Therapeutic counseling intervention: A contribution to the behavior and academic progress in students with at-risk behaviors

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THERAPEUTIC COUNSELING INTERVENTION: A CONTRIBUTION TO THE BEHAVIOR AND ACADEMIC PROGRESS IN STUDENTS WITH AT-RISK BEHAVIORS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment of the Requirements for the Degree Master of Social Work

by
Doris Ann Baker

June 2013
THERAPEUTIC COUNSELING INTERVENTION: A CONTRIBUTION TO THE BEHAVIOR AND ACADEMIC PROGRESS IN STUDENTS WITH AT-RISK BEHAVIORS

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ABSTRACT

Nationally and locally violent and antisocial student interactions resulted in high-risk behaviors that negatively impacted school environments. These behaviors included fighting, defiance, class disruption, angry outbursts, substance abuse, property damage, gang affiliation, truancy, social withdrawal, depression, self-injury, and suicidal ideation. Pomona Unified School District implemented evidence-based guidance counseling and behavior management programs and strategies into general and alternative classroom environments to decrease incidents of violence and antisocial behaviors exhibited by students at risk. Guidance counseling and behavioral management strategies were not significantly successful in reducing occurrences of high-risk behaviors or identifying and addressing the socioemotional factors associated with those behaviors. These at-risks students were referred to the Pomona Unified School District School Mental Health Services Program. This study investigated the impact of therapeutic counseling on at-risk and high-risk behaviors in at-risk students in the School Mental Health Services Program. A causality question was formulated. Did therapeutic counseling
services to at-risk students decrease the incidence rates of at-risk and high-risk behaviors and result in opportunities for improved academic learning and progress? A data extraction tool was used to collect statistics from a sample that consisted of sixty-two case files of at-risk students who exhibited moderate or high-risk behaviors. Chi-square analysis revealed that there was no significant relationship between therapeutic counseling to at-risk students and decreased at-risk and high-risk behaviors incidence rates. Recommendation for additional research indicated the preferred study for causation would have been a larger geographical sample, the use of a case-control cohort, and files with evidence-based documentation. The implication for social work practice was the development and implementation of organizational cultures, policies and procedures that would mandate the identification and documentation of data essential to evidence-based social work practice and research.
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Grateful love is expressed to all my family and friends who encouraged and assisted me during this long academic endeavor. Thank you for your patience, understanding, and forgiveness during my extended periods of silence and failure to respond in a timely manner.

Ultimately, I extend my love and appreciation to my Heavenly Father—Elohim for giving me courage, strength, and endurance to accomplish all things.
DEDICATION

I dedicate this thesis to my late parents, Barbara and Willie Baker, and Grandmother Hannah Davis who loved me genuinely, encouraged me endlessly and taught me through their sacrifices, endurance, hard work and faith that I can accomplish every task placed before me.

To my late brother, Willie Baker Junior, thank you for constantly teaching me that I must love and care for me and nurture dreams until they become realities.
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CHAPTER ONE

INTRODUCTION

Problem Statement

During the course of American history, political, social, and economic systems created and perpetuated cyclical methods for the inequitably distribution of political, social, economic, and educational resources among ethnic and socio-economic groups. The majority of these resources were dispersed into the households, neighborhoods, communities, and schools of the dominant ethnic group. These inequitable distributions of resources produced two dominant socioeconomic classes labeled as the have and have not (Hardin, 2000). These socio-economic differences resulted in the establishment and maintenance of advantaged and disadvantaged groups within the political, social, economic, and educational systems. The term advantaged and disadvantage student achievement gap emerged from these dynamics.

Sociologist James Coleman (1966) presented a national report entitled the Equality of Educational Opportunity to the U.S. Congress. This report described the academic achievement gap as systemic racial/ethnic
differences in academic achievement among children. The report attributed the student achievement gap to the discriminate distribution of resources (Coleman, Campbell, Hobson, McPartland, Mood, Weinfield, & York, 1966). The findings of the Coleman Report (1966) revealed that families, neighborhoods, communities, and schools were layered overlapping structures that mutually influenced student achievement.

Patterned inequality denied these family and community structures the essential resources needed to achieve their potential and placed their children at risk for socioeconomic, instability, employment opportunities, income and inadequate parental education and parenting approaches. These outside of school factors were and continue to be the most essential and influential predictors of student achievement and academic outcomes (Ream, Espinosa, & Ryan, 2012). These socioeconomic outside of school risk factors created barriers that lower achievement and educational attainment levels, and disadvantaged students scored lower than their advantaged counterparts with viable socioeconomic families and community subsystems (Coleman, Campbell, Hobson, McPartland, Mood, Weinfield, & York, 1966).
The term "at-risk" student was coined to define the adverse socioeconomic conditions faced by this student population. The term at-risk had broad implications and varied with the literary context and resolve of writers. Two categories of at-risk students developed.

The first category was students at risk for socioeconomic factors who succeeded. Many of these students and their families demonstrated resilience. Through family and school support, at-risk students developed the persistence and skills essential to overcoming their adversities in a faulty system (McMillian & Reed, 1994). According to Claude Steel (1994), many at-risk students attained high levels of academic success to further encounter achievement barriers that were related to school identification.

The second group of at-risk students became victims of their socioeconomic risk factors and was unable to resiliently manage their lives and circumstances. Many of these students lived in persistently unsafe homes, communities, and schools. They presented socioemotional issues and displayed at-risk—low to medium behaviors and high risk behaviors. These behaviors were often accompanied by low academic performance.
Effective public alternative educational programs and strategies were needed to address the low academic performance and high-risk behavior issues of these students (Koetke, 1999). High academic performance can be displayed by students with High-risk behaviors. However, research literature indicated that these cases represented the exception. Low academic performance was usually present with unpredictable behaviors (Bohanon, Goodman, & McIntosh, 2011). This category of at-risk students represented the Pomona Unified School District School Mental Health Services at-risk student cases observed during this study.

In Pomona Unified School District complex economic, social, psychological, and educational disparities existed in the lives of disadvantaged students who lived in some persistently violent communities, families, and group homes. Some schools experienced chronic high-risk behaviors. These multifaceted circumstances combined with age, gender, personality, and time spent in school contributed to the antisocial school behaviors that occurred.

Students observed or were involved in chronic at-risk and high-risk behaviors. These behaviors were
externalized or directed outwardly at others in the form of school violence, or they were internalized and displayed as self-threatening or self-injurious behaviors (Nelson, Rutherford, & Wolford, 1996).

Students who engaged in these behaviors had been identified as at-risk youth by national, state, and local school administrators (CDE, 2012). These students were considered to be at-risk for failure in academic, social, employment, and economic areas throughout their life experiences. They were at-risk for becoming a part of the 3.8 million American youth who were not in school, did not have high school diplomas and were unemployed (Aron, 2010).

The City of Pomona located on the eastern border of Los Angeles County is an ethnically diverse urban community with an estimated population of 149,053 residents with one third of its population under the age of eighteen (ACS, 2009). This multiethnic community reflected 70% Hispanic, 14% white, 7% African American, 8% Asian and 2% other. More than 80% of the Hispanics were of Mexican heritage. Approximately 37% of the city’s population was foreign born.
Pomona was identified by the U.S. Census Bureau Report (2009) as one of the poorest cities in America with 22% of the residents living below the poverty level compared with 14.2% in the State. The per capita income was $16,573. Unemployment was higher than the County at approximately 14.4%.

The Pomona City Rating Crime Report (2010) reported the Federal Bureau of Investigation (FBI) law enforcement statistics indicated that the Pomona’s violent crime rate was higher than the national violent crime rate average by 42.31%. Property crime rate in Pomona was higher than the national property crime rate average by 0.28%. The city’s crime index for murders, rapes, robberies, assaults, burglaries, thefts, auto thefts, and arson was higher at 351.1 as compared to the U.S. average of 311.4. Pomona’s crime index was three times higher when compared to neighboring communities of Chino Hills, Diamond Bar, La Verne, and Walnut, and it was notably higher than Chino, and Upland.

According to the California Department of Justice report (2005), Pomona was home to sixty different street gangs. It was one of Southern California’s hotbeds of gang activity. Many of the “gang turf” areas included
and/or were near to PUSD campuses. Gang violence, drug, and alcohol abuse, juvenile delinquency, juvenile and adult crimes, robbery, assault, and intimidation were taken onto the school campuses. Numerous adolescents were officially delinquent but only three percent were expected to be adjudicated yearly (Kauffman, 2001). Youth who were on informal and formal paroled within California Juvenile Probation System attended schools in the district. Many of these students have been identified as having untreated medical and mental conditions.

An unidentified percentage of these students had entered the Juvenile Justice system and was identified as having untreated mental health disorders and/or substance abuse disorders. The justice system was unable to meet the mental health needs of these youth (Bilchik, 1998). They are processed, placed on probation, and returned to their homes, communities, and schools untreated. Their violent internalize and externalize behaviors increased the prevalence of chronic school violence and unpredictable circumstances within Pomona Unified School District. Academic and Guidance counseling and behavior management theoretical frameworks and approaches were
unsuccessful in decreasing at-risk low to medium behavior incidents and high-risk behavior incidents.

Purpose of the Study

The purpose of this study was to observe the effects of therapeutic counseling theoretical frameworks and approaches on at-risk and high-risk behaviors of at-risk students referred to the Pomona Unified School District School Mental Health Service Program. The School Mental Health Services was the only mental health program attached to a school in Los Angeles County. The County of Los Angeles contracted with this program to serve the needs of the residents in their Service Provider Area. The schools within the district referred at-risk students for behavior and socioemotional assessments and services.

The behavioral incidence rate, suspension and expulsion rates increased in some schools and remained constant in others despite the Response to Intervention (RTI) program school wide.

The district had not researched the reason for the persistent recalcitrant at-risk and high-risk student behaviors after guidance counseling and behavior management approaches. In response to this need for
research, this study examined the impact of therapeutic counseling theories and approaches on at-risk students who exhibited at-risk behaviors and high-risk behaviors.

The Pomona Unified School District and the School Mental Health Services program could more effectively plan and implement intervention strategies that would address the at-risk student population with knowledge of the impact of the services they had provided.

Significance of the Project for Social Work

The field of social work was concerned with human interaction within the layered and overlapping structures of the home, neighborhood, community, school, and supra subsystems. Social work theoretical frameworks, practices, and treatment approaches were designed to strengthen human resources and to maximize human potential. Social work practice was designed to engage and empower weak and disadvantaged individuals to successfully handle the stresses, strains, inequalities, and emotional disturbances that they encountered in life.

This research study on the impact of social work practice and mental health counseling on at-risk students was viewed as an essential instrumental in identifying
systems and strategies that would assist public school administrators in developing and integrating effective therapeutic behavioral components. Without evidence based research, it would be difficult to discuss social work practices and treatment methods that would significantly influence the socioemotional experiences of at-risk students.

The significance of this study was reflected in the values of the social work profession. It was the responsibility of social work professionals to assist disadvantaged students in obtaining access to the resources they needed to address the problems they faced in school, home and the community. These at-risk students deserved the opportunity to develop to their fullest potential.

A therapeutic counseling behavioral component, that emphasized clinical assessment, goal attainment, case management, and community referral of at-risk students, could be the appropriate response to intervention that would significantly change the lives of at-risk students.

Through social service research and the implementation of micro and macro practice systems, the socioemotional problems of at-risk students in public
school classroom settings could significantly decreased. Additional research on micro and macro levels could result in the implementation of social work counseling and case management practices as standardized components within the public educational system. These components would employ case managers and social workers to service at-risk students with external and internal high-risk behaviors.

This research study would contribute to Social work practice and knowledge. It could result in social workers being given macro and micro opportunities to be involved in the planning, programming, and implementation of at-risk student program components within the educational environment. Social work practitioners would penetrate deeper into the administrative and operational process of the public school system.
CHAPTER TWO

LITERATURE REVIEW

Introduction

Definitions of the terms at-risk students had broad dimensions and varied with the literary context. This literary review examined literature on at-risk students from an academic, socioeconomic and psychosocial prospective.

Origin of the Term At-risk

Alternative educational methods for at-risk students existed as early as colonial America; education for students considered disabled or mentally and emotionally challenged varied. Educational institutions were operated by the wealthy, people in the general population or by religious groups. These early alternative educational programs led to the two basic systems that exist today. The educational terms used to describe the difference in educational programs for at-risk students were “inside the system” and “outside the system” (Koetke 1999).

Alternative programs for at-risk behaviors inside the system were operated by the general public educational systems and serviced students with unique
educational needs. These educational needs included learning disabilities, potential dropouts, teenage parents, court adjudicated youth, violent students, and juveniles contained in detention systems (Aron, 2006).

Outside of the system alternative educational programs for at-risk students included elite and costly private schools, home schools, and educational institutions with a religious orientation. These systems rarely serviced middle and low-income families who represented the dropout and high-risk student population (Koetke 1999).

The two alternative education program designs that serviced high-risk students with emotional and behavior problems were described as Last Chance Schools and Remedial Schools. The Last Chance Schools offered continuation educational options for students with disruptive behaviors. These students were referred by the school district or the courts. Remedial Schools focused on students who needed academic remediation and social rehabilitation (Raywid 1994). Both models separated at-risk students from the general public school student population and did not incorporate social skills or psychosocial components as a part of the curriculum.
During the 1960's, public school districts developed alternative school programs that reached students who did not achieve in traditional school environments and those who had dropped out of school. These additional educational opportunities perpetuated the existing alternative educational system in the American public school system. Four hundred and sixty four alternative schools operated in various states by 1973 Knutson 1999).

In 1966, a national report entitled the Equality of Educational Opportunity was presented to the U. S. Congress. The report contributed the existence of the disadvantaged student population and their at-risk status to the socioeconomic and racial/ethnic differences in the distribution of American resources (Coleman, Campbell, Hobson, McPartland, Mood, Weinfield & York, 1966).

In 1975, five thousand (5,000) alternative schools existed nation wide. These alternative schools continued to increase in numbers expanding their academic focus to serve the needs of a wider range of at-risk students (Knutson 1999). These programs continued to omit practical behavior and social skills components to assist the students in changing their behaviors. The programs did not explore or acknowledge the socioemotional or
socioeconomic factors that put students at-risk for developing high-risk antisocial behaviors. Behavioral management strategies implemented to change at-risk students’ behaviors had two basic theoretical frameworks. The first was the juvenile justice system approach designed to eradicate at-risk and high-risk antisocial behaviors with the punitive rewards. The second approach was the “zero tolerance” strategy of immediate suspension or expulsion for any and all behavioral infractions (Dodge, 1999). These methods did not reduce at-risk or high-risk behaviors or teach or assist at-risk students’ reasoning and coping skills and strategies.

The Integration of Academic and Behavioral Components

The majority of at-risk students who demonstrated high-risk external and internal socioemotional behaviors performed below the expected academic levels (Johns, 2000). Bilchik (1997) believed that academic and behavioral deficits indicated the crucial need for preventive theoretical frameworks, strategies, and programs. He stated although traditional intervention efforts have focused on treatment after youth commit antisocial acts against society, years of research data
suggested that prevention is the effective intervention for reducing antisocial and high-risk behaviors in at-risk youth.

Many at-risk students with emotional and behavior problems did not adequately perform in the traditional K-12 general public education environment and drop out at alarming rates. In the year 2003, three million youth had not completed school and were unemployed (Aron, 2006).

Many at-risk students who remained in the general education system were transferred into alternative school programs housed in dilapidated inner city buildings, store fronts, portable schools or separated into a contained classroom settings within a general public school educational environment (Knutson, 1999).

The curriculum and environment were crucial elements for teaching and motivating at-risk students to develop competent academic skills and appropriate social behaviors. In addition to undesirable physical surroundings, school’s curriculum development and academic engagement were incompatible for at-risk students. Effective behavioral prevention programs and academic competence building strategies needed to be implemented (Ruhl & Berlinghoff, 1992).
Most students with emotional and behavior problems performed at one or more levels below their grade placement in academic areas. However, many students at-risk did not perform below grade level but were proficient in their academic performance (Lundenburg, 1999).

Aggressive, disruptive, defiant, combative, and noncompliant were a few of the labels used to describe all at-risk students with moderate and high-risk behaviors. Distinctions between external and internal high-risk behaviors were not made by administrators and educators of at-risk students. At-risk moderate behaviors of hostility, classroom disruption and angry outbursts were categorized the same as harmful high-risk-behaviors that included fighting, drugs usage, self-injury and vandalism. All students were placed in the same academic setting and received the same behavior management strategies (Nelson, Rutherford, & Wolford, 1996).

Therefore, in the at-risk student learning environment positive academic, behavioral, and social interactions had to occur horizontally (student to student) and laterally (teacher to students) so that a positive learning environment could be created. During
the turn of the century, evidence based frameworks and strategies for integrating the academic and behavioral management programs emerged as early as 2003 (Vaughn & Fuchs, 2003).

In the research study Integrating academic and behavior supports within a Response to Intervention Framework (2006), the researchers explained that there was a connection between students' academic skills and emotional and problematic behaviors. These researcher established a concrete evidence based connect between social competence and academic achievement (Bohanon, Goodman, & McIntosh, 2011).

First, these researchers documented a connection between problem behaviors and low academic skills. They acknowledged that the c connection may have been evident as early as kindergarten and developed as the student progressed from elementary to secondary school. This connection may have emerged in some students as their academic skills were challenged as they moved through various grade levels.

Second, they stated problems in math and behavior could be an indicator of future problems in other academic areas, and poor academic skills could be
connected to a wide range of behavior problems. Students who had difficulty academically found problem behaviors an effective way to avoid academic activities. While RTI integrated academic and behavior component the antecedent of the behavior was associated with academic difficulty and not socioemotional or socioeconomic risk factors.

RTI integrated academic and behavior supports. RTI systems, practices, and data analysis efficiently and reliably integrated intensive academic assessment and remediation with academic oriented functional behavior assessments and behavioral intervention plans. The theoretical framework was based on the premise that difficulty with academic subject initiated the behavior problems. Nationally and locally, these methods have not significantly impacted at-risk and high-risk behaviors. While school violence has declined, violent crime rates in the United States combined with other comparable nations is twice the combined rate (U.S. Department of Education and Justice, 2001).
Brenda Lindsey and Margaret White (2008) implemented an evidence based, school-wide approach for advancing socially appropriate behavior among at-risk students. The approach was called positive behavior interventions and support (PBIS). This approach reliably reported reductions in referrals and behaviors with the improvement of the school climate. This program incorporated the RTI three tier academic theoretical framework with solution-focused therapeutic interventions and cognitive behavioral therapy techniques to target and increase socially appropriate behaviors among students with learning disabilities who exhibited behavior problems. The literature indicated that this model could be implemented by school social workers.

In chapter twenty-two in Roberts Crisis Intervention Handbook Roberts (2005), Chris Steward and Gordon McNeil discussed crisis intervention used for chronic school violence and volatile situations. The authors discussed two primary forms of school violence. The first form of school violence varied in range and included bullying, theft, simple assault, and homicide. Catastrophic
outbursts against school peers and personnel, as typified by mass shootings represented the second types of violence. The authors acknowledged that while both forms require trained human service or school personnel, the frequency, severity and chronicity, of common forms of violence should receive the greater concern. The authors used Roberts’s (1991-1996) crisis intervention model combined with cognitive therapy to target survivors of school violence (MacNeil, & Stewart, 2005).

Theory

The crisis intervention process discussed was an application of Roberts’s Crisis Intervention Model combined with cognitive behavior therapy intervention strategies.

The goal of this therapy was to increase the at-risk student’s cognitive and behavioral skills to improve his or her functioning. Cognitive behavioral therapy’s basic tenet stated that at-risk students constructed their own reality. Students processed and assessed information and made judgments that went with their schema or plan. Students’ thinking was the primary determinant of their behavior. Their Thoughts were devoid of feelings.
However, their thoughts generated feelings or emotions. Cognitions or the use of reasoning affected students' behaviors and were manifested as behavioral responses. Cognitive distortions or faulty thinking by some students leads to violent behaviors and unpredictable situations. Modifying faulty though patterns, perceptions, and destructive verbalization altered their reasoning patterns (schematic patterns) resulting in constructive behavioral changes (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2010).

When assessing the lethality of school violence, it was imperative that the therapist assess the incident and the persons involved. The safety of the victimized student needed to be ensured and the perpetrator(s) identified and removed. The ongoing threat between the perpetrator and peer associates, and the victim had to be determined. Pertinent information regarding the violence must be objectively obtained from both students. Additional information must be obtained from school staff, security, student observers, and school records.

The cognitive processes of both students were processed to identify thoughts that were impeding them from functioning. Through empathic interpersonal skills
and responses, the therapist attempted to establish rapport and a positive alliance.

When establishing rapport and communication with each student, effective interviewing skills of attentive listening, paraphrasing, normalizing, and body language were implemented. Language, posture, or attitudes that gave an aura of discipline or authority were prevented to avoid undermining rapport. The therapist conducted a strength-based interview that deemphasized the victim and perpetrator roles (McNeil, & Steward, 2005).

Judith Beck's (1995) cognitive therapy principles required the establishment of a sound therapeutic alliance with the at-risk student. Empathic interpersonal skills were demonstrated continuously, and the transference of negative verbiage and behaviors by the student were released. An accurate identification of the student's emotional and cognitive state was obtained, and the student was encouraged to collaborate and participate through client exploration.

The therapist identified the major problems and precipitating events could be assisted in the processing of the event. Identifying patterns of behavior that could relate to the violent incident is imperative. Assisting
the student to focus on the interpersonal behavior
pattern encouraged the student's understanding of what
happened and the meaning of the violent act. This
understanding assisted the client in identifying and
avoiding the actual problem.

It was during this stage of the intervention that
cognitive therapy can be applied. This problem focused
and goal oriented approach to identifying the major
problems could help the student restructure negative
self-statements and provide insight and clarity into the
student's problems. This insight encouraged the student
to develop goals that prevented his or her lengthy focus
on the violent event.

The therapist was responsible for providing support
to the at-risk student. Shame, embarrassment, anger,
resentment, fear, powerlessness were emotions that the
student experienced after witnessing and being involved
in school violence. The at-risk students often
demonstrated limited emotional vocabulary and had
difficulty identifying and acknowledging their emotions.
The observation of social behavior and responses of the
student during the aftermath of violence was critical.
Peer pressure was a major factor for students, and social
withdrawal often occurred through absenteeism and the shifting of social groups. Regular talk sessions allowed the student to work through his or her feelings. These sessions gave the therapist an opportunity to assist the student in reconciling mixed and complicated emotions. Helping the student to normalize his or her reactions was imperative. The student could not move forward in the process of meaningful problem solving if this process was not effectively completed.

The cognitive therapeutic process included emphasizing and engaging the at-risk student in processing the here and now. The therapist encouraged the student to cognitively process the violent event in a present perspective to obtain a more reasonable assessment of situations surrounding the act. This process usually led to an identifiable reduction in the student’s mental and physical stressors.

During the process of exploring possible alternatives, the therapist assisted the at-risk student in brainstorming to generate a list of alternative solutions to the problem(s). The student was encouraged to challenge his or her unreasonable though processes. Together, the student and therapist explored his or her
perceptions and compared them to the outside world. This process will help the student to perceive other ways of thinking and viewing his or her worldview.

The cognitive behavioral therapeutic goal at this stage was to teach the student how to engage in realistic appraisal of his or her cognitive thinking processes. The therapeutic goal is to educate the at-risk student about the cognitive process and empower the student to assess and evaluate his or her own thoughts and emotional patterns. This decreased the student’s dependence on the therapeutic contributions.

Summary

This literary review demonstrated the evolution of theoretical frameworks of behavior management for at-risk students and their impact on at-risk and high-risk behaviors. The literature has included effective evidence based programs that incorporated mental health theoretical frameworks as an intervention for at-risk behaviors.
CHAPTER THREE

METHODS

Study Design

The purpose of this study was to observe, through the review of sequential files, the effects of therapeutic counseling theoretical frameworks and approaches on at-risk and high-risk behaviors of at-risk students referred to the Pomona Unified School District School Mental Health Service Program. This study utilized a data extraction tool to removed data from clients' termination assessment record. A termination form was completed by the therapist on all clients exiting the program. The limitation to this process was the program participants' responses of their perception of the impact of the therapeutic process were not recorded.

This study utilized a quantitative approach to address the causality question Did therapeutic counseling services to at-risk students decrease the incidence rates of at-risk and high-risk behaviors and result in opportunities for improved academic learning and progress?
The impact of therapeutic counseling on each at-risk student with at-risk or high-risk behavior was determined by the therapist’s progress assessment and case termination evaluation.

The independent variable was therapeutic counseling. Therapeutic counseling was considered a constant and a quality shared by all at-risk students in the study. This research study design measured the association between various dependent variables and at-risk and high-risk behaviors to determine relationship. The limitation to this approach was the $R^2$ = Random sample was drawn from a specific geographical location and population and $O_1$ = First and only measurement of the dependent variables.

School Mental Health Services effective program operation, evaluation, and the procurement of grant funds to extend services to at-risk students were predicated on program outcomes. Therefore, significant findings would allow them to effective serve and extend services to at-risk students.
Sampling

The population for this study was selected from the case files of the Pomona Unified School District School Mental Health Services program in Pomona, California. Sixty-two case files of at-risk students who exhibited moderate or high-risk behaviors and was serviced between the dates of May 1, 2007 and December 31, 2012 were randomly chosen. These case files represented students from elementary, middle and secondary school levels.

The at-risk student sampling pool met the following criteria: 1) a history of repetitive at-risk and high risk behaviors (e.g., defiance, aggression, vulgarity, violence, angry outbursts, disruption, fighting, substance abuse, withdrawn, suicidal ideation, self-injurious, depression; 2) the school designation did not include special education; and 3) their grade level performance was recorded upon admission to the program.

Permission to extract data for client files was granted by the School Mental Health Services Director/Program Coordinator Patricia Azevedo, MFT.
Data Collection and Instruments

Data was collected via an extraction tool. The areas of information extracted from the clients' records were demographics, grade level, performance level, referral source, category of risk e.g. at-risk (moderate risk) or high-risk and secondary diagnosis. Additional dependent variable data extracted from the files included exhibited behaviors of at-risk students, outside family and community risk factors, continued, or discontinued therapy, behavior incidence rates, and referral for additional services.

The instrument used was an extraction tool developed by the researcher. The areas incorporated into the extraction tool reflected behaviors and risk factors associated with the socioemotional and socioeconomic experiences of the at-risk sampling in the school, home and community. The limitation of the extraction tool was the inconsistent manner in which the therapist recorded information and the inability of the social service agency to compile data forms that effective measure macro and micro outcomes essential to program evaluation and research.
The data collected included behavioral assessment tools student behavioral referrals, types and categories of behavior interventions, citizenship designations, number of expulsions and suspensions with reasons, academic performance, continuum of behavior management and techniques, techniques designed to foster pro-social behavior, and staff training referral to community agencies.

The high-risk student behavior was the independent variable. The impact of high-risk behavior on academic performance was the dependent variable. An existing instrument that addressed the high-risk students within the general population was designed.

The data extraction tool extracted behavioral and academic performance data from sequential files of anonymous students with at-risk behaviors.

**Procedures**

The first element of sequential files of at-risk students was randomly selected. The total number of cases in this population was divided by the fifty cases required for the sample. The sampling interval was obtained from a random number for the first sampling.
interval after which the first file was selected. After the selection of the first file, every nth case was selected for the sample. Twelve additional files were selected to increase the data number in each category. The sequential files were kept in a secured locked file cabinet at PUSD School Mental Health Services site until the unidentifiable data extraction tool was transported for input into SPSS.

Protection of Human Subjects

The anonymity of the students' information extracted from Pomona Unified School District School Mental Health Services files was protected. The data was extracted from sequential case records without identifiers. The de-identified data was sufficiently protected from re-identification. The sequential files were kept in a secured locked file cabinet at PUSD School Mental Health Services site until the unidentifiable data was securely transported for input into SPSS. The survey and unidentifiable case files were not classified as sensitive and did not require a Certificate of Confidentiality protecting it from subpoena by third parties. The unidentifiable files were personally
destroyed per PUSD prescribed measures—the documents were shredded and burned. No other person or department had access to the unidentifiable files and survey data. Appropriate protective measures were adhered to when collecting and transporting the unidentifiable data from the school site for SPSS data input.

The Pomona Unified School District School Mental Health Services Director was informed of when and where the research findings of the study could be accessed.

Data Analysis

Quantitative procedures were utilized to resolve the causality research question. The data collection was coded in subsequent SPSS computer program input. Chi-square tests of association compared all categories. The descriptive statistics included frequency distributions and measure of central tendency, as well as dispersion.

Variables measured included at-risk and high-risk behaviors recorded in the files by the therapist, the clients demographics and outside risk factors experienced by the client.
Summary

The first step in answering the causality research question was to collect the data, preserve the identity of clients files collected and prepare it for analysis. The second step required the implementation of chi-square tests of association between dependent variables and at-risk and high-risk behaviors.
CHAPTER FOUR

RESULTS

Introduction

Crosstabulations and Chi-Square Tests were used to determine whether therapeutic intervention decreased at-risk and high-risk behavior incidence rates, and the association between dependent variables and at-risk and high-risk behaviors were measured. Table 1 shows the demographic characteristics obtained through secondary observation of the PUSD School Mental Health Services case files of at-risk students.

Demographic Characteristics

There were a total of 62 case files studied. The age range of the at-risk student case sample studied was 8 to 17 years. The mean age of at-risk behavior cases was 13.68 years and presented 61% of the client cases measured. The mean age of high-risk behavior cases was 14.00 and represented 39% of client cases measured.

The gender categories of the 62 at-risk student cases studied showed that 26% of at-risk behaviors were exhibited by males, and 35% of at-risk behaviors were exhibited by females. The high-risk behaviors cases
studied showed that 13% of the males exhibited high-risk behaviors and 26% of females exhibited high-risk behaviors. The chi-square test was used to determine whether there were association between the gender variable and at-risk and high-risk behaviors. No significant association was found between gender and at-risk or high-risk behaviors $\chi^2 (1, n = 62) = .48$, $p = .49, p > .05$. However, the test was valid with (0.0%) cells count less than 5 pointing towards future analysis with a larger sample size and case files study comparison group.

In regard to ethnicity and the at-risk student case study sample (n = 62), 90% were Hispanic, 6% were Caucasian, 2% were African American, and 2% were Pacific Islander/Asian. The ratio corresponded to the demographic quantifiable statistics of the Pomona Unified School District population. A breakdown of behaviors into ethnic categories revealed the following data: at-risk behaviors and 61% of cases studied (n = 38) showed 56% were Hispanic, 3% were Caucasian, and 2% were African American. High-risk behaviors and 39% of cases studied (n = 24) revealed 34% were Hispanic, 3% were Caucasian and 2% were Pacific Islander/Asian. To determine the
association between ethnicity and at-risk and high-risk behaviors, the chi-square test was implemented. No significant association was found between ethnicity and at-risk or high-risk behaviors $\chi^2 (3, n = 62) = 2.5, p = .48 p > .05$.

Table 1. Demographic Characteristic of At-risk Students

<table>
<thead>
<tr>
<th>Case Files</th>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-risk</td>
<td>38</td>
<td>13.68</td>
<td>2.6</td>
<td></td>
<td>61%</td>
</tr>
<tr>
<td>High-Risk</td>
<td>24</td>
<td>14.00</td>
<td>1.4</td>
<td></td>
<td>39%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-risk</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
<td>61%</td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>High-Risk</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td>39%</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-risk</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
<td>61%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td>56%</td>
</tr>
<tr>
<td>African American</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>High-risk</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td>39%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td>34%</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>
Antisocial Activities Associated with At-risk Students

Table 2 was developed to show the association between at-risk and high-risk behaviors and antisocial activities that required the therapeutic intervention obtained in the School Mental Health Services program. Chi-square and crosstab tests were applied to depend variable such as physical assault/bulling, substance abuse, anger outbursts, and defiance. Test results revealed that 77% (N = 48) of the at-risk students engaged in physical violence/bullying. 50% (n = 31) of students with at-risk behaviors were involved in assault/bulling, and only 27% (n = 17) of students with high-risk behaviors in the program were involved in physical violence/bullying. The chi-square test showed that there was no significant correlation between the two variables \( \chi^2 (1, n = 62) = .97, p = .32, p > .05 \). The (0.0%) had the expected count of less than 5. The test was valid and a larger sample is indicated if further testing is executed.

A marginal significance was indicated when the substance abuse variable was paired with at-risk and high-risk behaviors. The at-risk student involvement
recorded in the program files yield a small number (n = 7) with an 11% total. The chi-square test results showed $\chi^2 (1, n = 62) = 7.3$, p = .007, p < .05. However, the 2 cells revealed (50.0%) and rendered the test invalid. These results indicated that a larger sample size may have produced different results.

The crosstab and chi-square tests showed a significant association between anger outbursts and at-risk and high-risk behaviors. 22% (n = 14) of student case studied reported angry outbursts were demonstrated by at-risk students. 25% (n = 16) of at-risk students who exhibited more intense antisocial high-risk behaviors associated anger outburst with high-risk behaviors $\chi^2 (1, n = 62) = 5.2$, p = .022, p < .05.

Crosstabs were run to test the association between defiance and at-risk and high-risk behaviors. The association between these variables was not significant. The data recorded only 33% (n = 21) of at-risk students engaged in defiance. 19% (n = 12) were at-risk behaviors, and 14% (n = 9) were high-risk behaviors. The chi-square test was valid but not significant $\chi^2 (1, n = 62) = .23$, p = .63, p > .05.
Table 2. Antisocial Activities Associated with At-risk and High-risk Behaviors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical assault/bulling</td>
<td>48</td>
<td>77%</td>
</tr>
<tr>
<td>At-risk</td>
<td>31</td>
<td>50%</td>
</tr>
<tr>
<td>High-Risk</td>
<td>17</td>
<td>27%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>At-risk</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>High-risk</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Anger outbursts</td>
<td>30</td>
<td>48%</td>
</tr>
<tr>
<td>At-risk (n = 38)</td>
<td>14</td>
<td>23%</td>
</tr>
<tr>
<td>High-risk</td>
<td>16</td>
<td>25%</td>
</tr>
<tr>
<td>Defiance</td>
<td>21</td>
<td>33%</td>
</tr>
<tr>
<td>At-risk (n = 38)</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>High-risk</td>
<td>9</td>
<td>14%</td>
</tr>
</tbody>
</table>

Family, Neighborhood and Community Risk Factors

Literature had proven that layered and overlapping family, neighborhood, and community subsystems were empirically related to the at-risk and high-risk behavior outcomes. Table 3 was developed to measure these risk factors/variables and their association with the recorded at-risk and high-risk behaviors recorded in the case files. These exterior risk factors included domestic
abuse, homelessness, probation, and marginal parenting. Crosstab and chi-square tests were applied to the data.

A total of 13% (n = 8) of at-risk students reported domestic violence to their therapist during treatment. Students with at-risk behaviors who reported totaled 5% (n = 3). 8% (n = 5) of students with high-risk behaviors reported domestic violence. There was no significant association between these variables $\chi^2 (1, n = 62) = 2.1$, $p = .14$, $p > .05$. Student reporting in this community after the informed consent process is an issue to explore.

The crosstab and chi-square tests showed no significant association between at-risk students' behaviors and homelessness $\chi^2 (1, n = 62) = 2.2$, $p = .12$, $p > .05$. Of the 62 case files reviewed, only 1 case of homelessness was recorded. Only 2% (n = 1) of the student sample who exhibited high-risk behaviors reported experiencing homelessness.

The chi-square test indicated that the probation results were significant no risk reported for at-risk behaviors and 8% (n = 5) of students with high-risk behaviors indicating probations involvement $\chi^2 (1, n = 62) = 8.6$, $p = .003$, $p < .05$. However, The
2 cells expected count reported more than the 20% allowed (50.0%) indicating that the test was invalid. An increase sample size should be considered for further testing.

The test results for negligible parenting concerns were insignificant $\chi^2 (1, n = 62) = .86, p = .35, p > .05$, with a 0 cells count of (0.0%) which indicated that the test was valid. A total of 47% ($n = 29$) at-risk student case files from the School Mental Health Services program recorded negligible parenting. The case files of 26% ($n = 16$) of students who exhibited at-risk behaviors reported negligible parenting, and 21% ($n = 13$) of the high-risk behaviors reported negligible parenting.
Table 3. Family, Neighborhood and Community Risk Factors
Association with At-risk and High-risk Behaviors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic abuse</td>
<td>8</td>
<td>21%</td>
</tr>
<tr>
<td>At-risk</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>High-Risk</td>
<td>5</td>
<td>13%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>At-risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-risk</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Probation</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>At-risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-risk</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Marginal parenting</td>
<td>29</td>
<td>47%</td>
</tr>
<tr>
<td>At-risk</td>
<td>16</td>
<td>26%</td>
</tr>
<tr>
<td>High-risk</td>
<td>13</td>
<td>21%</td>
</tr>
</tbody>
</table>

Table 4 was developed to evaluate the hypothesis that mental health therapeutic counseling services to at-risk students would decrease the incidence rates of at-risk and high-risk behaviors. 62 (n = 62) at-risk students who were referred to the School Mental Health Services program were categorized as exhibiting at-risk/moderate behaviors (n = and high-risk behaviors. All students with at-risk and high-risk behaviors received therapeutic counseling (n = 62). Data was
collected from the files to record the at-risk students' level of academic performance upon entering and exiting the program. Data was collected to determine what percentage of the students continued therapy, were referred for more intensive therapy, and received clinical diagnoses. Data was collected to determine if at-risk and high-risk behavior rates of at-risk students who continued therapy decreased, were unchanged, or increased.

The academic performance levels of the samples revealed that 42% (n = 25) of recorded at-risk behaviors had below grade level performance. 33% (n = 20) of students with high-risk behaviors had below grade level performance. 20% (n = 12) of at-risk behaviors had grade level performance, and 5% (n = 3) of high-risk behaviors had grade level performance. The chi-square test was insignificant \( \chi^2 (1, n = 62) = 2.9, p = .23, p > .05 \).

The crosstab and chi-square test were insignificant for association between at-risk behaviors and high-risk behaviors and continued therapy \( \chi^2 (1, n = 62) = .44, p = .51 \). A total of (N = 13) 21% at-risk students discontinued therapy; of these (n = 9) 15% were at-risk behaviors and (n = 4) 6% were high-risk behaviors.
At-risk students who continued therapy showed totals of 79% (n = 49). 47% (n = 29) of at-risk behaviors continued therapy, and 32% (n = 20) of students with high-risk behaviors continued therapy. The 0 cells expected count indicated that although the tests were not significant the test was valid.

Crosstabulation and chi-square test were run to ascertain the association between at-risk and high-risk behaviors and clinical diagnosis given after therapeutic assessment. Of the (n = 62) at-risk student records reviewed, 58% (n = 36) of the at-risk students were assessed and received clinical diagnoses. 35% (n = 22) were students who showed at-risk behaviors, and 23% (n = 14) exhibited high-risk behaviors. The test was insignificant $\chi^2 (1, n = 62) = .001, p = .97, p > .05$. The 0 cells had a count of less than 5 (0.0%) the test was valid if not significant.

The final crosstab and chi-square test used to determine if at-risk behaviors and high-risk behaviors decreased after therapeutic interventions. Three categories of behavior responses were analyzed including decrease behavior, same behavior, and increased behavior. Of (n = 62) case files reviewed, 79% (n = 49) experienced
a decrease in behavior incidences. 50% (n = 31) were students with at-risk behaviors and 29% (n = 18) exhibited high-risk behaviors. 19% (n = 12) of the behaviors remained the same. 11% (n = 7) at-risk behaviors remained the same after intervention. 8% (n = 5) of students who exhibited high-risk behaviors, behaviors remained the same. 2% (n = 1) of high-risk behaviors escalated after therapeutic intervention.

This test was insignificant \( \chi^2 (2, n = 62) = 1.7, \ p = .43, \ p > .05; \) 35% (n = 22) of the at-risk students were referred for continued services. 22% (n = 12) were students with at-risk behaviors and 16% (n = 10) were students who displayed high-risk behaviors. The tests results were considered insignificant \( \chi^2 (1, n = 62) = .65, \ p = .42, \ p > .05. \) The test was considered valid with a 0 cells expected count of less than 5 (0.0%).
Table 4  At-risk and High-risk Behaviors After Therapeutic Counseling

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequencies (n)</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued therapy</td>
<td>49</td>
<td>79%</td>
</tr>
<tr>
<td>At-risk</td>
<td>29</td>
<td>47%</td>
</tr>
<tr>
<td>High-risk</td>
<td>20</td>
<td>32%</td>
</tr>
<tr>
<td>Discontinue therapy</td>
<td>13</td>
<td>21%</td>
</tr>
<tr>
<td>At-risk</td>
<td>9</td>
<td>15%</td>
</tr>
<tr>
<td>High-risk</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Intensive therapy</td>
<td>22</td>
<td>35%</td>
</tr>
<tr>
<td>At-risk</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>High-risk</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>Clinical Diagnosis</td>
<td>36</td>
<td>5%</td>
</tr>
<tr>
<td>At-risk</td>
<td>22</td>
<td>35%</td>
</tr>
<tr>
<td>High-risk</td>
<td>14</td>
<td>23%</td>
</tr>
<tr>
<td>Academic performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below Grade Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-risk</td>
<td>(n = 25) 42%</td>
<td>(n = 12) 20%</td>
</tr>
<tr>
<td>High-risk</td>
<td>(n = 20) 33%</td>
<td>(n = 03) 5%</td>
</tr>
</tbody>
</table>
Table 5. Decreased At-risk and High-risk Behaviors After Therapeutic Intervention

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Decrease (n) (%)</th>
<th>Same (n) (%)</th>
<th>Increase (n) (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-risk BX Count</td>
<td>31 50%</td>
<td>7 11%</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>High Risk BX Count</td>
<td>18 29%</td>
<td>5 8%</td>
<td>1 2%</td>
<td>24</td>
</tr>
<tr>
<td>Total Count</td>
<td>49 79%</td>
<td>12 19%</td>
<td>1 2%</td>
<td>62</td>
</tr>
</tbody>
</table>
CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the findings of this study, the implications, and recommendations for social work practice policy, and research in the area of services for at-risk youth with at-risk and high-risk behaviors.

Discussion

Based on the data extracted from the files of at-risk students and the chi-square tests analysis in the preceding chapter, there is no statistical significant relationship between therapeutic counseling to at-risk students and decreased at-risk and high-risk behaviors incidence rates.

The causality question suggested that therapeutic counseling for at-risk students would decrease their at-risk and high-risk behavior incidence rates. The research analysis did not support the implied hypothesis that therapeutic counseling would significantly impact at-risk students' behavior and increase their incidence rates. However, the research findings supported Bilchik's
(1997) interpretation of decades of research. He stated traditional intervention efforts have focused on treatment frameworks strategies and approaches to intervene after youth commit antisocial acts against society. Bilchik believed that years of research data suggested that prevention strategies is the most effective intervention for reducing antisocial and high-risk behaviors in at-risk youth.

One significant and relevant finding was revealed in the chi-square statistical analysis. There was a relationship between anger outburst and at-risk behaviors. The study found that at-risk students with high-risk behaviors are more likely to engage in anger outburst than at-risk students with moderate behaviors. This finding did not support or refute the causality question. The finding was supportive of the literature presented by Chris Steward and Gordon McNeil (2005). The authors stated that of the two forms of behavior, students with High-risk behaviors exhibited catastrophic outbursts against school peers and personnel.

There were several possibilities for the analysis outcome pattern. Most complex behaviors do not have single causes. This was illustrated by James Coleman’s
research findings. He declared that students with at-risk behaviors responded to complex layered overlapping structures that influenced their behaviors. These layered structures included peers, families, neighborhoods, communities, and schools. These structures mutually influenced student interaction and reactions. This theoretical framework implied that behavior intensity or reduction had multifaceted areas of influence.

Limitations

During the extraction of research data, inconsistencies in the manner the therapist-recorded data was noted. It was evident that social service agencies did not record data and information consistently and with validity. Integrating evidence based practices into the Therapists' and staff surveys, record keeping practice guidelines would be difficult and a major change for the cultural environment. These factors contributed to the limitations of this study.

The data for the research study was collected from one geographical area and a specific population. This process limited the sampling pool and the quality of the
sample. As a result, the researcher had a small sample of at-risk files. This small sample did not allow sufficient data input to cells. A larger sample size would have decreased the probability of errors. Four of five test were valid with three in significant.

The contrast between the dependent variables labeled at-risk behaviors and high-risk behaviors was negligible. The preferred study for causation would have been cohort or a case-control study.

Recommendations for Social Work Practice, Policy and Research

The researcher recommended that School Mental Health Services and other social service agencies develop organizational policies procedures and practices that demand consistent and effective documentation of outcomes. Significant progress in testing and evaluating social work intervention has become the wave of the future and is essential to evidence based social work practice, policy and research

Conclusions

This researcher has observed effective mental health, community resources, and family support programs
in The Pomona Unified School District School Mental Health Services. These effective services would become apparent with the implementation of relevant documentation.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT

The study in which you are being asked to participate is designed to explore the need for therapeutic counseling as a standard intervention service for students who demonstrate high-risk emotional and social behaviors. This study is being conducted by graduate student Doris A. Baker under the supervision of Professor Stanley Taylor, Ph D. at California State University, San Bernardino (CSUSB). This study has been approved by the School of Social Work Sub-Committee of the CSUSB Institutional Review Board.

PURPOSE: The purpose of this study is to explore the effects of standardized therapeutic assessment and counseling on the behaviors and academic performance of students who exhibit high-risk social and emotional behaviors.

DESCRIPTION: If you take part in this study, you will be asked to fill out a questionnaire that asks about your knowledge of and experience with students who demonstrate high-risk behaviors.

PARTICIPATION: Participation is voluntary, and you can skip questions you do not want to answer.

CONFIDENTIALITY OR ANONYMITY: No identifying information is requested and the information you give will remain anonymous. The anonymous data from the questionnaire will be compiled into SPSS statistical data.

DURATION: Completion of the questionnaire is approximately 15 minutes.

RISKS: There are no foreseeable risk to taking part in the study and no personal benefits.

BENEFITS: Your knowledgeable responses will help the academic and behavioral communities to understand the intensity and frequency of multifaceted high-risk behaviors encountered in the general education setting and the challenges it can present.

CONTACT: If you have questions or concerns about this study, you can contact Dr. Stanley Taylor at (909) 537-5584.

RESULTS: The research findings of this study can be accessed at Pomona Unified School District and John M. Pfau Library at California State University, San Bernardino after September, 2013.

By marking below, you acknowledge that you have been fully informed about this questionnaire and are volunteering to take part.

Place a check mark here __________________________ Date: __________________________

55
APPENDIX B

DEBRIEFING STATEMENT
Study of Therapeutic Counseling Intervention for At-risk Students

Debriefing Statement

Thank you for your participation in this study conducted by Doris A. Baker, MSWI student at California State University, San Bernardino. The questionnaire you have just completed was designed to explore the effects of therapeutic counseling interventions, clinical assessment, and goal attainment on the high-risk social and emotional behaviors of at-risk students.

If you have questions about the study, please feel free to contact Doris A. Baker or Dr. Stanley Taylor at (909) 537-5584. If you would like to obtain a copy of the results of this study, please contact the Pomona Unified School District or John M. Pfau Library at California State University, San Bernardino after September 2013.
REFERENCES


