needs constructively. This person is often irresponsible, unable to accept consequences of behavior and sees himself as a victim of circumstances.

7. Judgmental skills include the ability to recognize, understand, and apply relationships. Weaknesses in this area often manifest themselves as repetitious self-destructive behaviors and crises.

Human behavior is a compilation of these seven developmental areas each having some impact on the strength or weakness of others. For example, Chartier (1974) believes that the single most important factor affecting people's intra and interpersonal skills is their self-concept. A person's self-concept is who he believes he is. It effects his way of communicating with himself and others. A weak self-concept often distorts a person's perception of how others see
him, generating feelings of insecurity. These insecure feelings interfere with one's ability to converse with others, to admit when one is wrong, and to express feelings or voice ideas different from others.

Brockner and Hulton (1978) have also found a positive relationship between self-esteem and psychological adjustment. Low self-esteem individuals seem to be trapped in a self-defeating vicious cycle of setting a lower expectation for their performance, which leads to reduced effort, which leads to poor performance, as achievement is frequently determined in part by effort. This poor performance reinforces the low self-esteem and the cycle begins again. Thus, low self-esteem is associated with many negative emotional and behavioral consequences.

If low self-esteem has such pernicious effects, it would seem beneficial to raise the self-esteem of the afflicted individuals and thus break the vicious cycle. One way of achieving this is to teach low self-esteem individuals how to be involved with others more positively. McKinney, Miller, Beier, and Bohannon (1978) studied the effects of this positive involvement by comparing the difference between delinquents' and non-delinquents' self-concept. They found that a delinquent does not value or respect himself, looks outward for control and evaluation of his behavior, lacks the personality integration to deal with stress and external pressure, and lacks the defenses which would allow him to maintain self-esteem. Delinquent boys in the State of Missouri Training School for Boys met five times a week to discuss and practice personal problem solving. Although not
a structured interpersonal skills program, the authors found this program of mutual support was successful in aiding these delinquents in feeling as if they had more control over themselves. Further, improvement in their self-confidence, and that their self-confidence, self-esteem, and ability to solve problems was noted.

Capitalizing on the idea of mutual support, the peer facilitator movement is one of the ways in which the educational system has already begun to involve young people in the process of helping each other. Many of these programs are designed to strengthen or develop intra- and interpersonal skills, systemic skills, judgmental skills, problem-solving abilities, identification with and responsibility for family processes, and identification with viable role models. As this is a relatively new movement, systematic research is limited as to how successful it has been. Many peer counseling programs have been developed in secondary schools and evidence suggests that students who participate in these programs show improvement in grade point average, attendance, and punctuality (Vriend, 1969). Additionally, it has been found that high school students can learn to develop high levels of empathic understanding and can provide a helping relationship to peers (Leibowitz & Rhodes, 1974). Other programs are particularly designed for specific purposes such as preventing drug abuse. Two such programs are the Teen Involvement for Drug Abuse Prevention Program (Conroy & Brayer, 1978) and a peer counseling program developed and implemented in the Dade County School system (Samuels & Samuels, 1975). Although preventing drug abuse is their goal, the programs themselves involve very little drug education. Instead, the sessions are built around
what Teen Involvement identifies as the eight universal human needs: affection, respect, skill, enlightenment, power, well-being, and responsibility. These universal human needs correspond to the seven developmental characteristics outlined above. Whether a peer counseling program has as its goal the prevention of or intervention in a specific problem dependency or general support to anyone needing it, the types of skills taught are those that enhance one's ability to communicate more effectively (Sprinthall & Erickson, 1974), those that focus on responsible decision-making (Leibowitz & Rhodes, 1974), and those that teach a sequence of skills including communication, decision-making and problem-solving (Gray and Tindall, 1978).

Drawing from both Riessman's (1965) helper-therapy principle and Carkhuff's (1971) training-therapy principle as well as related research reviewed above, the experimental hypothesis of the present was that adolescents already manifesting dysfunctional behavior could be trained in the skills necessary to become a helper i.e. interpersonal skills, and by doing so that their self-concepts would increase and their personal problems would decrease. It was further hypothesized that once trained, the experience of actually using the skills learned in a structured setting would further increase their perceptions of themselves and decrease their personal problems. Therefore, this study predicted the following outcomes:

1. Subjects who participated in an interpersonal skills training group (Experimental Groups I and II) would have higher post training self-concept scores than subjects in the Control Group.
2. Subjects who participated in an interpersonal skills training group plus a field experience (Experimental Group II) would have higher post field experience self-concept scores than subjects who only received interpersonal skills training (Experimental Group I) or subjects in the Control Group.

3. Subjects who participated in an interpersonal skills training group plus a field experience (Experimental Group II) would identify less personal problems than subjects who only received interpersonal skills training (Experimental Group I) or subjects in the Control Group.
CHAPTER II

Method

Subjects

Subjects were 15 adolescent males, ages 12 to 17 years old who were residing at the Social Adjustment Center of Great Oaks Village, Orlando, Florida. The Social Adjustment Center is a residential treatment program for adolescents who are found by the juvenile court to be dependent by reason of ungovernability, truancy, or running away. The purpose of the Social Adjustment Center program is to teach the client to exercise control over his inappropriate behavior and to develop new skills which will assist him in living more successfully in the home and the community. It was thought that the training program utilized in this study complimented the program's goals and that control subjects and experimentals would be receiving the same treatment outside of the training program, thus making any differences seen after training directly related to the participation in the training. Further it was thought that these particular adolescents were already displaying weaknesses in the developmental characteristics outlined above by virtue of having been removed from their homes by the juvenile court and would be in need of learning more productive ways of behaving.

Fifteen subjects were selected as this was the total male population of the Social Adjustment Center at the time of this study.
Subjects were randomly assigned to one of three groups: (a) control group, (b) interpersonal skills training only group, (c) interpersonal skills training plus field experience group. Subjects in the training group did not know until the end of training which of them would be part of the field experience.

Nine subjects completed the study, three in each group. Of the six who did not complete the study, one refused to participate, one ran away from the Social Adjustment Center, and four were either released by the juvenile judge or terminated from the program for non-compliance of program rules.

Apparatus

A training model based on a leadership training program for youth called *Caring and Sharing: Becoming a Peer Facilitator* (Myrick & Erney, 1978) was used to teach subjects interpersonal skills (see Appendix A for outline of program). The purpose of the training program was to teach subjects to become effective helpers by training them in the skills of listening, feedback, responsible decision-making/problem-solving, and assessment of self and others.

The complete training program consisted of two three hour training sessions and six biweekly two hour sessions for a total training time of 18 hours. Each training session consisted of a didactic presentation related to a specific helping skill plus the opportunity to practice the skill in small groups. The training program was administered by the author with the assistance of a staff member of the Social Adjustment Center who volunteered to participate in the program. This staff member worked with the females of the Social Adjustment
Center and had little if any contact with the males outside of the training groups.

To assess evidence that teaching the skills necessary to become a helper i.e. interpersonal skills, enhances self-concept, the Piers-Harris Children's Self-Concept Scale (Piers & Harris, 1969a) was administered to all subjects at three intervals throughout the study—pre, post interpersonal skills training, and post field experience. The Piers-Harris is a standardized 80 item self-report instrument which is designed for children in third through twelfth grades to report how they feel about themselves. Scores on the Piers-Harris were derived by using a scoring key. The total self-concept equaled the total number of circled items which showed through the holes of the key. A higher score is indicative of a more positive self-concept. Average scores are usually considered to be those between raw scores of 46 and 60 (Piers & Harris, 1969b).

This instrument was selected as it is a well-researched and well-accepted measure of self-concept as shown by its use in many correlational studies (Piers & Harris, 1964; Powell, 1948; Ullman, 1952). It was developed primarily for research purposes and was normed on the age population of the subjects involved in this study. A noted limitation of this instrument that the authors point out (Piers & Harris, 1969b) is that self-attitudes are relatively stable and consequently change is not easily measured.

In addition to increasing self-concept, it was expected that learning skills which enhance one's ability to help others solve problems would also help one's own ability to solve personal problems.
Thus, the Mooney Problem Checklists-Junior High Form, hereinafter called the MPCL (Mooney & Gordon, 1950) was administered post interpersonal skills training and post field experience. The MPCL is a self-administered checklist which enables individuals to express their personal problems. Areas addressed in the checklist include Health and Physical Development, School, Home and Family, Money, Work, The Future, Boy and Girl Relations, Relations to People in General, and Self-Centered Concerns. As the training program used was expected to have its greatest effect in reducing interpersonal relations problems, the three scales of primary interest to this study were Home and Family, Boy and Girl Relations and Relations to People in General. Scores on the MPCL were derived by asking subjects to rate each statement a one if it was not a problem for them, a 2 if it was a problem for them, and a three if it was a very serious problem for them. Thus, a possible score ranging from 30 to 90 could be obtained on each scale and a possible score ranging from 210 to 630 could be obtained on the total score. A lower score was indicative of less personal problems on this instrument.

MPCL has been used in similar studies such as this one (Woudenberg & Payne, 1978) and found to be effective in measuring the effects of interpersonal training on personal problems. However, an ironic fact may arise according to Mooney and Gordon (1950) when the checklists are used to measure the effectiveness of a program in which subjects have the opportunity to explore personal problems. That fact is that at post testing, subjects may feel more comfortable in expressing their problems with the result that there is an apparent increase in
problems.

Procedure

Fifteen subjects were randomly assigned to one of three groups: (a) control group, (b) interpersonal skills training only group (Experimental Group I), and (c) interpersonal skills training plus field experience group (Experimental Group II). There were five subjects in each group. Subjects were initially unaware to what group they had been assigned. Testing occurred in a pre, post training, post field experience design as explained below.

Prior to the implementation of the training program, subjects were brought together in a group and an informed consent blank (Appendix B) specifying the use of the data was signed. The permission form was read aloud and subjects were allowed to ask questions regarding the procedure. Following the signing of this form, subjects were given the Piers-Harris Children's Self-Concept Scale booklet and a pencil. Instructions were again read out loud and subjects were told that their answers would only be seen by the examiner. It was further emphasized that this was not a test, that there were no right or wrong answers, and that they should answer the items as they felt they were, not as they thought they should be. Completion of this scale was not timed and took approximately 30 minutes to complete.

After this scale was turned in, subjects were given the MPCL-High School Form, and were told not to follow the instructions on the booklet but rather to complete the questionnaire as indicated on the directions sheet handed them separately (Appendix C). When subjects opened this questionnaire and began trying to read it, it became
obvious to this examiner that the instrument was too difficult for these subjects. Although subjects were encouraged to continue completing the questionnaire, many refused to do so and other simply wrote random responses to the items. Therefore, this form and administration of the MPCL was invalidated and the MPCL-Junior High Form, replaced it in subsequent test administrations.

At the completion of testing, subjects were randomly assigned to one of the three groups described above. Those participating in the interpersonal skills training were requested to return the next day to begin the training program. At this time subjects only knew that they were either part of the control group or part of the training group. Those subjects who were assigned to the training plus field experience group were not told this as it was felt that this knowledge would increase this group's motivation to participate in the training while decreasing the motivation of the training only group. All training group subjects were told that they would have the opportunity to facilitate small groups in a classroom but that half of them would do so immediately following the training and the other half would do so at a later date. Again, subjects did not know in which group they belonged.

Six of the ten subjects completed the training program which consisted of 18 hours of training over a six week period of time as described above. One week after the last training session, all subjects including the control group were again brought together and were administered the Piers-Harris Children's Self-Concept Scale and the Mooney Problem Checklists-Junior High Form. Subjects appeared
more comfortable in completing this form of the MPCL and results obtained are considered valid.

At this point in the study there were nine of the original 15 subjects still residing at the Social Adjustment Center. Three subjects remained who were assigned to the training plus field experience group and were informed of this at the end of this test administration. These subjects then planned and facilitated small groups in a fourth grade classroom at Kaley Elementary School twice a week for two weeks. This field experience consisted of subjects planning an activity which they had participated in in their training, presenting the activity to their assigned group in the classroom, and facilitating discussion utilizing skills learned in the training program. Training plus field experience subjects continued to meet on a weekly basis with the author to discuss any problems which occurred in the classroom.

At the end of the field experience, subjects were again brought together in a group for final administration of the Piers-Harris Children's Self-Concept Scale and the Mooney Problem Checklist - Junior High Form.

In order to afford the same opportunity to all subjects who participated in the 18 hour training program, arrangements were made at the completion of this study for the remaining subjects who participated in training to facilitate small groups at Kaley Elementary School.
CHAPTER III

Results and Discussion

In order to test the hypothesis that subjects who participated in an interpersonal skills training group (Experimental Groups I and II) would have higher post training self-concept scores on the Piers-Harris than subjects in the control group, a one-way analysis of variance was computed comparing the self-concept scores of Experimental Group I, Experimental Group II, and the Control Group prior to the beginning of the interpersonal skills training. This was done to determine if all groups were equivalent at the beginning of the experiment. Results of this analysis indicated that there were no significant differences between the groups prior to the experimental treatment, \( F(2, 6) = .282, p > .05 \) (see Table 1 for the summary of group means). Thus, it was predicted that any differences between groups which might occur on post testing would be the result of experimental manipulation.

Finding no differences between groups on self-concept scores prior to the interpersonal skills training, a one-way analysis of variance was computed on the post I Piers-Harris self-concept scores, again comparing all three groups. The results of this analysis failed to provide any evidence that the interpersonal skills training influenced the self-concept scores on the Experimental Group I and Experimental Group II when compared to the Control Group, \( F(2, 6) = 4.786, p > .05 \).
Table 1
Group Means for the Piers-Harris Children's Self Concept Scale

<table>
<thead>
<tr>
<th>Trials</th>
<th>Control</th>
<th>Experimental I</th>
<th>Experimental II</th>
<th>F</th>
<th>P</th>
</tr>
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<tbody>
<tr>
<td>Pre</td>
<td>51.33</td>
<td>52.33</td>
<td>44.00</td>
<td>.282</td>
<td>.7658</td>
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<td>35.33</td>
<td>4.786</td>
<td>.0571</td>
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<tr>
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<td>47.33</td>
<td>43.00</td>
<td>.648</td>
<td>.5591</td>
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</table>

\(^a_n = three for each group\)
In order to test the hypothesis that subjects who participated in an interpersonal skills training group plus a field experience utilizing these interpersonal skills (Experimental Group II) would have higher post field experience self-concept scores then subjects who only received interpersonal skills training (Experimental Group I) and subjects in the Control Group, a one-way analysis of variance was computed comparing the post 2 Piers-Harris self-concept scores of all three groups. The results of this analysis indicated that the interpersonal skills training plus a field experience utilizing these skills failed to influence the self-concept scores of Experimental Group II when compared to the self-concept scores of Experimental Group I and Control Group, $F(2, 6) = .648, p > .05$.

It would appear from the results of these tests that interpersonal skills training and the opportunity to practice these skills does not influence self-concept as reflected on the Piers-Harris Children's Self Concept Scale. However, as was noted earlier in this study, self-attitudes are relatively stable and change is not easily measured (Piers & Harris, 1969b). Another noted limitation of this study which might effect limited changes in the self-concept was that each testing administration occurred at five week intervals. Because of the relative stability of self-attitudes, a longer period of time may be needed to effectively determine the impact of interpersonal skills training on self-concept. Studies which have shown changes in self-concept have been those which have taken place over a 30 to 52 week period of time (Holzberg & Knapp, 1965; West & Ray, 1977).
Although the Piers-Harris did not show any difference between these groups in the area of self-concept, there were some qualitative changes in Experimental Group II subjects which should be noted. Prior to their first scheduled visit to the fourth grade classroom, all three subjects requested haircuts. The only requirement made by this author about appearance was that they be neat and clean. Staff and teachers at the Social Adjustment Center commented that the attitude and behavior of these three residents were improved after this field experience and that all three appeared to feel more positive about themselves.

In order to test the hypothesis that subjects who participated in an interpersonal skills training group plus a field experience utilizing these skills (Experimental Group II) would identify less personal problems on the MPCL - Junior High Form than subjects who only participated in interpersonal skills training (Experimental Group I) and subjects in the Control Group, a one-way analysis of variance with repeated measures was computed using post 1 and post 2 scores on all seven scales of the MPCL (see Table 2 for results). Significant differences were found on Scale 3, Home and Family, $F(2, 6) = 12.88, p < .05$ and Scale 5, Boy and Girl Relations, $F(2, 6) = 7.88, p < .05$. No significant differences were found on the other five scales.

In order to determine which pairs of group comparisons accounted for the overall significant differences on Scale 3 and Scale 5, a post hoc comparison using the Least Significant Difference procedure was computed (LSD = 3.92 for Scale 3; LSD = 5.55 for Scale 5. Results
<table>
<thead>
<tr>
<th>Scale</th>
<th>Groupa</th>
<th>Post 1</th>
<th>Post 2</th>
<th>F</th>
<th>p</th>
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<td>37.33</td>
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</tr>
<tr>
<td></td>
<td>Experimental II</td>
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<td>36.33</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Experimental II</td>
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<td></td>
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</tr>
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</tr>
<tr>
<td></td>
<td>Experimental II</td>
<td>55.33</td>
<td>47.00</td>
<td></td>
<td></td>
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<tr>
<td>Money, Work, the Future</td>
<td>Control</td>
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</tr>
<tr>
<td></td>
<td>Experimental II</td>
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<td>40.67</td>
<td>38.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Experimental II</td>
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<td>Relations to People in General</td>
<td>Control</td>
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<tr>
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<td>Experimental I</td>
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</tr>
<tr>
<td></td>
<td>Experimental II</td>
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<td>Experimental I</td>
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<td></td>
<td>Experimental II</td>
<td>42.00</td>
<td>40.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*an = three for each group

*p < .05
of this analysis indicated that subjects in Experimental Group II showed significant declines in problem ratings for the home and family scale and the boy and girl relations scale when compared to Experiment Group I and the Control Group. The Home and Family Scale of the MPCL includes such items as "Unable to discuss certain problems at home," "Family quarrels," and "Not getting along with a brother or sister" and the Boy and Girl Relations Scale for the MPCL includes such items as "Girls don't seem to like me," "Not knowing how to make a date," and "Trouble in keeping a conversation going" (Mooney, 1950). The interpersonal skills training program involved subjects learning skills which would address these concerns and the field experience allowed for the practice of such skills. Thus, these results indicate that interpersonal skills plus a field experience utilizing these skills may have contributed to a decline in rating on these two MPCL scales. While only two of the scales showed significant decreases on rated problems, it can be noted from Table 2 that the scores for Experimental Group II decline on all MPCL scales.

Comparison of Experimental Group I's post 1 and post 2 scores for all MPCL scales failed to show any significant differences, except on Scale 3, Home and Family. This group's ratings on this scale declined significantly from the first post testing to the second post testing. This improvement occurred without any further experimental manipulation. Comparison of the Control Group's post 1 and post 2 scores for all the MPCL scores failed to show any significant differences. This indicates that the passage of time had no effect on the subjects rating of severity of problems.
The results of the present study provided minimal support for Carkhuff's (1971) notion that training subjects in interpersonal skills may be therapeutic for them when the reduction of personal problems and self concept are dependent variables. Although a reduction of problems was reported by Experimental Group I on the Home and Family Scale of the MPCL from the first post testing to the second post testing, it cannot be determined whether or not this improvement occurred as a result of subjects utilizing their newly learned skills in their interactions with their families. It is important to note however, that this is an area in which interpersonal skills are particularly relevant and that disruptive home and family relationships are why many of these subjects are residing at the Social Adjustment Center. Thus, it is possible that had the interpersonal skills training been longer and more opportunity for practice of the skills available, many more changes might have been noted for Experimental Group I.

The finding of a positive relationship between utilization of newly learned interpersonal skills in a field experience and the reduction of personal problems suggests support for Riessman's (1965) helper-therapy principle. The results of this study not only reinforce his notion that the helper derives psychological benefits from functioning in the helping role but also are consistent with previous investigations which have assessed the benefits the helper derives from helping (Holzberg & Knapp, 1964; Pierce & Drasgow, 1969; Rakos & Schroeder, 1976).
That the data shows that interpersonal skills training plus a field experience utilizing the newly learned skills was differentially effective with respect to specific problem areas supports the results that Woudenberg and Payne (1978) reported which indicated that volunteers reported significant decreases in five, largely interpersonal, problem areas after interpersonal skills training and a field experience. Significant decreases were noted in the present study for two of the three problem areas in which one would expect interpersonal skills to be a critical factor i.e. home and family, girl and boy relations, and relations to people in general while no significant decreases occurred in the problem areas which would not be expected to have a direct relationship to interpersonal skills i.e. health and physical development, school, money, work, the future, and self-centered concerns.

In conclusion, it appears that self concept is neither effected by interpersonal skills training or by the opportunity to practice these skills in a structured setting. However, a weakness of this study is that training occurred within a very limited amount of time which did not allow for changes to be noted if they might have occurred. Although self-concept changes were not noted on the Piers-Harris, staff and teachers of the Social Adjustment Center noticed positive changes in the way in which the residents attempted to get along with each other and their willingness to work out problems in more appropriate ways after they had participated in the training group. They attributed this change to the residents not only having learned a new skill but also feeling more positive about themselves.
It does appear from this study that training troubled adolescents in interpersonal skills and then giving them an opportunity to utilize these skills in a structured setting does in fact have some impact on their perception of their personal problems. Whether it is the newly learned skill or the feeling of importance and confidence derived from helping others that makes a difference in this area would be a question for further research. It does seem critical however, to have the field experience as part of an interpersonal skills program as it motivates participants and also allows for the opportunity to become involved outside of one's self.

Decreases in problems reported, especially in the interpersonal area, gives formal support to the helper-therapy principle as a therapeutic approach. It is possible however, that this principle may have differing experimental effects depending on the subjects, the setting, the time span of the program, and the helper role. Consequently, future research should address itself to what specific effects these variables have on the operation of the helper-therapy principle.
Appendix A

Training Program Outline

Session I

Purpose: to introduce the concept of peers as helpers.

Procedure: (a) discussion of need for young people to become involved with others, (b) define peer facilitator, (c) overview of the Peer Facilitation Program and definition of goals, (d) involve trainees in experiential exercises that help them assess problems of youth today.

Session II:

Purpose: to introduce the concepts of human behavior and the characteristics of the helping relationship.

Procedure: (a) present eight concepts of human behavior, (b) present five characteristics of a helping relationship, (c) involve trainees in experiential exercises exploring the concept of helping and developing group trust.

Sessions III and IV:

Purpose: to introduce the skill of listening and to explore the facilitative responses.

Procedure: (a) teach the six steps to attentive listening, (b) present a continuum of facilitative responses, (c) have trainees practice listening through structured exercises, (d) have trainees begin rating their responses using the continuum of facilitative responses.
Sessions V and VI

Purpose: to introduce the skill of feedback.

Procedure: (a) define feedback, (b) present a three step feedback model, (c) practice both positive and negative feedback.

Sessions VII and VIII

Purpose: to introduce the skill of responsible decision-making.

Procedure: (a) outline a five step process of making decisions, (b) examine alternatives and consequences surrounding decisions, (c) involve trainees in experiential exercises exploring the decision-making process, (d) have trainees identify a realistic, achievable goal and commit themselves to the attainment of that goal outlines a plan of action for its attainment.

Sessions IX and X

Purpose: to have trainees begin assessing themselves, the helping process and the outcomes of peer intervention.

Procedure: (a) present the value of assessing one's work, (b) present different methods of evaluation, (c) involve trainees in self-evaluation and assessment exercises.

Sessions XI and XII

Purpose: to prepare for helping others in the elementary schools.

Procedure: (a) review the last 10 weeks of training, (b) identify and review favorite activities that trainees would like to use with others, (c) discuss fears about the first helping experience, (d) explore anticipated problems, (e) role-play for practice.
Appendix B

University of Central Florida

Participation in Research Study

I, ___________________________________________________________ hereby give my consent to participate in a research study conducted by Judi Sanborn, a student at the University of Central Florida. By agreeing to participate, I understand that:

1. Participation or non-participation in this study will not affect my status at the Social Adjustment Center.

2. That my identity and identifying characteristics will be kept confidential.

3. The information obtained will be used to assess the effectiveness of this training program and how it effects certain attitudes.

4. I am being asked to complete two inventories: a self-concept questionnaire and a personal problems checklist.

5. I understand that the results of this study will be published and on file at the University of Central Florida Library and that I may obtain a copy if I so desire.

Participant Signature

Trainer Signature

Date
Appendix C

Mooney Problem Checklists -
Junior High Form

Directions

This is not a test. It is a list of problems which are often troubling students of your age. Some of these problems are likely to be troubling you and some are not. As you read the list, rate each statement on the sheet using the following scale:

1 - Not a Problem
2 - A Problem
3 - A Serious Problem

When you have rated each step, answer the summarizing questions on pages 5 and 6.

PLEASE FOLLOW THESE DIRECTIONS AND NOT THE ONES THAT ARE ON THE FRONT OF YOUR BOOKLET.
References


