ADVENTURE BASED COUNSELING: EXPLORING THE IMPACT OF ABC ON ADAPTIVE FUNCTIONING IN HIGH SCHOOL MALES

David D. Christian, B.A., M.S.

Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

August 2013

APPROVED:

Cynthia K. Chandler, Major Professor
Delini Fernando, Committee Member
Jonathan H. Ohrt, Committee Member
Janice Holden, Chair of the Department of Counseling and Higher Education
Jerry R. Thomas, Dean of the College of Education
Mark Wardell, Dean of the Toulouse Graduate School
The purpose of this study was to examine the impact of ABC on adaptive functioning in high school males. Specifically, a pretest/posttest, experimental design (N = 46; Caucasian = 26, Hispanic = 20) was used to examine the changes in adaptive and maladaptive functioning in ABC participants (n = 21) compared to those in a control/waitlist group (n = 25) as measured by the Behavior Assessment System for Children, second edition (BASC-2). Participants randomly assigned to the treatment group engaged in 10 ABC sessions. In order to better understand group process in ABC, I had experimental group participants complete the Group Climate Question Short form (GCQ-S) three times during the intervention. A mixed between/within subjects ANOVA of the BASC-2 scores revealed a statistically significant increase in adaptive functioning for both groups, F(1, 33) = 8.58, p < .01, with a partial eta squared of .21 indicating a large effect. There was no statistically significant difference between the experimental and control/waitlist groups, F(1, 33) = .064, p = .80, and a very small effect size (partial eta squared < .01). A repeated measures ANOVA of the GCQ-S scores revealed a statistically significant increase in engagement, F(2, 38) = 4.067, p = .025, with an eta squared of .21, indicating a large effect. Limitations of the study, implications of the results for practice, and recommendations for future research are presented.
ACKNOWLEDGEMENTS

Although my words will inevitably fall short, I want to express my appreciation to all of the people who have supported me through this process. First and foremost, I offer my deepest love and most sincere gratitude to my amazing wife, Amy, and son, Mack. You brought me joy and snacks and made me take those much needed breaks. You were both amazingly gracious when I was in my zombie-like state after long nights of writing. Mom, thanks for being willing to read early drafts over and over, entertaining Mack, and keeping the house in order while I spent those long days writing. Dad, thanks for the meals and offering encouraging words when I needed them. To Mrs. Fischer, thanks for giving me a chance at this dissertation. Dorton, you’re the best co-facilitator I could have asked for and I am grateful for your help in working out the logistics for this thing. Dr. Kern, experiencing your positive attitude and resilience during our back porch chats helped me endure the long nights and frustrating groups. Dr. Ray, although not an official committee member, your willingness to review my work and offer honest feedback is the essence of social interest. Finally, I want to thank my incredible dissertation chair, Dr. Chandler, and steadfast committee, Dr. Fernando and Dr. Ohrt. Dr. Chandler, your supervision made me a better counselor and you always knew what to say to urge me on to the finish line. Your ability to offer honest feedback in such an encouraging way made this process not only bearable, but also enjoyable. Dr. Fernando and Dr. Ohrt, I am forever grateful for how much you both taught me about facilitating groups and working with students in schools. Thank you both for your suggestions through this process, you inspire me.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>viii</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>x</td>
</tr>
<tr>
<td>CHAPTER 1 INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of the study</td>
<td>7</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>7</td>
</tr>
<tr>
<td>Conclusion</td>
<td>9</td>
</tr>
<tr>
<td>CHAPTER 2 LITERATURE REVIEW</td>
<td>10</td>
</tr>
<tr>
<td>High School Counseling</td>
<td>10</td>
</tr>
<tr>
<td>High School Students</td>
<td>11</td>
</tr>
<tr>
<td>Developmental Tasks</td>
<td>11</td>
</tr>
<tr>
<td>Developmental Changes and Functioning</td>
<td>12</td>
</tr>
<tr>
<td>Physiological Changes</td>
<td>12</td>
</tr>
<tr>
<td>Cognitive Changes</td>
<td>14</td>
</tr>
<tr>
<td>Social-emotional Changes</td>
<td>16</td>
</tr>
<tr>
<td>Behavioral Difficulties in Male High School Students</td>
<td>18</td>
</tr>
<tr>
<td>Stress and School Achievement</td>
<td>18</td>
</tr>
<tr>
<td>Risk Taking</td>
<td>19</td>
</tr>
<tr>
<td>Language</td>
<td>21</td>
</tr>
<tr>
<td>Adaptive Functioning</td>
<td>23</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>1.</td>
<td>At-Risk Factors as Criteria for Participation in Study</td>
</tr>
<tr>
<td>2.</td>
<td>Demographic Data</td>
</tr>
<tr>
<td>3.</td>
<td>Test-Retest Reliability of BASC-2 Composites</td>
</tr>
<tr>
<td>4.</td>
<td>Mean Scores for the Personal Adjustment Composite</td>
</tr>
<tr>
<td>5.</td>
<td>ANOVA Summary Table for Personal Adjustment Within-Subjects Effects</td>
</tr>
<tr>
<td>6.</td>
<td>ANOVA Summary Table for Personal Adjustment Between-Subjects Effects</td>
</tr>
<tr>
<td>7.</td>
<td>Mean Scores for the School Problems Composite</td>
</tr>
<tr>
<td>8.</td>
<td>ANOVA Summary Table for School Problems Within-Subjects Effects</td>
</tr>
<tr>
<td>9.</td>
<td>ANOVA Summary Table for School Problems Between-Subjects Effects</td>
</tr>
<tr>
<td>10.</td>
<td>Mean Scores for the Internalizing Problems Composite</td>
</tr>
<tr>
<td>11.</td>
<td>ANOVA Summary Table for Internalizing Problems Within-Subjects Effects</td>
</tr>
<tr>
<td>12.</td>
<td>ANOVA Summary Table for Internalizing Problems Between-Subjects Effects</td>
</tr>
<tr>
<td>13.</td>
<td>Mean Scores for the Inattention/Hyperactivity Composite</td>
</tr>
<tr>
<td>14.</td>
<td>ANOVA Summary Table for Inattention/Hyperactivity Within-Subjects Effects</td>
</tr>
<tr>
<td>15.</td>
<td>ANOVA Summary Table for Inattention/Hyperactivity Between-Subjects Effects</td>
</tr>
<tr>
<td>16.</td>
<td>Mean Scores for the Emotional Symptoms Index Composite</td>
</tr>
<tr>
<td>17.</td>
<td>ANOVA Summary Table for Emotional Symptoms Index Within-Subjects Effects</td>
</tr>
<tr>
<td>18.</td>
<td>ANOVA Summary Table for Emotional Symptoms Index Between-Subjects Effects</td>
</tr>
<tr>
<td>19.</td>
<td>Mean Scores for the Engaged, Conflict, and Avoiding Scales</td>
</tr>
</tbody>
</table>
20. ANOVA Summary Table for Engaged Scale on GCQ-S ........................................ 82
21. ANOVA Summary Table for Conflict Scale on GCQ-S ......................................... 83
22. ANOVA Summary Table for Avoiding Scale on GCQ-S ......................................... 84
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plotted means for scores on GCQ-S Engaged Scale</td>
<td>82</td>
</tr>
<tr>
<td>2. Plotted means for scores on GCQ-S Conflict Scale</td>
<td>83</td>
</tr>
<tr>
<td>3. Plotted means for scores on GCQ-S Avoiding Scale</td>
<td>84</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Adolescence, a time of immense change and transition, is marked not only by contextual changes from middle school to high school but also (a) physiological, (b) cognitive, and (c) social-emotional changes (Coleman, 2011; Compas & Wagner, 1991; McIntosh, Flannery, Sugai, Braun, & Cochrane, 2008). While there is no clear demarcation between the developmental stages (Coleman, 2011), the transition from middle school to high school is associated with early adolescence (Cramp, 1987). During this time, physiological changes often trigger cognitive, emotional, and social transformations (Coleman, 2011; Hertzog & Morgan, 1997).

Puberty brings on physiological changes in the brain as well as the rest of the body. As the brain develops, hormone levels begin to change, throwing the adolescent into what can feel like a whirlwind of emotion and behaviors. Clumsiness, self-consciousness, emotional extremes, and risk-taking behavior are all associated with these developmental changes (Coleman, 2011; Santrock, 2011). Females and males experience physiological changes associated with puberty differently. The onset of puberty, brain development, and behavior all look different between boys and girls (Gur et al., 1995; Santrock, 2011).

This change occurring in the brain is the physiological basis that enables increased cognitive functioning in adolescents. Cognitive development allows adolescents to think more abstractly (Coleman, 2011) and increases attention, working memory, processing speed, organization, and meta-cognition (Casteel, 1993). Elkind (1967) found that during adolescence, people develop the capacity to consider what
others are thinking. Unfortunately, as this ability is first developing, it often results in egocentrism (Elkind, 1967); the incorrect belief that everyone must have the same thoughts as the adolescent. Also, as cognitive ability improves, so does moral reasoning (Coleman, 2011).

Adolescents experience a plethora of social-emotional changes as well. Coleman (2001) stated that adolescents often experience emotions, whether positive or negative, to the extreme. Changes in brain functioning and increased hormonal levels contribute to this elevated emotional arousal. The inability or lack of opportunity to express these complex emotions can cause adolescents to suppress their feelings (Robertson & Shepard, 2008). This inability to effectively deal with emotions can also lead to coping mechanisms that are detrimental to the individual as well as society. Specifically, previous literature indicates that the inability to cope with social-emotional changes in adolescence can lead to problems with anger and aggression (Jakupcak, Tell, & Roemer, 2005) as well as increased alcohol and other substance abuse (Monk & Ricciardelli, 2003). Changes in social functioning and relationships also occur during this time, resulting in adolescents preferring to be with their peers (Akos & Martin, 2003; Coleman, 2011, Laursen & Oliver, 2003). Adolescents increasingly look to their peers in order to learn what behaviors are acceptable (Bandura, 1977). This pressure to conform their behavior to what is acceptable has been found to peak in the ninth grade (Newman, Lohman, Newman, Myers, & Smith, 2000). Previous research indicated that positive peer support had a profound impact on the school transition (Martinez, Aricak, Graves, Peters-Myszak, & Nellis, 2011). When connected with high achieving peers who did not exhibit behavior difficulties, adolescents tended to have higher self esteem,
a higher level of personal adjustment, and fewer behavior difficulties (Colarossi & Eccles, 2003; Demarary, Malecki, Davidson, Hodgson, & Rebus, 2005; Garnefski & Diekstra, 1996). However, when connected with peers who are low achieving and exhibit behavior difficulties, adolescents often begin to struggle. Furthermore, Students who are socially isolated due to their inability to create positive peer relationships often exhibit academic and behavior difficulties as well.

On top of all of the physiological, cognitive, and social-emotional changes occurring, adolescents also begin a contextual transformation from typically a smaller middle school campus to a larger high school campus. This transition often requires students to move to new schools where they encounter unfamiliar buildings, teachers, and peers. Although some students embrace this contextual transition with little trouble, many encounter some sort of difficulty (Hertzog & Morgan, 1997). In fact, negative academic outcomes like low grades and dropping out of school as well as personal outcomes such as decreased social interaction and lower self-esteem often occur during the switch from middle school to high school (Chapman & Sawyer, 2001; Cramp, 1987; Crocket, Peterson, Graber, Schulenberg, & Ebata, 1989).

Statement of the Problem

Although most children transition into and through adolescence with few problems, for some, adolescence is a time of great difficulty. Multiple factors such as gender, family, community, school, and peer group place adolescents at risk for low academic performance and poor social-emotional health (Coleman, 2011; Compas & Wagner, 1991). As students transition from middle school to high school, these risk
factors often become amplified by the fact that school success or failure now equates to success or failure in life (Chapman & Sawyer, 2001). That is, students are now held responsible for their academic performance beyond their current school setting. Unlike their middle school grades, high school grades will affect their grade point average, graduation, higher education opportunities, future employment, income, and life satisfaction. Chapman and Sawyer (2001) pointed out that students who were already struggling academically and behaviorally in middle school, often viewed high school success as impossible. Academic failure can lead to isolation, feelings of discouragement, and frustration. These emotions often manifest as behavioral difficulties, putting the student further at risk of failure. In summary, the increased academic pressure, larger and more impersonal setting, and increased need for support as well as autonomy, can jeopardize adolescents’ personal-social success which further threatens academic and career success (Chapman & Sawyer, 2001; Coleman, 2011; Compas & Wagner, 1991; McIntosh et al., 2008; Robertson & Shepard, 2008).

Research has indicated that while navigating the physiological, cognitive, social-emotional, and contextual changes males are at an increased risk of experiencing behavior difficulties and exhibiting maladaptive functioning than their female counterparts (Coleman, 2011; Eaton et al., 2012). According to the High School Youth Risk Behavior Survey (YRBS), males are significantly more likely than their female counterparts to engage in unsafe behaviors such as not wearing a seatbelt, driving drunk, bringing and using a weapon at school, and engaging in a physical fight at school (Eaton et al., 2012). Further, according to the YRBS, adolescent males are significantly more likely than their female counterparts to use tobacco products, consume alcohol,
and use other illicit drugs such as marijuana, cocaine, heroin, ecstasy, and steroids. Male adolescents are also more likely than female adolescents to engage in sexual intercourse, have more partners, and start at an earlier age, but less likely to use a condom or other form of birth control.

In summary, males transitioning from middle school to high school who are experiencing behavioral difficulties are at an increased risk of academic failure such as low grades and eventually dropping out (McIntosh et al., 2008). These students are likely to continue struggling through the transition and their chances at a successful career become jeopardized if someone does not intervene. Without caution and guidance from caring adults and supportive peers, the behaviors previously mentioned can continue to manifest in the lives of adolescent males, not only threatening their academic and future success but also proving costly for society (Robertson & Shepard, 2008).

School personnel must respond in order to ensure that adolescent males are able to successfully navigate the physiological, cognitive, social-emotional, and contextual changes occurring during the transition from middle school to high school. More specifically, school counselors are in a position to implement the aforementioned short term, small-group, peer-based intervention that can assist these adolescent males in developing the adaptive skills they need. According to the ASCA national model (2012), school counselors are strategically placed within schools to help all students achieve academic, career, and personal-social success. School counseling programs should be comprehensive in scope, preventive in design, and developmental in nature. In addition, ASCA specifically stated that:
School counselors provide counseling sessions in individual or small group settings to help students overcome issues impeding achievement or success. The counseling process helps students identify problems, causes, alternatives and possible consequences so they can make decisions and take appropriate actions. Counseling is planned and goal-focused, and it is short-term in nature. (p. 86).

Therefore, it is the responsibility of high school counselors to identify and serve male high school students exhibiting behavioral difficulties and experiencing maladaptive functioning. Further, in a survey that assessed parent preference for school counselor activities, Wilder and Ray (2013) found that a majority of parents wanted school counselors to address the academic and behavioral problems related to school functioning. In other words, parents appear to expect school counselors to address behavior difficulties that are inhibiting student success.

While previous research has established that adolescent males are at risk of developing behavior difficulties and maladaptive functioning during the transition from middle school to high school, a need exists for an intervention model that high school counselors can employ to assist with this transition. Because of the functional and social structure of school, intervention should be short-term, occur in a small-group format, and be evidenced based in order to remain consistent with the American School Counselor Association’s (ASCA) national model (2012). Because of the increasing emphasis adolescent males place on peer feedback and the impact of social learning (Bandura, 1977), the intervention should be peer-based and counselor facilitated. While counselor facilitated, participants need opportunities to gain insight about themselves
and make changes in behavior based on feedback from their peers. Further, previous literature has suggested counseling and social support from peers are appropriate interventions for adolescents experiencing behavior difficulties (Anderson, Jacobs, Schramm, & Splittberger, 2000; Cauley & Jovanovish, 2006).

Purpose of the Study

The purpose of this dissertation was to test a short-term, small-group, peer-based counseling intervention known as adventure based counseling (ABC), a mode of counseling that intentionally utilizes adventure activities to facilitate social-emotional and personal growth as well as behavior change in participants (Fletcher & Hinkle, 2002; Gass, Gillis, & Russell, 2012; Project Adventure, 2007). School counselors can adapt ABC to fit a multitude of settings and address various problems. An experimental design was used to investigate the impact ABC had on high school male students’ (N = 46) adaptive and maladaptive functioning as measured by the Behavior Assessment System for Children, second edition (BASC-2; Reynolds & Kamphaus, 2004). In order to better understand how ABC works, the Group Climate Questionnaire, short form (GCQ-S; MacKenzie, 1983) was used to measure group engagement, avoidance, and conflict.

Significance of the Study

In response to a lack of research supporting the use of ABC, the current study addresses three of the concerns raised in Galloway and Goldenberg’s (2004) article. First, according to Galloway and Goldenberg, there is a dearth of research providing
empirical support for the effectiveness of ABC. They also stated that within the body of research on ABC that does exist, experimental or quasi-experimental designs are rarely used. Galloway and Goldenberg also encouraged the involvement of practitioners in the development of research questions and designs. Finally, I addressed that call in the ASCA (2012) national model for the use of data driven interventions schools.

Simply by undertaking a study on ABC, I am addressing the initial issue of lack of research. More specifically, this study adds to the research literature regarding both the effectiveness of ABC as well as how ABC effects change in participants. By conducting this study in a school setting, I am also adding to the body of research literature pertaining to school counseling.

Second, upon review of what little research is available, it becomes apparent that few researchers conduct studies using experimental or even quasi-experimental designs (Gass, Gillis, & Russell, 2012). The studies where researchers do attempt to use those designs often fail to utilize randomization or control groups. An important strength of this study is the use of random assignment as well as a treatment and a control/waitlist group.

It is also important that in keeping with previous calls for the involvement of practitioners in the development of research questions and designs (Galloway & Goldenberg, 2004; Sink and Stroh, 2006; Whiston & Sexton, 1998) I, a practicing school counselor, served as both the researcher and group co-facilitator. By serving as the principle investigator, as well as being a practicing Certified School Counselor and Licensed Professional Counseling Intern, I have inseparably combined the role of researcher and practitioner. I used my experience in practice and training in research to
guide this study’s design, the creation of research questions, and the implementation of the intervention.

In addition to addressing Galloway and Goldenberg’s (2004) concerns, this study is also significant in that I addressed the ASCA (2012) requirement that interventions implemented by professional school counselors be data driven. I designed this study to provide an example of an effective type of short-term, small-group, peer-based intervention that can be implemented and assessed by high school counselors. It was my goal to design this study in a way that the intervention could be replicated and the same assessments could be used to collect data in order to evaluate the effectiveness of ABC in schools. By providing a replicable research design, I hoped to encourage other school counselors to utilize their site specific data to guide the integration of ABC into program design.

Conclusion

This study has the potential to advance the field of ABC as well as help school counselors perform their duties in accordance with the ASCA (2012) national model. It was my goal to provide empirical evidence that supported ABC as an effective short-term, small-group, peer-based intervention that school counselors can easily implement. In order to encourage the collection of data on the effectiveness of ABC in schools, I purposely designed this study so that school counselors in a variety of settings could easily replicate the implementation of ABC without interfering with students’ formal education. In conclusion, this study addresses how ABC intervention may impact adaptive and maladaptive functioning of male high school students.
CHAPTER 2
LITERATURE REVIEW

Early adolescence is perhaps the most intense time of transition and change in a person’s life. In addition to transitioning from middle school to high school, biological, cognitive, and social-emotional changes are all taking place and affecting the adolescent. In this section, I review the literature regarding early adolescence. More specifically, I begin by reviewing developmental tasks taking place and the average level of functioning for early adolescence. Next, I explore how high school males differ from females and what happens to high school males who are experiencing behavior difficulties. The second part of this section focuses on strength based approaches to helping high school males who are experiencing behavior difficulties, concluding with a detailed investigation of ABC.

High School Counseling

The first step in helping students achieve academic, career, and personal-social success is to ensure a smooth transition from middle school to high school. School counselors can help 9th grade students navigate their new surroundings, adjust to the rigorous academic demands, make positive decisions, and form connections with peers and school personnel (Hertzog & Morgan, 1997; McIntosh et al., 2008). School counselors also must help students learn to cope with the new demands and stress of high school. It is important that high school counselors understand that 9th grade students continue to exhibit characteristics of late childhood and early adolescence
High School Students

Developmental Tasks

As previously mentioned, adolescence is a time filled with changes and transitions; furthermore, there is no clear beginning or ending (Coleman, 2011). Even though the exact onset of adolescence is unknown, researchers have identified numerous developmental tasks that occur during adolescence. One task associated with adolescence is the contextual transition from middle school to high school (Cramp, 1987; McIntosh et al., 2008). It is important to remember that most students have spent the majority of their educational careers in a smaller building. Although middle schools are less structured than elementary schools and allow for more autonomy (Chung, Elias, & Schneider, 1998), the high school transition presents students with bigger buildings, larger student populations, more rigorous coursework, and an increased emphasis on grades. In addition to the new academic challenges encountered in high school, mandated accountability tests and the emphasis placed on preparing for post-secondary success add additional stress to adolescents during this time of transition (Chapman & Sawyer, 2001). Although some students embrace this move with little trouble, many encounter some sort of difficulty. In fact, negative academic and personal outcomes often occur during the transition from middle school to high school (Chapman & Sawyer, 2001; Hertzog & Morgan, 1997; McIntosh et al., 2008).
Other tasks that occur as children transition into and through adolescence are changes in expected behavior and role definitions, how they connect to social groups, and the way they view their worlds (Elias, Gara, & Ubriaco, 1985). In addition, adolescents have to navigate the delicate task of placing more emphasis on and spending more time with their peers than their families of origin. Adolescents must also learn to cope with the stress experienced because of each of these tasks. Changes in physiological, cognitive, and social-emotional functioning directly affect how adolescents confront these developmental tasks (Coleman, 2011, Steinberg, 2007).

**Developmental Changes and Functioning**

**Physiological Changes**

Robertson and Shepard (2008) stated that the clearest demarcation between childhood and adolescence might be the onset of physiological changes. Cumulatively, these changes are known as puberty. For females, the onset of puberty is often marked by menarche (Coleman, 2011). Although the onset is less pronounced for males, it is generally thought to coincide with the emergence of pubic hair. Santrock (2011) defined puberty as a time of intense physical maturation triggered by shifts in hormone levels, prompting increased development of the sexual organs, the cardiovascular and respiratory system, limbic system (Coleman, 2011), and the brain (Steinberg, 2007).

Similar to the onset of puberty, male and female biological development occurs at different rates (Santrock, 2011). Males typically begin puberty at approximately 12 years of age whereas the average age of onset for females is 10. Another key difference in development between males and females is the change that occurs in the
cardiovascular system (Coleman, 2011). During puberty, male hormone production triggers an increase in red blood cell production, thus elevating their systolic blood pressure and resulting in an increased ability to engage in intense physical activity. This physiological change helps explain the assertion made by Robertson and Shepard (2008) that boys feel more at ease when engaged in some sort of activity.

During puberty, facial hair begins to grow and males increase in both height and muscle mass. Coleman (2011) emphasized that as these changes are occurring, many adolescents might become clumsy and experience increased self-consciousness regarding their evolving appearance. Rapidly changing physical appearance makes it more complicated for adolescents to grasp how they appear to others, a key element in developing a sense of identity (Coleman, 2011). Further, failing to meet certain societal expectations regarding body image can result in lower self-esteem for males as well as females (Coleman, 2011; Santrock, 2011). However, during early adolescence, both males and females emphasize physical appearance when describing themselves.

Physiological development also influences adolescent sleep patterns. Research indicates that during puberty because an increase in melatonin levels occurs later in the day than for adults and children, adolescents often do not become sleepy until later at night (Coleman, 2011). Lack of sleep has been linked to maladaptive behavior difficulties such as depression and decreased academic achievement (Roberts, Roberts, & Duong, 2009).

Possibly the most important physiological development that begins in adolescence occurs in the central nervous system, specifically the brain. Development in the brain is significant because it is the underlying cause of the other physiological
developments (Coleman, 2011). Further, as will be described later, researchers now have a better understanding of how brain development influences decision making during adolescence (Steinberg, 2007). Finally, brain development is important because it is directly related to adolescent males’ language ability. Steinberg (2007) linked the rapidly developing brain network, labeled the socioemotional network, to decision making in adolescence. Because of puberty, hormonal changes make this network, contained in the limbic system, highly sensitive to social and emotional stimuli as well as rewards. During adolescence, synaptic pruning, the process through which unnecessary synapses are eliminated, and myelination begin to occur in the prefrontal cortex (Coleman, 2011; Steinberg, 2007). The prefrontal cortex is responsible for what Steinberg referred to as the cognitive-control network. Recent research indicates that although development in the prefrontal cortex is occurring during adolescence, it is not dependent on puberty, often resulting in a less developed cognitive-control network (Steinberg, 2007). In summary, during adolescence, decision-making occurs as the socioemotional network and cognitive-control network struggle with each other; the former craves excitement and risk, but the latter seeks to regulate and reduce risk. The development of the socioemotional network is directly related to puberty; thus, it is more forceful, resulting in more risk taking behavior in adolescence. The cognitive-control network, not directly related to puberty develops at a much slower pace into adulthood.

Cognitive Changes

As adolescents attempt to adjust to new schools and the biological changes they are experiencing, cognitive changes are also taking place. Driven by changes in the
brain, cognitive development allows adolescents to begin thinking more abstractly, critically, and creatively (Coleman, 2011, Robertson & Shepard, 2008; Santrock, 2011). As mentioned in the introduction, as cognitive development progresses, improvements in attention, working memory, processing speed, organization, and meta-cognition also transpire (Casteel, 1993). In this section, I start by reviewing Piaget’s stage of cognitive development and conclude by addressing changes related to an information processing approach.

Inhelder and Piaget (1958) believed that children, transitioning into adolescents, develop the ability to use formal operational thought. Once limited to concrete operations, thoughts grounded in the observed data, adolescents can now think abstractly. Hallmark traits of formal operational thought are creating alternative hypotheses and rejecting concepts that prove to be incorrect (Coleman, 2011). Studies exploring adolescent cognitive development from an information processing perspective have typically identified 5 areas of improvement during adolescence: attention, working memory, processing speed, organization, and meta-cognition (Coleman, 2011; Santrock, 2011). Relevant to the current study, Siegler (1988) found that when attempting to complete a task, adolescents are more likely than children to devise a plan before taking action and are more capable of evaluating if their plan is likely to be effective. Also relevant to the current study, Coleman (2011) reported signs of developing meta-cognition given that adolescents are able to process increasing amounts of information as well as demonstrate the ability for reflection. Further, Keating (1990) reported that unlike children, adolescents have the ability to generate various options by exploring differing perspectives when faced with a problem. Adolescents are
also able to anticipate possible consequences of their actions. These cognitive abilities are important because they are related to adaptive functioning. Being able to formulate hypotheses and plans of action as well as evaluate possible and actual outcomes in order to accomplish a task is, by definition, adaptive functioning. Thus, participants of the current study should have the potential for adaptive functioning but are likely lacking in actual ability.

Social-emotional Changes

Parents, teachers, counselors, and adolescents can all attest to the plethora of emotional changes that accompany the onset of adolescence. Whether positive or negative, adolescents often experience emotions to the extreme. The increased changes in brain functioning and increased hormonal levels contribute to the heightened emotional arousal experienced by adolescents (Steinberg, 2007). Further, Robertson and Shepard (2008) pointed out that if adolescents do not have the ability or opportunity to express their emotions, the results may prove devastating for the individual as well as society. For example, these heightened emotional experiences are often accompanied by increased sexual desires (APA, 2002) that can lead to maladaptive behavior if not dealt with appropriately. Having an adult listen and help is a protective factor against such maladaptive behaviors (Robertson & Shepard, 2008) but unfortunately many adolescent males lack the ability and willingness to verbalize the social-emotional experiences they are encountering.

Another important aspect of social-emotional functioning is stage of psychosocial development. According to Erikson (1968), adolescents are in the psychosocial stage
of identity development. He believed that as individuals navigate social settings, they experiment with different roles. In order for adolescents to begin establishing their identities, it is important that they have a sense of trust in the world and others, view themselves as autonomous, posses a sense of drive or initiative, and feel competent. These four characteristics necessary for developing a clear identity are established in the previously navigated stages: trust vs. mistrust, autonomy vs. shame, initiative vs. guilt, and industry vs. inferiority (Erikson, 1968). If adolescents do not establish a positive self-identity they experience role confusion that often leads to maladaptive behaviors such as gang involvement, risky sexual practices, and delinquency.

Without a supervised, supportive environment, adolescents are less likely to move toward achieving a positive sense of identity. James Marcia (1966) was instrumental in conceptualizing how adolescents navigate through the process of identity development, theorizing that adolescents are generally either experiencing identity diffusion or foreclosure. In identity diffusion, the adolescent takes life as it comes, making no clear commitments to any belief or role. In foreclosure, the adolescent’s identity has been set based on the beliefs or values of someone else, usually a parent. In normal identity development, adolescents should enter moratorium, a phase where they begin to seek out a sense of personal identity separate from what others have projected on them, eventually reaching identity-achieved

As children transition into adolescence, they also place a stronger emphasis on peer relationships (Akos & Martin, 2003; Coleman, 2011, Laursen & Oliver, 2003). Although recent research has shown that the parent-child relationship can act as buffer against stress and at-risk behaviors (Coleman, 2011), during adolescence peer social
relationships begin to take precedence. Interacting in peer groups becomes an increasing priority for adolescents. This desire to separate from parent and join with peers is referred to as individuation (Elkind, 1998; Papini & Roggman, 1992). Most likely it is within these increasingly important peer groups that adolescents can establish their identity by trying out different roles.

Behavioral Difficulties in Male High School Students

Unsuccessful navigation of the aforementioned developmental tasks and changes often puts males at an increased risk of experiencing behavioral difficulties. Adolescent males also are at a disadvantage when it comes to education, poverty, crime, and mental illness. In this section, I review the three major areas of behavior difficulties contributing to high school males maladaptive functioning. I begin by discussing how stress associated with the developmental tasks and changes impacts school functioning. I then discuss adolescent males need for and propensity toward risk taking as well as negative consequences. Finally, I explore how deficits in language develop contributes to behavioral difficulties experienced by high school males.

Stress and School Achievement

Stress associated with transitioning into adolescence and high school is well documented. Hertzog and Morgan (1997) reported that many students exhibited increased psychological distress as well as decreased academic achievement as they transitioned into adolescence and high school. Adolescent boys are more likely to act out then girls (Chung, Elias, & Schneider, 1998) as well as more likely to bring a
weapon to school; be threatened or injured with a weapon at school; engage in a physical fight at school; and use alcohol, tobacco, or marijuana on school grounds (Eaton et al., 2012). Other symptoms associated with this transition process are lower self-esteem, decreased academic motivation, increased psychological symptoms, difficulties with peer relationships, and substance abuse (Akos, 2002; Chung et al., 1998; Coleman, 2011; Cramp, 1987; Crocket, Peterson, Schulenberg, & Ebata, 1989; Elias, Gara, & Ubriaco, 1985; Hertzog & Morgan, 1997; McIntosh et al., 2008). In addition high school males (9.1%) are also more likely than females (7.0%) to drop out of school (National Education for Education Statistic, 2011).

Another factor that increases adolescent stress is poverty. According to the Federal Interagency Forum on Child and Family Statistics (FIFCFS; 2011), 20.4% of boys in America live below the poverty level. Clark and Breman (2009) reported that poverty is related to decreases in cognitive functioning and learning, and contributes to behavioral, social, and emotional problems. In 2009, 7.1% of males reported having emotional or behavioral difficulties, in contrast to 4.1% of their female peers (FIFCFS, 2011). Males are also more likely than females to have a learning disability, be dyslexic, struggle with reading comprehension, or have a deficit in written language (Fletcher, Lyon, Fuchs, & Barnes, 2007).

Risk Taking

According to the High School Youth Risk Behavior Survey (YRBS; Eaton et al., 2012), in 2011, males were more likely than females to engage in various forms of risk taking behavior such as not wearing a seatbelt (9% to 6%), driving drunk (10% to 7%),
carrying a weapon (26% to 7%), and engaging in physical violence (41% to 24%).
Males were not only more likely to use tobacco products, alcohol, marijuana, cocaine, heroin, ecstasy, and steroids than females but also reported an earlier age of onset than females (Eaton et al., 2012). Regarding sexual behavior, males tend to be younger when they first experience sexual intercourse as well as engaging in sexual intercourse more frequently, with more partners and less protection than their female counterparts (Eaton et al., 2012). These statistics are consistent with previous research that also concluded that adolescent males are more likely to engage in risk taking than adolescent females (Byrnes, Miller, & Schafer, 1999). Overall, males are more likely to participate in risk taking behaviors than females; therefore, the focus of this study was on helping adolescent males transition from middle school to high school.

When discussing adolescent behavior, Steinberg (2007) stated that, “…risk taking during adolescence is likely to be normative, biologically driven, and, to some extent, inevitable” (p. 58). He also suggested that because of the insufficiently developed cognitive-control network and the brain’s preference for emotional stimulus, trying to convince adolescents not to engage in risk taking behavior was futile. Instead, he recommends that adults try to limit adolescents’ exposure to situations where they might engage in risk taking behavior.

Although research suggests that risk taking behaviors are natural during adolescent development, at some point they might warrant intervention. In general, when risk taking behavior has become a regular occurrence within the context of a peer group and is interfering with functioning, some sort of intervention is needed (American Psychological Association, 2002; Jessor, 1991; Steinberg, 2007). One suggested
intervention is to provide more opportunities for adolescents to explore and practice realistic decision making in realistic scenarios (Jones, Rasmussen, & Moffitt, 1997). For instance, engaging adolescents in role playing or group problem solving might emulate a real-life type of social situation where they can practice avoiding risks and making good decisions (Santrock, 2011). In other words, it is easy for adolescents to write down an appropriate response to a risk taking scenario. However, once the socioemotional network is activated during actual peer interaction, the underdeveloped cognitive-control network is outvoted, thus leaving the adolescent uninhibited. In order to intervene, adolescents need to engage in a scenario where the socioemotional network is activated similar to real life.

Language

The language development coinciding with changes in the brain is also a factor that can lead to behavior difficulties in adolescent males. According to Adam Cox (2006), males and females have different language abilities due to brain development and functioning. The right hemisphere of the brain is responsible for creativity, insight, and nonverbal comprehension. Written and spoken language, problem solving, reasoning ability, and math and science skills are all associated with the brain’s left hemisphere. Cox (2006) argued that due to a better developed corpus callosum, females have increased access to both hemispheres of their brains, allowing them to process language more efficiently than males. Cross communication between the hemispheres results in more effective verbal communication skills that are useful for navigating social situations. Because males depend more on the left hemisphere,
males are often more goal oriented and prefer direct solutions to problems. Unfortunately, restricted access to the right hemisphere puts adolescent males at a disadvantage in social situations that require interpersonal communication. Finally, areas of the brain responsible for emotional and physical expression are both more active in females than males, leaving males with decreased language ability (Gur et al., 1995).

In addition to processing language differently than females, males also use language differently (Cox, 2006). Generally, males are good at using language for functional purposes such as asking someone to do something, referred to by Tannen (1990) as report talk. Males also use language to give and get information. In a high school setting this might manifest when a student asks a teacher why he has to do homework. Cox (2006) also reported that when it comes to self-expression, males operate from a deficit; thus, a high school male will likely struggle to verbalize his emotions when asked to share how he is feels. Females on the other hand are typically better at conversational language used to create relationships with others. Tannen (1990) referred to this type of language as rapport talk.

Unfortunately, language deficits can have severe negative effects on adolescent males (Cox, 2006; Pollack, 1999). Inability to use expressive language effectively can lead to a lack of meaningful interpersonal relationships as well as isolation, frustration, and discouragement. Pollack (1999) advised that these feelings can lead to an internal sense of anger often resulting in behavior difficulties that warrant disciplinary action in academic settings.
Adaptive Functioning

Although adolescence can be a time marked with behavior difficulties, multiple protective factors stand out in the literature that foster adaptive functioning in adolescents. First, positive peer interactions are not only important to adolescents (Bandura, 1977; Chung et al., 1998) but also serve as a protection against excessive participation in risky behaviors (Akos, 2002; Akos & Martin, 2003; Coleman, 2011; Robertson & Shepard, 2008). Chapman and Sawyer (2001) recommend implementing weekly programs that provide additional personal support for ninth grade students experiencing behavioral difficulties. It is also important that adolescents feel welcomed in school (Lindsay, 1998) and know that they have peers, teachers, and other school personnel in place to offer them support (Hertzog & Morgan, 1997).

Probably the most salient factor protecting against the experience of behavior difficulties was the presence of an adult role model during adolescence (APA, 2002; Coleman, 2011; Ferguson & Lynskey, 1996; Robertson & Shepard, 2008). Robertson and Shepard (2008) emphasized the desire for adolescent males to be given the opportunity to talk about themselves to an adult and feel that they are being heard. Although school counselors can serve as role models to all students, it would be wise to recruit other school personnel to assist in this process (ASCA, 2012). Previous research indicates that as adolescents develop, they become more likely to seek out the opinion of an adult to help guide their decision making (Lewis, 1981). Having a caring adult actively involved in his life allows an adolescent male access to the opinion, wisdom, and perspective that can make the difference between a good decision and a bad decision. Further, because adolescence is a time of increased decision making
(Galotti & Kozberg, 1996), a trustworthy adult can act as a model for good decision making. Mentors could help students focus on their strengths, make smart decisions regarding risky behavior, and serve as an outlet for student stress.

Finally, Coleman (2011) reported that high levels of achievement orientation, good communication skills, and supportive peers are all related to academic achievement and abstaining from maladaptive behavior. In addition, having their behavior and emotions normalized as well as being entrusted with an appropriate amount of autonomy can decrease the probability that male adolescents will experience behavior difficulties (Robertson & Shepard, 2008). School counselors can strive to create a school environment focusing on male high school students’ strengths and accomplishments as well as the development of positive characteristics (Robertson & Shepard, 2008).

Adventure Based Counseling

In this section, I explore ABC and how it can be utilized to serve male high school students who are experiencing behavior difficulties. I begin by presenting a brief history of ABC and explanation of how it was adapted for use in a school setting followed by a discussion of key concepts. Next, I review the literature supporting the developmental appropriateness of using ABC with male high school students as well as the way it can be used to assist school counselors and teachers to facilitate positive behavior change. Finally, I explore how, as a strength-based mode of counseling, ABC can facilitate adaptive functioning in participants.
In 1962, Josh Miner brought a unique experience to the United States (White, 2012). Outward Bound, founded by Kurt Hahn in England is a program that utilizes adventures in the wilderness to build character, instill self-reliance, and foster resilience in young people. As programs opened across the United States, Jerry Pieh set out to make the Outward Bound experience more accessible (Schoel & Maizell, 2002).

In 1971, Pieh and colleagues at Hamilton-Wenham High School in Massachusetts created Project Adventure (PA); in order to address students’ needs, they fused Outward Bound experiences with academic curriculum and experiential education theory (Project Adventure, 2007; Schoel & Maizell, 2002). Through the work of PA, Outward Bound’s concepts were reintroduced to Hahn’s originally intended environment, the school (Fletcher & Hinkle, 2002; Schoel & Maizell, 2002). The creation of PA’s foundational concepts - challenge by choice, the full value contract, and the experiential learning cycle - added a therapeutic twist to what was once educational in nature, creating a new mode of counseling. In its current form, adventure based counseling (ABC) is a direct outgrowth of the initial interventions designed by PA.

For this study, ABC is defined as a mode of small-group counseling with the ability to be tailored to a multitude of settings that intentionally utilizes adventure activities to facilitate social-emotional and personal growth as well as behavior change in participants (Fletcher & Hinkle, 2002; Gass, Gillis, & Russell, 2012; Project Adventure, 2007). Counselors differentiate ABC from other forms of counseling in that ABC uses risk, requires additional skills, emphasizes metaphor, and seeks to transfer insights gained through experiential activities to participant’s everyday life (Fletcher &
Hinkle, 2002.) In addition, ABC is a strength based mode of counseling (Glass & Myers, 2001; Hill, 2007) in which counselors allow natural consequences to facilitate personal insights and also provide a period of time at the end of each activity to process those insights.

**Key Concepts**

Challenge by Choice

Challenge by choice was a concept Project Adventure developed in reaction to practices that wilderness therapy programs were using at the time (Schoel & Maizell, 2002). For most programs, participants were limited to one choice: attend the program or not. After this choice was made, programs expected, and even required, all participants to participate in all activities. Staff at Project Adventure rejected this paradigm and instead implemented an expectation that participants should decide the level at which they would participate. To clarify, challenge by choice means, “the choice is in the individualized nature of the journey, not in an option never to begin the journey at all” (Schoel & Maizell, 2002, p. 184). Challenge by choice empowers participants by allowing them to choose their level of participation and practice healthy decision making.

Challenge by choice is important for 4 specific reasons (Project Adventure, 2007). First, it creates a supportive, trusting, and caring environment in which participants can strive to achieve challenges. Second, challenge by choice allows participants the opportunity to step back from the activity should they begin to feel too uncomfortable or overwhelmed and reengage or reattempt the challenge when they feel
ready. Third, challenge by choice allows the participant to acknowledge that the attempt to accomplish a personal goal is more important than performing to someone else’s standards. Finally, as participants learn to embrace challenge by choice they become empowered with respect to their own choices and ideas.

Full Value Contract

The full value contract (FVC), initially introduced as the “no-discount contract” is Project Adventure’s way to develop group norms (Schoel & Maizell, 2002). The FVC is designed to promote growth and change over control and order. Two foundational elements to the FVC are mutual respect and goal setting. Although FVC is more of a belief than a list, in its current form the FVC consists of six norms for group behavior: be here, be safe, be honest, set goals, care for self and others, and let go and move on (Project Adventure, 2007). The first value, be here, means participants are both physically and emotionally present during counseling. Being safe means participants seek to promote the physical and emotional safety of others. Being honest requires members to give honest feedback regarding the activity as well as interpersonal experiences. Setting goals means members will set personal and group goals during each activity. By caring for self and others each participant adheres to challenge by choice and acts in ways that promote the health and wellbeing of all participants. Finally, letting go and moving on means participants choose to let go of grudges and failed attempts at completing a task. The group adds additional values if necessary (Schoel & Maizell, 2002). The values promote a sense of belonging, emotional safety, and cooperation (Glass & Myers, 2001).
Experiential Learning and the Adventure Wave

One concept pivotal to the implementation of ABC is the adventure wave (Project Adventure, 2007; Schoel & Maizell, 2002). The adventure wave follows a modified version of David Kolb’s (1984) model of experiential learning and consists of three phases. During briefing, the first phase, the counselor sets up the activity for the participants. The ABC counselor explains the rules, guidelines, and safety procedures and then helps the group members set appropriate goals. During the next phase, the adventure wave and experiential learning cycle converge. In both models, this phase is called the doing phase and entails the group attempting the activity. The final phase of the learning wave, called debriefing or processing, is what sets ABC apart from physical education and recreational programs. During the processing time, counselors facilitate a group discussion related to the final three stages of the experiential learning cycle: reflection, generalization, and transfer (Kolb, 1984). Counselors use “what?”, “so what?”, and “now what?” to refer to the last three stages of the experiential learning cycle. During the reflection or the “what?” stage, the members share about their concrete experiences. During the generalization or “so what?” stage, members discuss why they did the activity and what they can learn from it. Finally, during the transfer or “now what?” stage, counselors facilitate discussions with the goal of helping participants begin to conceptualize ways to transfer their new knowledge and insights to real life.

Disequilibrium and Risk

From an ABC perspective, change is most likely to occur when participants move outside of their comfort zones (Fletcher & Hinkle, 2002; Gass, 1993; Gass, Gillis, &
Russell, 2012). Thus, one goal of ABC is to create a sense of disequilibrium in participants (Gass, 1993) in order for them to exhibit, confront, and change their behavior. ABC counselors create disequilibrium by introducing activities in a unique setting (Alvarez & Strauffer, 2001) that require participants to take risks (Fletcher & Hinkle, 2002; Gass, Gillis, & Russell, 2012; Schoel & Maizell, 2002). Risk, believed to be the main mechanism for change, is used in ABC to move participants outside their comfort zones where growth can occur. As participants encounter novel activities and situations, homeostasis is disrupted, and they are confronted with a decision on how to cope. By engaging in real or perceived risks, participants experience a heightened sense of anxiety, also known as eustress, creating a sense of disequilibrium (Gass, Gillis, & Russell, 2012) that cannot be allayed using their normal coping strategies (Fletcher and Hinkle, 2002). A social microcosm emerges where participants’ problematic behavior manifests and can be confronted in the here-and-now (Yalom & Leszcz, 2005). ABC counselors then challenge participants to change old behaviors because they are no longer beneficial.

It is vital that counselors utilize activities with the appropriate level of risk. Too much risk can cause members to disengage out of a paralyzing fear whereas too little risk allows participants to remain in a state of homeostasis and not grow. Revisiting Steinberg (2007), ABC serves both as a socially appropriate outlet for adolescent’s neurological desire to take risks as well as a place where they can practice their decision making skills.

The risks involved in ABC can be real or perceived. Real risk, described as the actual threat of physical harm, should be mitigated as much as possible (Fletcher &
Hinkle, 2002). Perceived risk presents no physical harm to participants but could result in embarrassment or possibly failing to complete the activity. Counselors use both types of risk to challenge problematic coping skills and encourage participants to practice new behaviors.

Adventure Activities

The technique that differentiates ABC from other forms of counseling is the use of adventure activities (Alvarez & Stauffer, 2001). Adventure activities are group oriented tasks designed to serve as a metaphor for real life experiences (Fletcher & Hinkle, 2002; Gass, Gillis, & Russell, 2012; Schoel & Maizell, 2002) and require participants to experience the natural consequences of their choices (Hill, 2007). Concepts important to the successful implementation of adventure activities are sequencing, assessment, and skills.

It is important that activities are sequenced in a developmentally appropriate manner (Gass, Gillis, & Russell, 2012; Itin, 2001). Counselors plan activities so that participants’ choices require them to take risks, try new behaviors, and then transfer new insights to everyday life. Activities should follow a logical, growth producing progression (Project Adventure, 2007). To select effective activities, it is important for ABC counselors to be familiar with their participants’ needs and therapeutic goals.

To appropriately sequence activities, ABC counselors use assessment techniques to gauge participants’ emotional and cognitive maturity as well as any mental or physical disabilities that might affect their involvement (Alvarez & Stauffer, 2001; Fletcher & Hinkle, 2002). Assessment is also important for evaluating therapeutic
outcomes and documenting the effectiveness of ABC (Fletcher & Hinkle, 2002). Finally, the activities should serve as assessments, given that Adler (2010) urged counselors to use play as an assessment tool.

Counselors must also consider the skills needed to implement selected activities. Two basic skill sets are essential to competently facilitate ABC: clinical skills and technical skills (Alvarez & Stauffer, 2001; Fletcher & Hinkle, 2002; Priest & Gass, 1997). ABC counselors attain clinical skills by completing a graduate degree in mental health. Counselors can gain the technical skills necessary through workshops, conferences, and specific graduate level programs (Gass, Gillis, & Russell, 2012; Itin, 2001). Counselors must ensure they have the clinical and technical skills necessary to facilitate each activity.

Metaphor

If ABC had an official language, it would be metaphor (Gass, Gillis, & Russell, 2012). The goal of ABC is for the activities to become metaphors for the problems in participants’ lives (Fletcher & Hinkle, 2002; Gass, 1993; Hill, 2007; Kimball & Bacon, 1993). During the debriefing phase, the group works to frame the activity as a metaphor. Thus, participants can process their behaviors during the activity as a metaphor for how they act outside of the group. Although similar, the difference between working in the here-and-now (Yalom & Leszcz, 2005) and ABC is the behavior of focus actually manifests during the activity.
Developmental Appropriateness

In a previous section of this paper, I discussed two major areas of behavior difficulties related to changes in the brain that contribute to high school males maladaptive functioning. These behavior difficulties included risk taking and language deficits. In order to understand how ABC is a developmentally appropriate intervention for male high school students, it is important to revisit those behavior difficulties within the context of ABC.

Risk Taking

First, it is important to remember that Steinberg (2007) stated, “…risk taking during adolescence is likely to be normative, biologically driven, and, to some extent, inevitable” (p. 58). He goes on to suggest that because of the insufficiently developed cognitive-control network, trying to convince adolescents not to engage in risk taking behavior is futile. Instead, he recommends that adults limit adolescents’ exposure to situations where they might engage in risk taking behavior. ABC practitioners embrace Steinberg’s first suggestion by using risk to facilitate change (Schoel & Maizell, 2002) rather than try to convince adolescents not to take risks. His second suggestion is more problematic because it limits autonomy and is opposed to challenge by choice. However, at the conclusion of the article, Steinberg admitted that it might be possible to “accelerate the maturation of self-regulatory competence” (p. 58) even though the precise method was unclear. Jones and colleagues (1997) suggested that adults provide adolescents with realistic scenarios where they can practice making good decisions. One method that can provide such scenarios to facilitate growth of the...
cognitive-control network is participation in ABC. Through participation in ABC, adolescents engage in therapeutic activities where they can learn to take appropriate and carefully considered risks. By embracing risk as a therapeutic factor and giving adolescents the opportunity to practice decision making, ABC can assist in the biological development of participants.

Language

Second, I also highlighted how males typically experience a deficit in the development of language related to changes in the brain. Males and females have different language abilities due to brain development and functioning (Cox, 2006; Tannen, 1990). Females’ ability to cross communicate between the right and left hemisphere due to a better developed corpus callosum results in more effective communication skills for navigating social situations. Restricted access to the right hemisphere and dependence on the left hemisphere, results in males often being goal oriented, solution focused, and disadvantaged when navigating social situations that require interpersonal communication.

In addition to processing language differently than females, males also use language differently (Cox, 2006; Tannen, 1990). Generally, males use language for functional purposes such as asking someone to do something. Males also use language specifically to get information whereas females use language for social purposes and self-expression in addition to information gathering. Previous research suggests that when it comes to self-expression, males operate from a deficit (Cox, 2006; Gur et al., 1995) and struggle to identify and discuss emotional experiences.
One of the main differences between ABC and traditional group counseling is the emphasis placed on learning by doing (Fletcher & Hinkle, 2002; Gass, Gillis, & Russell, 2012). Instead of expecting participants to sit in a circle and discuss various topics, ABC counselors actively engage participants in the therapeutic process. Although some verbal exchange is required, ABC addresses language deficits in males by focusing on experiential learning and metaphor (Gass, 1993; Schoel & Maizell, 2002). Throughout the process ABC gives participants the opportunity to engage in conversations using the language skills they possess and to practice in areas of struggle.

Facilitating ABC in Schools

Working with adolescent males can be a difficult task (Church, 1994; Hanna, Hanna, & Keys, 1999). The developmental changes occurring make them unpredictable and often volatile (Scales, 2005). Hanna et al. (1999) provided a number of suggestions for working with adolescents that also relate to the use of ABC in schools. First, they recommended that counselors and adolescents get out of the office as much as possible. This suggestion seems especially pertinent for students who struggle staying focused. ABC requires that students move around and interact in order to complete activities. Second, Hanna and colleagues emphasized the importance of laughter and a sense of humor when working with adolescents. Because ABC is an offshoot of physical education, most of the activities are designed to be fun (Schoel & Maizell, 2002). By laughing and having fun, school counselors communicate that they enjoy being around the students. This message is often in contrast to the message
students experiencing behavior difficulties often receive from teachers and students. Humor and fun can also positively impact academic, social, and emotional functioning by facilitating peer relationships (Packman & Bratton, 2003).

Using an active intervention like ABC with adolescents experiencing behavior difficulties also offers them an opportunity to practice new behaviors. DuPaul and Weyandt (2006) distinguished between adolescents who do not know the rules for social behavior and those who know the rules yet do not follow them. Adolescents who choose not to follow the rules have a performance deficit. Interventions for these adolescents should not only teach the skills but also allow participants to practice implementing them as well (DuPaul & Weyandt, 2006). As an experiential mode of counseling, ABC allows school counselors to demonstrate skills to adolescents and requires them to exhibit these skills during the experiential activities.

Finally, ABC is a strength based mode of counseling that can be adapted to meet the needs of adolescents experiencing behavior difficulties (Gass, 1993; Gass, Gillis, and Russell, 2012). By allowing adolescent males to move and use their strengths, such as problem solving and physical prowess, the counselor communicates that those skills are desirable. Further, ABC groups can become positive peer groups where high school males learn about themselves and find the support needed to be successful both academically and socially. Viewing themselves as strong, capable, and in a positive light is important in order for change to occur (Robertson & Shepard, 2008).

*Previous ABC Research*

Although there is plenty of anecdotal support for the use of ABC, there is a dearth of empirical evidence (Galloway & Goldenberg, 2004). When reviewing the
literature, it becomes apparent that ABC is loosely defined, and many people who are not certified counselors are facilitating ABC groups (Gass, Gillis, & Russell, 2012). Thus, the rigor and validity of the research is questioned. In addition, much of the research is poorly designed by not including a control group or treatment protocol; having an insufficient sample size; failing to report quantitative results; or failing to use randomization to assign participants to groups. A majority of the existing ABC related research occurred either in a wilderness setting or on a challenge course as is the case with the following example.

In an attempt to review only more rigorous research, Gillis and Speelman (2008) conducted a meta-analysis comprised of 44 challenge course studies that included control groups, sufficient sample sizes, and quantitative results. They concluded that overall, these therapeutic focused research studies had robust effect sizes and had demonstrated that ABC conducted on a challenge course proved to be an effective mode of counseling. In regard to outcomes, they found medium effect sizes for self-efficacy (d = .48), personality measures (d = .29), and self-esteem or self-concept (d = .26).

In addition, Walsh and Aubry (2007) reviewed PA’s Behavior Management through Adventure (BmTA) program to evaluate the effectiveness of the program. They reported, based on a review of archival data, that participation in BmTA was related to gains in positive perceptions of family, decreased feelings of depression, and increases in social extroversion. Further, as of 1998, students who completed the entire program had the lowest rate of returning to the detention facility.
The previously reported research offers some evidence that ABC is an effective form of treatment. However, school based ABC research is limited in scope and quality (Galloway & Goldenberg, 2004). When searching the current literature, I identified only eight articles pertaining to ABC in schools.

Two of the articles referred to research conducted in elementary schools. One mixed methods, quasi-experimental, pre/post-test study found a significant difference in resilience post treatment for females but not for males (Beightol, Jeverton, Gray, Carter, & Gass, 2009). In this study of 5th grade students, 51 students participated in a 10-session ABC group and a 3-day challenge course while 54 students were assigned to a comparison group. Although no difference reported was statistically significant between the groups, the researchers did find statistically significant increases in goals and aspirations as well as self-efficacy for the treatment group over time. However, further investigation revealed that the changes being observed were occurring mostly for the females in the control group. Thus, the authors suggested that gender differences be considered when designing ABC groups due to the differential outcomes. Although students served as the sample for this study, it is important to note that the groups were not facilitated by a professional school counselor and took place off campus. A second article by Wick, Wick, and Peterson (1997) showed that elementary students who participated in ABC at school reported increases in self-esteem at the end of treatment. However, this article, using intact samples of convenience and limited statistical analyses, seemed to be exploratory in nature and limited in generalizability.

A third study, explored the impact of ABC on high school adolescents self-esteem, empathy, perceived racism, and racist attitudes (Cale, 2010). In this
dissertation, Cale (2010) assigned 54 high school students to participate in ABC groups and 54 high school students to a control group. He found that students who participated in the ABC groups experienced a statistically significant increase in self-esteem and empathy. Additionally, participants experienced a statistically significant decrease in perceived racial discrimination as well as racist attitudes. It is important to note that although this study used a sample of high school adolescents, the adventure experience was not facilitated by a professional school counselor and the activities occurred off campus.

Graham (2007) conducted a study where he assessed the impact an adventure based experience had on academically talented, high school adolescent boys’ self-concept. Using a sample of 142 students, aged 16-17, Graham assessed how their self-concept would change from pre to post experience. Results indicated that an adventure based experience had a statistically significant, positive impact on self-concept. Although Graham’s (2007) study included high school students, it is important to note that the experience took place off campus and groups were lead by individuals other than professional school counselors.

Glaser & Shofner (2001) gave a description of how ABC could be integrated into a school setting, but their article was strictly theoretical. Mink and O’Steen (2003) also encouraged the fusion of experiential education into a school setting, yet this study also failed to present any findings as to its effectiveness. Nasser-McMillan and Cashwell (1997) published another informative theoretical article; however, instead of conducting ABC research in a school, they presented descriptions of activities that a school counselor might choose to employ. Likewise, Tyson and Menear (2006) presented a
thorough aligning of ABC with the National Standards for School Counseling Programs yet failed to provide any new evidence of ABC schools effectiveness in schools. Thus, of the eight articles pertaining to ABC in schools, only half provided any form of empirical evidence that ABC is an effective mode of school counseling. ASCA (2012) recommends the use of data driven interventions; therefore, in order for school counselors to use ABC, it is imperative that we begin to more thoroughly assess how it is benefiting students. This need for empirical evidence is precisely the reason for this study.

One way to gain insight into how ABC is benefitting students is to design programs in an evidenced based manner. In order to address the lack of clearly defined and designed research, Durlak and Weissberg (2007) conducted a meta-analytic review of 73 after school programs in order to identify the programs that were successfully increasing personal and social skills. They only included studies that used control group designs. They identified 4 characteristics of successful programs. First, the programs were sequential; they intentionally ordered activities to address specific topics. Second, successful programs utilized active forms of learning. Third, the programs were focused and included specific components that addressed what they were assessing. Finally, the successful programs were explicit in how they targeted behaviors for interventions. Durlak and Weissberg (2007) referred to this model as the S.A.F.E. model.
ABC Group Process

In addition to the lack of research concerning the effectiveness of ABC (Galloway & Goldenberg, 2004), there is also a scarcity of information regarding how it effects change in participants (Gass et al., 2012). When reviewing the ABC literature, it became evident that many researchers and practitioners assume that ABC fosters change in clients through a developmental process similar to traditional group work (Gass et al., 2012; Project Adventure, 2007; Schoel & Maizell, 2002). More specifically, a majority of authors writing about ABC have adopted a modified version of Tuckman’s (1965) model of group development that consists of five stages: forming, storming, norming, performing, and adjourning. The initial stage, forming, is marked by participants and leaders determining their roles within the group, setting goals, and establishing rules. Storming, is often the time of most intense conflict during the group’s development. Although conflict can and will likely arise throughout the group process, it is during this second stage that members begin to challenge the group leader, test norms, and engage in conflicts regarding differing opinions and ideas within the group. During norming, conflict typically decreases because group members typically have a higher level of trust and are settling into their roles within the group. This sense of trustworthiness leads to increased cohesion that allows members to openly express themselves and try new behaviors. During the performing stage, the group is operating effectively and proficiently. This stage is also known as the working stage, and effective groups spend a majority of their time here. In the performing stage, the participants are likely experiencing a high degree of cohesion and are able to gain insight into their
behavior as well as institute changes they deem necessary. Finally, adjourning, also known as termination, is when group comes to an end.

Within this traditional model of group development, theory stipulates that in group counseling, cohesion should increase over time (Trotzer, 2006; Yalom & Lesczc, 2005). Group counseling research indicates that groups with high levels of cohesion have better outcomes for members than groups low in cohesion (Budman et al., 1989; MacKenzie et al., 1987; MacKenzie & Tschuschke, 1993; Yalom & Lesczc, 2005). Also, group counseling literature indicates that conflict is a natural occurrence that typically increases initially and decreases as the group settles into the working phase (Trotzer, 2006; Yalom & Lesczc, 2005).

Conclusion

In conclusion, adolescence is a time of change and transition. During this time, adolescents experience contextual changes, as well as physiological, cognitive, and social-emotional changes. Although many are able to navigate adolescence with minor incidents, a significant number experience behavioral difficulties such as decreased academic performance, disruptive behavior, and substance abuse that warrant attention. Physiological development underpins a majority of the other developmental changes taking place and even predisposes adolescents to increased risk taking and contributes to adolescent males’ need to be active. Males often also experience a language deficit that can result in lack of interpersonal relationships, isolation, and anger.
In order to address these developmental changes and the related behavior difficulties, school counselors can implement short-term, small-group, peer-based counseling. More specifically, school counselors can implement adventure based counseling, a unique mode of counseling that utilizes activities and experiential learning to foster insight and facilitate growth.
CHAPTER 3

METHODOLOGY

The purpose of this study was to examine the effectiveness of adventure based counseling (ABC) as a short term, small-group intervention that reduces behavior difficulties and increases adaptive functioning in male high school students. A pretest-posttest experimental design was employed using random assignment of male high school students to either an ABC group or a control/waitlist group. In keeping with Durlak and Weissberg’s (2007) recommendations I designed a 10 session, ABC group format that was sequential, active, focused, and explicit (S.A.F.E. model). Specifically, I intentionally sequenced the activities in an order to develop trust and cohesion in the group as well as facilitate change and growth. The intervention is inherently active and the focus of assessment is on adaptive functioning that will be directly targeted through the selection of specific activities.

In this section, I describe the methods and procedures I used to conduct this study. I start by presenting the research questions and hypotheses. I then define the sample, key terms, instruments, and the procedures for the intervention. In conclusion, I discuss the analysis of data.

Research Questions and Hypotheses
For the purpose of this study, there were three research questions:

1. How does participating in ABC impact adaptive functioning for male high school students identified as experiencing behavior difficulties?
2. How does participating in ABC impact maladaptive functioning for male high school students identified as experiencing behavior difficulties?

3. How does participating in ABC impact male high school students’ perception of the group climate?

Based on the research questions, I hypothesized the following:

1. Male high school students experiencing behavior difficulties who participate in ABC will increase in adaptive functioning as measured by the Behavior Assessment System for Children, second edition (BASC-2; Reynolds & Kamphaus, 2004) personal adjustment composite score on the self-report of personality form compared to male high school students who do not participate in ABC.

2. Male high school students experiencing behavior difficulties who participate in ABC will decrease in maladaptive functioning as measured by the BASC-2 clinical composites on the self-report of personality form compared to male high school students who do not participate in ABC.

3. Male high school students experiencing behavior difficulties who participate in ABC will become more engaged while exhibiting less conflict and avoidance throughout the group experience as measured by the Group Climate Questionnaire, short form (GCQ-S; MacKenzie, 1983).

Sample

Participants for this study were recruited from a high school in the southwestern United States where I am employed as a professional school counselor. In order to
participate in the study, students had to be incoming ninth grade males and identified by their middle school counselor as at-risk of struggling with the transition from middle school to high school. Table 1 provides detailed information on the at-risk criteria used for selection in this study. As can be seen, a majority of students were considered to be at-risk due to failing one or more classes during their eighth grade year. In addition, a majority of the participants also met the criteria to be considered at-risk as set forth by the Texas Education Code. Although some students had multiple factors that identified them as at-risk, all participants met at least one of the criteria listed in Table 1.

Table 1

At-Risk Factors as Criteria for Participation in Study

<table>
<thead>
<tr>
<th>Criteria</th>
<th># of Students</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed one or more classes in 8th Grade</td>
<td>32</td>
<td>70%</td>
</tr>
<tr>
<td>Texas Education Code Requirements</td>
<td>24</td>
<td>52%</td>
</tr>
<tr>
<td>Special Education or 504</td>
<td>13</td>
<td>28%</td>
</tr>
<tr>
<td>ESL</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>Previous Diagnosis</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>Problems at Home</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Gang Involvement</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Victim of bullying</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Homeless</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

Of the 601 ninth graders, 315 (52%) are male, and 286 (48%) are female.

Based on Texas Education Agency’s (TEA; 2011) definition of being eligible for free or reduced lunch or another form of public assistance, 137 (23%) were identified as economically disadvantaged. In addition, 138 (23%) ninth graders identified as Hispanic, while 463 (73%) identified as non-Hispanic. Ethnically, 510 (84%) identified as white, 47 (8%) identified as African American, 25 (4%) identified as Native American, and 19 (3%) identified as Asian American. The middle school counselors identified 83
male students as at-risk. Of those 83 students, 48 agreed to participate in the study and 2 were lost to attrition. Demographic data for the students \( n = 46 \) who agreed to participate is presented in Table 2.

Table 2

Demographic Data

<table>
<thead>
<tr>
<th>Race</th>
<th>Treatment Group</th>
<th>Control/Waitlist Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Caucasian</td>
<td>14</td>
<td>67</td>
<td>12</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>Econ. Disadv.</td>
<td>9</td>
<td>43</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: Econ. Disadv. = Economically Disadvantaged

Facilitator Characteristics

I now review the training and skill level of the ABC group co-facilitators. Both leaders hold master’s degrees in counseling, are certified school counselors, and completed a master’s level group counseling course. In addition, I have completed a doctoral level group course, facilitated three master’s level experiential groups, taught an undergraduate group counseling course, and facilitated groups with adolescents in a variety of settings. My training in ABC consists of two Project Adventure courses as well as various workshops at a local challenge course. I have conducted multiple workshops and presentations at local, regional, and national conferences regarding ABC. Throughout the duration of this study, I received weekly supervision from a licensed supervisor at the university where I was enrolled.
Definition of Terms

Adventure Based Counseling

Counselors refer to the idea of adventure based counseling (ABC) using a myriad of names. Similarly, defining ABC has proved to be a daunting task (Gass, Gillis, & Russell, 2012). For this study, ABC is defined as a mode of small-group counseling with the ability to be tailored to a multitude of settings that intentionally utilizes adventure activities to facilitate social-emotional and personal growth as well as behavior change in participants (Fletcher & Hinkle, 2002; Gass, Gillis, & Russell, 2012; Project Adventure, 2007). The ABC intervention consisted of 10 meetings implemented with the use of a protocol created for this study that I have included in the appendix.

Adaptive Functioning

Although adaptive functioning can be defined in a number of ways, for this study, it was defined as the ability to accomplish a task by formulating hypotheses and plans of action and evaluating possible and actual outcomes. It was measured using the personal adjustment composite of the BASC-2 (Reynolds & Kamphaus, 2004). This composite score consists of the following subscales: interpersonal relations, relations with parents, self-esteem, and self-reliance. Participants who score high on the personal adjustment composite are likely to engage in healthy interpersonal relationships, be self-accepting, exhibit positive identity development, and respond to stressors by using appropriate coping strategies.
Behavior Difficulties

For this study, behavior difficulties were defined as any behavior that was impacting the participant’s behavior or academic performance at school as well as increasing the possibility of academic failure during the transition from middle school to high school. Participants were considered to be experiencing behavior difficulties if in the eighth grade, they had failed one or more classes, been identified as at-risk as defined by Texas Education Code, or received Special Education or 504 services. Further, participants identified by middle school counselors as having or being at risk of having substance abuse problems, possessing a previous mental diagnosis that affected academic performance as identified by middle school counselors, or were involved in gang activity were also considered to be experiencing behavior difficulties. Finally, participants who were victims of bullying or experiencing instability at home affecting behavior at school and academic performance were considered to be experiencing behavior difficulties for the purpose of this study.

Maladaptive Functioning

For this study, maladaptive functioning was defined as the manifestation of behavior difficulties that affect adolescents in a negative way and was measured using the remaining four composites from the BASC-2 (Reynolds & Kamphaus, 2004): school problems, internalizing problems, inattention/hyperactivity, and emotional symptoms index. Based on the review of current literature, these four composites are common risk factors or behaviors that often affect adolescents. More specifically, participants who score high on these composites are likely to exhibit symptoms similar to adolescents.
diagnosed with ADHD and are likely experiencing moderate to severe emotional disturbance. They are also likely to be experiencing high levels of both internal and external stress while lacking the coping strategies to deal with these problems. School problems associated with maladaptive functioning as measured by the BASC-2 include poor academic performance, low grades, negative peer interaction, and being at risk of dropping out of school.

Instrumentation

**BASC-2 Self-Report of Personality Form**

The BASC-2 Self-Report of Personality (SRP; Reynolds & Kamphaus, 2004) was used to assess progress. The current edition of the BASC-2 was created by Cecil R. Reynolds and Randy W. Kamphaus in 2004 as part of a multidimensional system used to assess the behavior of people aged 2-25. Education professionals most often use the BASC-2 for educational classification of students identified as having emotional or behavioral disorders. Reynolds and Kamphaus (2004) reported that the BASC-2 was designed and validated to assist in developing individual education plans, applying *DSM-IV-TR* diagnoses, determining if students' behavior is a direct result of their disabilities, program evaluation, and research. For this study, the adolescent version of the SRP was utilized. This version consists of 176 items and has clinical as well as adaptive scales. In addition to answering questions based on the original SRP format of true or false, participants also responded to a portion of the questions using a 4-point response scale (*never/sometimes/often/almost always*).
The BASC-2 has a general norm derived from over 13,000 cases closely resembling the U.S. population estimates. To derive clinical norms, 1,779 children, aged 4 to 18 and identified by an adult guardian as having a clinical diagnosis or classification, were used. According to the manual, this sample was not demographically consistent with the U.S. population and contained more males than females at all ages. Composite scores for the SRP yielded alpha coefficients ranging from .83 to .95.

Reynolds and Kamphaus (2004) reported that because the scales tend to have lower alphas than the composite scores, they should be interpreted with caution, and composite scores should be given preference over scale scores. Thus, for this study, all of the composite scores were used to assess progress. Of the five composite scores yielded by the BASC-2, personal adjustment evaluates the level of adaptive functioning of an individual. The remaining four evaluate the patterns of behavior difficulties: school problems, internalizing problems, inattention/hyperactivity, and emotional symptoms index. Reported test-retest reliabilities for the SRP were based on a median of 3 week intervals between administrations.

The personal adjustment composite contains the following scales: Interpersonal Relations, Relations with Parents, Self-esteem, and Self-reliance. Alphas reported for this composite were .89 for internal consistency and .74 for test-retest reliability. The individual scales had alpha coefficients for internal consistency that ranged from .68 to .87 and for test-retest reliability from .61 to .80, indicating that a composite would be more appropriate for research purposes. For the personal adjustment composite, scores ranging from 31 to 40 are considered at risk and scores 30 or below are
considered clinically significant. Participants who have low personal adjustment scores tend to have problems with interpersonal relationships and often score high on the other composite scales (Reynolds & Kamphaus, 2004).

The school problems composite contains the following scales: Attitude to School, Attitude to Teachers, and Sensation Seeking. Alphas reported for this composite were .84 for internal consistency and .84 for test-retest reliability. The individual scales had alpha coefficients for internal consistency that ranged from .70 to .82 and for test-retest reliability ranged from .73 to .84, indicating a composite would be more appropriate for research purposes. For the school problems composite, scores ranging from 60 to 69 are considered at risk and scores 70 or higher are considered clinically significant. Participants who score high on school problems tend to be dissatisfied with school, typically have negative interactions with school personnel, and have a general dislike for the educational process (Reynolds & Kamphaus, 2004). In addition, these participants are likely to have poor academic performance and are at increased risk of dropping out of school.

The internalizing problems composite contains the following scales: Atypicality, Locus of Control, Social Stress, Anxiety, Depression, Sense of Inadequacy, and Somatization. Alphas reported for this composite were .95 for internal consistency and .82 for test-retest reliability. The individual scales had alpha coefficients for internal consistency that ranged from .67 to .86 and for test-retest reliability that ranged from .67 to .82, indicating a composite would be more appropriate for research purposes. For the internalizing problems composite, scores ranging from 60 to 69 are considered at risk and scores 70 or higher are considered clinically significant. Participants with high
scores on the internalizing problems composite tend to experience high levels of stress and lack coping strategies to handle stress (Reynolds & Kamphaus, 2004). When coupled with a low score on the personal adjustment composite, these students are often emotionally fragile and are either experiencing or at risk of experiencing academic as well as social-emotional problems.

The inattention/hyperactivity composite contains the following scales: Attention Problems and Hyperactivity. Alphas reported for this composite were .83 for internal consistency and .82 for test-retest reliability. The individual scales had alpha coefficients for internal consistency that ranged from .74 to .79 and for test-retest reliability ranged from .69 to .84, indicating a composite would be more appropriate for research purposes. For the inattention/hyperactivity composite, scores ranging from 60 to 69 are considered at risk and scores 70 or higher are considered clinically significant. Participants with high scores on this composite tend to be experiencing symptoms associated with attention deficit/hyperactivity disorder (ADHD; American Psychiatric Association, 2000), and further evaluation for formal diagnosis should be considered (Reynolds & Kamphaus, 2004).

The emotional symptoms index composite contains the following scales: Social Stress, Anxiety, Depression, Sense of Inadequacy, Self-esteem, and Self-reliance. Alphas reported for this composite were .94 for internal consistency and .81 for test-retest reliability. The individual scales had alpha coefficients for internal consistency that ranged from .70 to .86 and for test-retest reliability ranging from .61 to .82, indicating a composite would be more appropriate for research purposes. For the emotional symptoms index composite, scores ranging from 60 to 69 are considered at
risk and scores 70 or higher are considered clinically significant. This composite is considered to be the most comprehensive indicator of emotional disturbance (Reynolds & Kamphaus, 2004). Participants with elevated scores on this composite are likely to be experiencing severe behavior difficulties and are at risk of both academic as well as social-emotional failure.

**Group Climate Questionnaire Short Form**

The Group Climate Questionnaire Short Form (GCQ-S; MacKenzie, 1983) was designed to evaluate how members perceive the climate of counseling groups. It consists of 12 statements related to group functioning that are answered using a 6 point Likert scale. Three scaled scores are derived by calculating the mean of relevant items. The three scores indicate level of engagement, conflict, and avoidance. Higher scores on the engagement scale indicate a positive group atmosphere. Further, MacKenzie (1983) equated engagement with group cohesion, one of Yalom and Leszcz’s (2005) primary therapeutic factors. The conflict scale assesses tension and anger within the group whereas the avoiding scale reflects participants’ perception that members are avoiding taking personal responsibility in the group. Previous research indicates that higher scores on the engagement scale correlate to more successful group outcomes whereas high scores on the conflict and avoiding scales correlate with poor group outcomes (MacKenzie, Dies, Coche, Rutan, & Stone, 1987). Hurley and Brooks (1988) reported a reliability rating of .86. Kivlighan and Goldfine (1991) reported coefficient alphas of .94 for engagement, .88 for conflict, and .92 for avoiding, whereas Johnson and colleagues (2006) reported .70 for engagement, .69 for conflict, and .36 for
avoiding. More recently Young, Reysen, Eskridge, and Ohrt (2013) reported coefficient alphas of .70 for engagement, .55 for conflict, and .48 for avoidance.

Procedures

Informed Consent

I received approval to conduct this study from the Institutional Review Board (IRB) of the University of North Texas. IRB informed consent procedures were followed and consent was acquired from the school district, campus principal, and guardians of all participants. In addition to consent, in keeping with IRB protocol as well as to promote best practice, all participants were required to provide written assent in order to participate in this study. All documents related to informed consent and assent are included in the appendix.

In order to gain consent for participation, I mailed informed consent forms to the home address of each participant. I also made a follow up phone call to each participant’s parent/guardian to answer any questions they might have. After I received informed consent for participants, I called each participant into the counseling center to discuss the study, to answer questions, and to choose whether to sign the letter of assent or decline to participate. I informed participants that there would be no consequence for declining to participate and if a participant decided to decline, parents/guardians would be notified. I also informed participants that they could drop out of the study at any time without penalty or consequence.
Recruiting Participants

In order to be eligible to participate in the study, students had to receive a referral from their middle school counselor. Initially, counselors from three middle schools provided a list of 83 male students they considered to be at-risk of academic failure. Along with the 9th grade counselor, I screened all 83 referrals to assess their level of risk for academic failure and behavior difficulties. Using an electronic number generator, I assigned each of the 83 possible participants a number. Then, I used the generator to create a random list of 60 numbers from the original 83. These 60 names remaining were then invited to participate in the voluntary 10 session ABC program. Of the 60 students invited to participate, 48 agreed to partake in the study. Through attrition, 2 students dropped before the completion of the study; one declined to participate before groups started and one moved out of the district during the course of the study.

In addition to randomly selecting the participants for participation, I also randomly assigned the initial 48 participants that agreed to participate to either a treatment condition \( (n = 23) \) or a control/waitlist condition \( (n = 25) \). Both participants lost to attrition were from the treatment group \( (n = 21) \). The students assigned to the treatment condition were then randomly assigned to one of three treatment groups. Students assigned to the control/waitlist group were given the same treatment during the spring semester as well as had access to all other services provided through the schools comprehensive school counseling program.

Academic Priority

In order to maintain academic success as a priority in the school setting, once assigned to a group, participants were placed in High School 101, a required elective
class designed to help ninth grade students successfully transition from middle school to high school. I asked two High School 101 teachers permission to take the students out of class 45 minutes during the week to participate in groups. Both teachers agreed to allow students to participate. All ABC groups occurred during the assigned High School 101 time; thus, participation in the study did not interfere with core classes such as English, math, science, or social studies assessed by state mandated end of course accountability tests.

Assessment Administration

Before the groups started as well as at the conclusion of the study, all participants completed the BASC-2 SRP (Reynolds & Kamphaus, 2004) in the Counseling and Career Center at the identified high school. A prompt provided in the manual was used to provide instructions to the testers. After a participant finished, I reviewed his score sheet to ensure completeness, so that the data could be used. All information was recorded with code numbers to preserve confidentiality. Only the researcher and the co-facilitator knew the participants’ names, and at the end of the study, the list of names and code numbers were destroyed. I scored all BASC-2 protocols using the BASC-2-ASSIST Plus software (Pearson, 2004).

The GCQ-S was administered three times during the course of the study. Participants completed a paper version of the form at the end of the third, sixth, and final sessions. I instructed all students not to put a name on their form but only the time that group occurred.
ABC Group Design and Activities

The adventure based counseling treatment groups consisted of 10 sessions lasting 45 minutes each. As previously stated, each session occurred during the student’s scheduled High School 101 class. Approximately 5 minutes before group was to begin, I sent a pass with all of the students’ names requesting the teacher to release the students to the Counseling and Career Center for group.

All groups followed a modified version of David Kolb’s (1984) experiential learning cycle (Project Adventure, 2007; Schoel & Maizell, 2002). After each activity, the group facilitators led a discussion of what occurred during the activity, why the group performed the activity, and how each member could apply new knowledge from this experience to daily life. A brief discussion of each group follows and a complete protocol including descriptions of the activities as well as specific questions used to guide the debriefing phase can be found in the appendix.

During the initial session the group participated in an activity designed to help them get acquainted. We also reviewed the full value contract and each group created their own FVC using a large piece of paper and markers. Each group was allowed to use creativity to incorporate the six values plus any additional values the members thought were necessary. At the end of the session, all of the members and the two co-leaders signed the contract, symbolizing their agreement to abide by those rules when in group. I hung each group’s FVC on the wall before each session to serve as a reminder. I also read a brief statement, included in the appendix, regarding the FVC and safety before each group. I included the statement in the appendix.
During the second session, we taught the group various handshakes. This activity was designed as an ice breaker, but the handshakes were used to create pairs later in the group. We also completed a name juggle activity in which the participants had to set goals of how many and for how long they could pass tennis balls through a set pattern while standing in a large circle. This activity was meant to help participants learn names and practice setting goals. Toward the end of the activity, I dramatically introduced a rubber chicken into the pattern. This surprise object caught all groups off guard and disrupted our pattern. The group then spent the end of group processing the significance of goal setting and what the rubber chicken represented to them.

The third session consisted of a warm up called Gotcha and an activity called Chicks and Hens. All groups went outside to complete Chicks and Hens in order to have more room. During this activity, I had the members split into pairs using the previously mentioned handshakes. Then, the oldest in the pair was blindfolded and had to try and pick up as much candy as possible that the co-leaders had scattered around a marked off area. Initially, the pairs were only allowed to use a single sound to guide the blindfolded person. After processing what might make this activity easier, the other person in the pair was blindfolded, and the activity was repeated using the groups’ suggestions. The goal of this activity was to emphasize communication and explore ways to improve communication.

During the fourth session, the group started off with an ice breaker and then moved to an activity called Stepping Stones. In this activity, members were given a certain number of paper plates and asked to label each with people or places that support them. The group was then instructed to get from point A to point B by only
stepping on the plates. If the students lost physical contact with the plates for longer than a few seconds, one of the co-leaders took the plate away. Embracing challenge by choice, we asked the group members to come up with their own consequence should any part of their body come off the plate.

The fifth session began by doing an alphabet check in. During this activity participants picked up a piece of paper on the ground that contained a letter. Then they came up with a word that described how they were feeling starting with that letter. Some members had to rely on the help of others to generate a word. In addition, the Natural Disasters activity started with each member receiving a short piece of rope tied in a circle. All circles were placed on the ground around the room. Each circle represented a safe place, and as the members stood in their circle, they were each asked to share a place or a person that helped them feel safe. When I called out “storms coming,” each member had to leave his current circle and move to a new one. As the activity progressed, the co-leader and I began to remove circles, causing members to have to share spaces. Eventually the groups ended up with only one circle and had to try to fit everyone. Topics of discussion during processing ranged from feeling safe, sharing your safe space, and goals to how the group represented a safe place.

During the sixth session, the group started with an activity called Knot or Not. In this activity, a single piece of tangled rope was placed on the ground, and members had to decide whether it would form a knot or not when the two ends were fully extended out. This activity required them to communicate, take others’ perspectives, and come to a consensus. After the group came to a consensus, two members grabbed the ends
and pulled. We also did an activity called Balloon Trolleys. We asked the members to think of an emotion that had gotten in their way in the past and write it on a balloon they inflated. Next, the group had to stand in a forward facing line and place their balloon between their chest and the back of the person in front of them. We then instructed them that the only thing they could use to keep the balloon in place was pressure. The goal was for the group to walk in their line from point A to point B without dropping any balloons. In keeping with challenge by choice, each group created their own consequence for dropping a balloon. The members then processed the experience, the emotion written on the balloon, and how emotions can get in the way.

The seventh group started with possibly the most difficult warm up for all of the groups. Sitting in a circle, I asked each member to share one strength observed in the person to their left during our group meetings. Most members struggled with this activity and often asked the other group members for help. We also did an activity called Keys to Communication. With the group divided in two, the two groups stood on opposite sides of a taped off rectangular area, containing two locks and two keys. Each group chose one person willing to be blindfolded and verbally guided him through the rectangle to the team’s lock and key. The first group that got their key and lock won. This activity was completed multiple times during each session in order to give each member a chance at being guided while blindfolded. The goal of this activity was to discuss effective communication and peer pressure as well as giving and receiving feedback.

The eighth group began with a warm up called Silver Lining. Sitting in a circle, I created a story prompt and asked each member to add a sentence to our story.
However, every other sentence had to begin with either the word fortunately or unfortunately. Although fun and silly, this activity allowed members to add a positive and negative comment to the story. We then processed whether it was easier for them to be positive or negative. Next, we engaged in an activity called the TP Shuffle. Although traditionally completed while standing on a telephone pole, I used tape on the floor. I split each group into two smaller groups and had them stand at opposite ends of the tape. Next, the members had to get from one side to the other without stepping off of the tape. Keeping with challenge by choice, the group members decided the consequences for stepping off the tape. The goal of this activity was to discuss overcoming obstacles in life, staying positive, and achieving goals.

By the ninth group, I wanted to challenge the group members to trust each other. We began with an activity where each member shared one reason they trusted the group. Next, we engaged in a trust walk in an open field outside of the school building. To transition from the warm up to the activity, I asked the group to identify who was the most trustworthy person in the group and why. After the group identified this person, I asked him what it was like to know that the group trusted him the most. Next, all members except for the person identified as most trustworthy were blindfolded and asked to hold onto a rope. Neither the co-leader nor myself were blindfolded in order to ensure the safety of the members. Each member had an opportunity to lead and we processed what it was like to be led by each member.

During the final session the group engaged in an activity called the Human Knot. I coiled a rope that was tied together at the ends and placed it in the middle of our circle. I then had each member share one way that they had grown as a result of our group.
After they shared, each member reached across the coil rope and grabbed it. After everyone had shared, the group stood up and stepped back while holding onto the rope. The result is a tangled knot. The members were then instructed to work together to untie the knot. Keeping with challenge by choice and goal setting, the group set a time goal for how long it should take to untangle the knot. At the end of this activity, each group cut their FVC into the number of participants and co-leaders in each group. We then spent the remaining time writing encouraging notes on the back of each member’s piece of paper, serving as a token to remember the group experience.

Analysis of Data

The following is a detailed account of the data analysis procedures I used to test my hypotheses. I scored all BASC-2 data using the ASSIST Plus (Pearson, 2004). In addition, I used SPSS Version 19 to perform all statistical analyses for this study. Before each analysis was conducted, data was screened to ensure it met normal distribution and homogeneity of variance. Initial review of the histograms for each variable indicated that the data was normally distributed. However, because my sample size for all analyses was relatively small, I also utilized non-graphical tests to assess for normal distribution (Stevens, 2009). Skewness and kurtosis coefficients were in the acceptable range of +/- 3 except for the second time conflict was measured (skewness = 2.74, kurtosis = 8.31). However, because previous research indicates that skewness and kurtosis have only a slight effect on statistical significance or power (Glass, Peckham, & Sanders, 1972) and the leptokurtic distribution of scores was consistent with theories of conflict within group development (Trotzer, 2006; Yalom & Leszcz, 2006).
2005), I proceeded with the analyses. Using the Levene statistic, I ensured that all pretest data as well as Group Climate Questionnaire data met the assumption for homogeneity of variance. Because I only used two points of measurement, sphericity was assumed.

Initially, I conducted five separate analysis of variance (ANOVA) procedures using the personal adjustment, school problems, internalizing problems, inattention/hyperactivity, and emotional symptoms index pretest composite scores to ensure that there were no differences between the two groups. After ensuring no pretest differences existed, I conducted five mixed between/within-subject ANOVAs (Tabachnick & Fidell, 2001) to evaluate the effectiveness of ABC’s ability to increase adaptive functioning while maladaptive functioning decreased. I utilized a mixed between/within design because it allowed me to investigate the difference between groups as well as across time. For this study, the between-subjects variable is group (k = 2), treatment or control/waitlist, and the within-subject variable is time (k = 2), pretest to posttest. The dependent variable for each mixed between/within-subjects analysis was group membership and the five composite scores from the BASC-2 (Reynolds & Kamphaus, 2004) served as dependent variables. I used the personal adjustment composite score to assess ABC’s impact on adaptive functioning and the school problems, internalizing problems, inattention/hyperactivity, and emotional symptoms index composite scores to assess ABC’s impact on behavioral difficulties.

I also conducted post hoc paired sample t tests to more accurately identify where the groups differed. Although these tests were informative, every additional analysis increased the chances of a type 1 error occurring. In order to protect against type 1
error, I set a more stringent $\alpha$ of .025 for all post hoc analyses (Hinkle, Wiersma, & Jurs, 2002).

By conducting three independent repeated measures ANOVA procedures, I was able to evaluate the group members’ perception of group climate. A repeated measures ANOVA contains a categorical variable, time of measurement, and one continuous dependent variable. For the first analysis, I used the engaged scale scores to assess how engagement and cohesion in an ABC group changed over time. In the second ANOVA, I used scores on the conflict scale to assess how conflict in an ABC group changed over time. Finally, I conducted an analysis that assessed how avoidant behavior changed over time for participants in an ABC group.

Although statistical significance tests are necessary to inform researchers on the likelihood that a result occurred by chance, little else can be gleaned from them (Armstrong & Henson, 2005). Statistical significance tests revealed nothing about replicability, the importance of the results, or their magnitude. In fact, with a large enough sample researchers will almost always find statistically significant results (Armstrong & Henson, 2005; Cohen, 1990, 1994). In order to determine replicability and practical significance, I calculated effect size estimates (Henson, 2006; Snyder & Lawson, 1993). More specifically, I computed and reported R squared type effect sizes in the form of eta squared ($\eta^2$) for the one way ANOVAs and the paired samples $t$ tests. Eta squared explains the variance accounted for in the dependent variable by the independent variable. Thus, for this study, eta squared indicated the percent of variance in personal adjustment, school problems, internalizing problems, inattention/hyperactivity problems, and emotional symptoms index that can be explained.
by participation in ABC groups. For the mixed between/within subjects ANOVAs I calculated partial eta squared (partial $\eta^2$). Partial eta squared is an effect size estimate similar to eta squared, but it measures the variance explained by the independent variable after all other effects have been separated out (Levine & Hullett, 2002). For example, in this study a partial eta squared for the group main effect is a measure of how much variance in personal adjustment mean scores can be accounted for after the main effect for time and the group/time interaction effect have been separated out. In addition to statistical and practical significance, clinical significance was determined by assessing the categorical changes on the five composite scores.

Due to a lack of effect size estimates in ABC research, it was difficult to accurately interpret the effect sizes reported in this study. Instead, I interpreted all effect size estimates based on Cohen's (1988) guidelines. Cohen (1988) and Henson (2006) hesitantly suggested that .01 could be considered a small effect size, .06 could be considered a moderate effect size, and .14 could be considered a large effect size.

With the purpose of determining the number of participants needed for this study, I conducted multiple a priori power analyses using G*Power 3 (Faul, Erdfelder, Buchner, & Lang, 2009). Power, the likelihood of correctly rejecting the null hypothesis (Cohen, 1992; Thompson, 2006), is a key concept of statistical significance testing (Balkin & Sheperis; 2011) and is directly affected by the level of significance and the sample size. Fortunately, by using a repeated measures design, fewer subjects are needed (Stevens, 2009) to attain an appropriate level of power. Cohen suggested that a power level of .80 is sufficient for most statistical analyses. In order to answer the first two research questions using a pretest/posttest, mixed between/within subjects ANOVA
where $p = .05$, power equals .80, and a medium effect size of .25 can be detected, a sample size of approximately 34 participants was necessary. In addition, to answer the third research question by conducting a repeated measures ANOVA where $p = .05$, power equals .80, and a medium effect size of .25 can be detected, a sample size of approximately 28 participants was necessary.
CHAPTER 4
RESULTS

In this chapter I present the results of statistical analyses. I utilized the first set of procedures to explore if, how, and to what degree participants assigned to a 10 session adventure based counseling program changed in comparison to the control/waitlist group. I also used three repeated measures ANOVAs to explore how perceived group climate changed during the course of the 10 sessions.

First, I present procedures I used to assess the validity of the BASC-2 scores as well as how I identified and dealt with outliers. Then I present the reliability coefficients for the instruments used. Next, in order to address the first two research questions, I present the pretest ANOVA, mixed between/within subjects ANOVA, and post hoc results for each of the five composite dependent variables. Finally, I end the section by presenting the results of three repeated measures ANOVAs used to assess the change in group climate over time.

Validity

After scoring all of the BASC-2 forms, I reviewed each of the three validity indexes and two patterned responding indexes automatically computed and included in the output (Reynolds & Kamphaus, 2004). The F index is an infrequency index designed to detect if an adolescent is faking bad by responding to the questions in an exceedingly negative manner. The L index is designed to detect social desirability in an adolescent’s response pattern. In other words, the L index attempts to detect if a respondent is faking good by responding in an exceedingly positive manner. The V
index is comprised of nonsensical items and designed to detect if an adolescent is being careless or not understanding the statements. Reynolds and Kamphaus (2004) also encouraged the use of the two patterned responding indexes, response pattern and consistency index, when assessing validity. The response pattern index is designed to detect invalid assessments due to carelessness or inattention. The two types of patterns detected are identical successive responses and alternating or cyclical response patterns. The consistency index is designed to detect invalid assessments by identifying differing responses to questions typically answered in the same way. Reynolds and Kamphaus (2004) recommended that any protocol with validity scores in the caution or extreme caution range should be reviewed and possibly excluded from use. They also encouraged the use of other results and previous knowledge of the respondent, in addition to the validity and patterned response indexes, when determining the validity of the scores. After reviewing the validity and patterned response indexes for all participants, I concluded that responses from seven pretests and seven posttests were invalid and thus excluded them from further analyses.

Outliers

Following Stevens (2009) advice, I converted all raw data into z scores to identify outliers. Because of the small sample size, I used a z score of +/- 2.5 as a cut off (Shiffler, 1988). Overall, I only detected seven outliers: two in school problems pretest, one in personal adjustment pretest, two in school problems posttest, one in emotional symptoms index posttest, and one in the personal adjustment posttest. After detecting outliers, I conducted analyses with the outliers included as well as not included to
evaluate how much the extreme scores were impacting the outcome. I found that the outliers were having a significant impact on all of the analyses; therefore, I chose to report the results of all analyses without the outliers.

Reliability

I computed an overall Cronbach’s α of .83 for the BASC-2 pretest and posttest composites. In addition, I also computed test retest reliability coefficients for the five composites which can be found in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Reliability Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Adjustment</td>
<td>35</td>
<td>.89</td>
</tr>
<tr>
<td>School Problems</td>
<td>34</td>
<td>.79</td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td>37</td>
<td>.85</td>
</tr>
<tr>
<td>Inattention/Hyperactivity</td>
<td>37</td>
<td>.90</td>
</tr>
<tr>
<td>Emotional Symptoms Index</td>
<td>36</td>
<td>.76</td>
</tr>
</tbody>
</table>

First Research Question

Regarding the first research question, I hypothesized that male high school students participating in ABC and experiencing behavior difficulties would increase in adaptive functioning as measured by BASC-2 personal adjustment composite score on the self-report of personality form compared to male high school students who do not participate in ABC. According to the preliminary one way between group ANOVA, there was no statistically significant difference between the two groups at pretest, $F(1, 36) = .018, p = .90$. Further, I found an extremely small effect size ($\eta^2 < .01$).
Table 4 contains the personal adjustment means, standard deviations, and sample size for both the pretests and posttests. Results of the mixed between/within subjects ANOVA revealed a statistically significant main effect for time, $F(1, 33) = 8.58$, $p < .01$, and a very large effect size (partial $\eta^2 = .21$). There was no statistically significant main effect for group, $F(1, 33) = .064$, $p = .80$, and a very small effect size (partial $\eta^2 < .01$). Finally, there was no statistically significant interaction between group and time, $F(1, 33) = 1.64$, $p = .21$, and a moderate effect size (partial $\eta^2 = .05$). The statistically significant increase in personal adjustment score and large effect size indicates that both groups improved over time. However, the lack of statistically significant differences between groups, and moderate effect size (partial $\eta^2 = .05$) indicates that the treatment group did not improve on the personal adjustment composite compared to the control/waitlist group. Table 5 and 6 contain the full results of the mixed between/within subjects ANOVA for the personal adjustment composite scores.

Table 4

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th></th>
<th>Posttest</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Treatment</td>
<td>17</td>
<td>48.41</td>
<td>7.16</td>
<td>49.59</td>
</tr>
<tr>
<td>Control/Waitlist</td>
<td>18</td>
<td>48.06</td>
<td>7.48</td>
<td>51.06</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>48.23</td>
<td>7.22</td>
<td>50.34</td>
</tr>
</tbody>
</table>
In order to better understand how the groups changed over time, I conducted two post hoc paired-samples t tests using pretest and posttest scores for the treatment group and for the control/waitlist group. Using an alpha of .025 to reduce the chance of type 1 error, I found no statistically significant improvement for the treatment group, $t(16) = -1.39, p = .18$, with a moderate to large effect size ($\eta^2 = .11$). There was a statistically significant improvement for the control/waitlist group, $t(17) = -2.65, p = .02$, with a very large effect ($\eta^2 = .29$). These results indicate that although both groups improved over time, the control/waitlist group accounted for more of the change in personal adjustment over time. Based on these results, my hypothesis for research question 1 was incorrect. Although both groups showed practically significant change over time as indicated by the moderate to large effect sizes, the students who participated in ABC did not show an increase in adaptive functioning as measured by BASC-2 personal adjustment composite score on the self-report of personality form compared to the students in the control/waitlist group.
Second Research Question

Regarding the second research question, I hypothesized that male high school students experiencing behavior difficulties who participate in ABC would decrease in maladaptive functioning as measured by the BASC-2 clinical composites on the self-report of personality form compared to male high school students who do not participate in ABC. What follows is a detailed account of each set of analyses related to the four clinical composites: school problems, internalizing problems, inattention/hyperactivity Problems, and the emotional symptoms index.

School Problems

Based on my second hypothesis, I believed the male high school students who participated in ABC would show a decrease in behavior difficulties as measured by BASC-2 school problems composite score on the self-report of personality form compared to the students in the control/waitlist group. According to the preliminary one way between group ANOVA, there was no statistically significant difference between the two groups at pretest, \( F(1, 35) = .714, p = .40 \). Further, I found a small effect size (\( \eta^2 = .02 \)).

Table 7 contains the school problems means, standard deviations, and sample size for both the pretests and posttests. Results of the mixed between/within subjects ANOVA revealed no statistically significant main effect for time, \( F(1, 32) = .14, p = .71 \), and an extremely small effect size (partial \( \eta^2 < .01 \)). There was no statistically significant main effect for group, \( F(1, 32) = .382, p = .54 \), and a small effect size (partial \( \eta^2 = .01 \)). Finally, there was no statistically significant interaction between group and time, \( F(1, 32) = . . . \)
= .00, \( p = .998 \), and an extremely small effect size (partial \( \eta^2 < .01 \)). Table 8 and 9 contain the full results of the mixed between/within subjects ANOVA for the school problems composite scores.

Table 7

*Mean Scores for the School Problems Composite*

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th></th>
<th></th>
<th>Posttest</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>treatment</td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Treatment</td>
<td>18</td>
<td>49.56</td>
<td>8.01</td>
<td>50.00</td>
<td>9.15</td>
</tr>
<tr>
<td>Control/Waitlist</td>
<td>16</td>
<td>51.13</td>
<td>7.74</td>
<td>51.56</td>
<td>7.40</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>50.29</td>
<td>7.80</td>
<td>50.74</td>
<td>8.29</td>
</tr>
</tbody>
</table>

Table 8

*ANOVA Summary Table for School Problems Within-Subjects Effects*

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>( df )</th>
<th>MS</th>
<th>( F )</th>
<th>( p )</th>
<th>Partial ( \eta^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>3.29</td>
<td>1</td>
<td>3.29</td>
<td>.14</td>
<td>.71</td>
<td>.004</td>
</tr>
<tr>
<td>Time*Group</td>
<td>.00</td>
<td>1</td>
<td>.00</td>
<td>.00</td>
<td>.99</td>
<td>.000</td>
</tr>
<tr>
<td>Error</td>
<td>754.19</td>
<td>32</td>
<td>23.57</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9

*ANOVA Summary Table for School Problems Between-Subjects Effects*

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>( df )</th>
<th>MS</th>
<th>( F )</th>
<th>( p )</th>
<th>Partial ( \eta^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>41.54</td>
<td>1</td>
<td>41.54</td>
<td>.38</td>
<td>.54</td>
<td>.01</td>
</tr>
<tr>
<td>Error</td>
<td>3479.94</td>
<td>32</td>
<td>108.75</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Because of the lack of statistically significant differences, miniscule effect sizes, and the fact that both means actually increased from pretest to posttest, I decided not to conduct post hoc analyses on this variable. Based on these results, my hypothesis for research question two was incorrect, the students who participated in ABC did not show a decrease in maladaptive functioning as measured by BASC-2 school problems
composite score on the self-report of personality form compared to the students in the control/waitlist group.

**Internalizing Problems**

Based on my second hypothesis, I believed the male high school students who participated in ABC would show a decrease in maladaptive functioning as measured by BASC-2 internalizing problems composite score on the self-report of personality form compared to the students in the control/waitlist group. According to the preliminary one way between group ANOVA, there was no statistically significant difference between the two groups at pretest, $F(1, 37) = .000, p = .99$. Further, I found an extremely small effect size ($\eta^2 < .01$).

Table 10 contains the internalizing problems means, standard deviations, and sample size for both the pretests and posttests. Results of the mixed between/within subjects ANOVA revealed no statistically significant main effect for time, $F(1, 35) = .702, p = .41$, and a small effect size (partial $\eta^2 = .02$). There was no statistically significant main effect for group, $F(1, 35) = .008, p = .93$, and a very small effect size (partial $\eta^2 < .01$). Finally, there was no statistically significant interaction between group and time, $F(1, 35) = .016, p = .98$, and a very small effect size (partial $\eta^2 < .01$). Table 11 and 12 contain the full results of the mixed between/within subjects ANOVA for the internalizing problems composite scores.
Table 10

Mean Scores for the Internalizing Problems Composite

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th></th>
<th></th>
<th>Posttest</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Treatment</td>
<td>19</td>
<td>51.00</td>
<td>9.23</td>
<td>49.95</td>
<td>10.97</td>
</tr>
<tr>
<td>Control/Waitlist</td>
<td>18</td>
<td>51.33</td>
<td>10.95</td>
<td>50.22</td>
<td>11.93</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>51.16</td>
<td>9.96</td>
<td>50.08</td>
<td>11.29</td>
</tr>
</tbody>
</table>

Table 11

ANOVA Summary Table for Internalizing Problems Within-Subjects Effects

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
<th>Partial η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>21.64</td>
<td>1</td>
<td>21.64</td>
<td>.702</td>
<td>.41</td>
<td>.02</td>
</tr>
<tr>
<td>Time*Group</td>
<td>.016</td>
<td>1</td>
<td>.016</td>
<td>.001</td>
<td>.98</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Error</td>
<td>1079.36</td>
<td>35</td>
<td>30.84</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 12

ANOVA Summary Table for Internalizing Problems Between-Subjects Effects

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
<th>Partial η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>1.71</td>
<td>1</td>
<td>1.71</td>
<td>.008</td>
<td>.93</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Error</td>
<td>7080.70</td>
<td>35</td>
<td>202.31</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Although not statistically significant, there was a small effect size (η² = .02) for the decrease in mean scores from pretest to posttest for both groups. In order to better understand how the groups changed over time, I conducted two post hoc paired-samples t tests using pretest and posttest scores for the treatment group and for the control/waitlist group. Using an alpha of .025 to reduce the chance of type 1 error, I found no statistically significant improvement for the treatment group, t(18) = .547, p = .59, with a small effect size (η² = .02). There was also no statistically significant improvement for the control/waitlist group, t(17) = .650, p = .52, with a small effect (η² = .02).
Based on these results, my hypothesis for research question two was incorrect. Although both groups showed a practically significant change over time, as indicated by the small effect sizes, the students who participated in ABC did not show a decrease in maladaptive functioning as measured by BASC-2 internalizing problems composite score on the self-report of personality form compared to the students in the control/waitlist group.

Inattention/Hyperactivity

Based on my second hypothesis, I believed the male high school students who participated in ABC would show a decrease in maladaptive functioning as measured by BASC-2 inattention/hyperactivity composite score on the self-report of personality form compared to the students in the control/waitlist group. According to the preliminary one way between group ANOVA, there was no statistically significant difference between the two groups at pretest, $F(1, 37) = .345, p = .56$. Further, I found an extremely small effect size ($\eta^2 < .01$).

Table 13 contains the inattention/hyperactivity means, standard deviations, and sample size for both the pretests and posttests. Results of the mixed between/within subjects ANOVA revealed no statistically significant main effect for time, $F(1, 35) = 1.525, p = .23$, and a small effect size (partial $\eta^2 = .04$). There was no statistically significant main effect for group, $F(1, 35) = .087, p = .77$, and a very small effect size (partial $\eta^2 < .01$). Finally, there was no statistically significant interaction between group and time, $F(1, 35) = .971, p = .33$, and small effect size (partial $\eta^2 = .03$). Table 14 and
contain the full results of the mixed between/within subjects ANOVA for the inattention/hyperactivity composite scores.

Table 13

Mean Scores for the Inattention/Hyperactivity Composite

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Treatment</td>
<td>19</td>
<td>52.11</td>
</tr>
<tr>
<td>Control/Waitlist</td>
<td>18</td>
<td>54.28</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>53.16</td>
</tr>
</tbody>
</table>

Table 14

ANOVA Summary Table for Inattention/Hyperactivity Within-Subjects Effects

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
<th>Partial η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>34.99</td>
<td>1</td>
<td>34.99</td>
<td>1.525</td>
<td>.23</td>
<td>.04</td>
</tr>
<tr>
<td>Time*Group</td>
<td>22.29</td>
<td>1</td>
<td>22.29</td>
<td>.971</td>
<td>.33</td>
<td>.03</td>
</tr>
<tr>
<td>Error</td>
<td>803.17</td>
<td>35</td>
<td>22.95</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 15

ANOVA Summary Table for Inattention/Hyperactivity Between-Subjects Effects

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
<th>Partial η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>21.35</td>
<td>1</td>
<td>21.35</td>
<td>.087</td>
<td>.77</td>
<td>.002</td>
</tr>
<tr>
<td>Error</td>
<td>8617.30</td>
<td>35</td>
<td>246.21</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Although not statistically significant, there was a small effect size (partial η² = .04) for the decrease in mean scores from pretest to posttest for both groups and a small effect (partial η² = .03) for the interaction of group and time. In order to better understand how the groups differed, I conducted two post hoc paired-samples t tests using pretest and posttest scores for the treatment group and for the control/waitlist group. Using an alpha of .025 to reduce the chance of type 1 error, I found no
statistically significant improvement for the treatment group, \( t(16) = -2.18, p = .05 \), but a very large effect size (\( \eta^2 = .24 \)). There was also no statistically significant improvement for the control/waitlist group, \( t(11) = -.215, p = .83 \), with a very small effect (\( \eta^2 < .01 \)).

The results of the post hoc analyses indicate that the differences between the groups over time were accounted for mostly by the ABC group. More specifically, the increase in means for the ABC group was larger than that of the control/waitlist group. Based on these results, my hypothesis for research question two was incorrect; the students who participated in ABC did not show a decrease in maladaptive behavior as measured by the BASC-2 inattention/hyperactivity composite score on the self-report of personality form compared to the students in the control/waitlist group.

*Emotional Symptoms Index*

Based on my second hypothesis, I believed the male high school students who participated in ABC would show a decrease in maladaptive functioning as measured by BASC-2 emotional symptoms index composite score on the self-report of personality form compared to the students in the control/waitlist group. According to the preliminary one way between group ANOVA, there was no statistically significant difference between the two groups at pretest, \( F(1, 37) = .057, p = .81 \). Further, I found an extremely small effect size (\( \eta^2 < .01 \)).

Table 16 contains the emotional symptoms index means, standard deviations, and sample size for both the pretests and posttests. Results of the mixed between/within subjects ANOVA revealed no statistically significant main effect for time, \( F(1, 34) = 1.819, p = .19 \), and a small to moderate effect size (partial \( \eta^2 = .05 \)). There
was no statistically significant main effect for group, $F(1, 34) = .096, p = .76$, and a very small effect size (partial $\eta^2 < .01$). Finally, there was no statistically significant interaction between group and time, $F(1, 34) = .415, p = .52$, and a small effect size (partial $\eta^2 = .01$). Table 17 and 18 contain the full results of the mixed between/within subjects ANOVA for the emotional symptoms index composite scores.

Table 16

*Mean Scores for the Emotional Symptoms Index Composite*

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Treatment</td>
<td>19</td>
<td>51.11</td>
</tr>
<tr>
<td>Control/Waitlist</td>
<td>17</td>
<td>51.12</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>51.11</td>
</tr>
</tbody>
</table>

Table 17

*ANOVA Summary Table for Emotional Symptoms Index Within-Subjects Effects*

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>$F$</th>
<th>$p$</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>52.60</td>
<td>1</td>
<td>52.60</td>
<td>1.819</td>
<td>.19</td>
<td>.05</td>
</tr>
<tr>
<td>Time*Group</td>
<td>11.99</td>
<td>1</td>
<td>11.99</td>
<td>.415</td>
<td>.52</td>
<td>.01</td>
</tr>
<tr>
<td>Error</td>
<td>983.01</td>
<td>34</td>
<td>28.91</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 18

*ANOVA Summary Table for Emotional Symptoms Index Between-Subjects Effects*

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>$F$</th>
<th>$p$</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>11.63</td>
<td>1</td>
<td>11.63</td>
<td>.096</td>
<td>.76</td>
<td>.003</td>
</tr>
<tr>
<td>Error</td>
<td>4109.82</td>
<td>34</td>
<td>120.88</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Although not statistically significant, there was a small to moderate effect size (partial $\eta^2 = .05$) for the decrease in mean scores from pretest to posttest for both groups. In order to better understand how the groups changed over time, I conducted
two post hoc paired-samples $t$ tests using pretest and posttest scores for the treatment group and for the control/waitlist group. Using an alpha of .025 to reduce the chance of type 1 error, I found no statistically significant improvement for the treatment group, $t(18) = .530, p = .60$, with a small effect size ($\eta^2 = .02$). There was also no statistically significant improvement for the control/waitlist group, $t(16) = 1.324, p = .20$, with a moderate to large effect size ($\eta^2 = .10$). These results indicate that although both groups improved over time, the control/waitlist group accounted for more of the change in emotional symptoms index over time. Based on these results, my hypothesis for research question two was incorrect. Although both groups showed a practically significant change over time as indicated by the reported effect sizes, the students who participated in ABC did not show a decrease in maladaptive functioning as measured by BASC-2 emotional symptoms index composite score on the self-report of personality form compared to the students in the control/waitlist group.

In summary, based on the previous analyses, there were no statistically significant differences in maladaptive functioning for the students who participated in ABC as measured by BASC-2 school problems, internalizing problems, inattention/hyperactivity, and emotional symptoms index composite scores on the self-report of personality form compared to the students in the control/waitlist group. However, effect size estimates indicated that both groups reported decreased means on the internalizing problems and Emotional Symptoms composite scores. Although not statistically significant, effect size estimates indicated that both groups reported an increase in inattention/hyperactivity over time.
Third Research Question

Regarding the third research question, I hypothesized that male high school students experiencing behavior difficulties who participate in ABC will become more engaged while exhibiting less conflict and avoidance throughout the group experience as measured by the Group Climate Questionnaire, short form (GCQ-S; MacKenzie, 1983). In order to test this hypothesis I conducted three repeated measures ANOVAs using time as the independent variable and the three scaled scores produced by the GCQ-S as dependent variables. Table 19 contains the means, standard deviations, and sample size for each time the members completed the GCQ-S. What follows is a detailed account of each analysis presented in the order the variables appear in the hypothesis.

Table 19

Mean Scores for the Engaged, Conflict, and Avoiding Scales

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Time 1</td>
<td>20</td>
<td>3.15</td>
<td>1.09</td>
</tr>
<tr>
<td>- Time 2</td>
<td>20</td>
<td>3.35</td>
<td>1.18</td>
</tr>
<tr>
<td>- Time 3</td>
<td>20</td>
<td>4.05</td>
<td>0.94</td>
</tr>
<tr>
<td>Conflict</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Time 1</td>
<td>20</td>
<td>.70</td>
<td>.86</td>
</tr>
<tr>
<td>- Time 2</td>
<td>20</td>
<td>.75</td>
<td>1.48</td>
</tr>
<tr>
<td>- Time 3</td>
<td>20</td>
<td>.70</td>
<td>.86</td>
</tr>
<tr>
<td>Avoiding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Time 1</td>
<td>20</td>
<td>3.6</td>
<td>1.27</td>
</tr>
<tr>
<td>- Time 2</td>
<td>20</td>
<td>3.45</td>
<td>1.76</td>
</tr>
<tr>
<td>- Time 3</td>
<td>20</td>
<td>3.25</td>
<td>1.07</td>
</tr>
</tbody>
</table>

Engagement

Based on my third hypothesis, I believed that male high school students who participated in ABC would show an increase in engagement as the group progressed.
In order to assess how engagement changed from Time 1, to Time 2, to Time 3, I conducted a one way repeated measures ANOVA that revealed a statistically significant effect for time, $F(2, 38) = 4.067$, $p = .025$, and an extremely large effect size (partial $\eta^2 = .18$). Based on these results, male high school students who participated in ABC did report a statistically significant increase in engagement as the group progressed. Table 20 contains the full results from the repeated measures ANOVA and Figure 1 represents the group means at each point of data collection.

Table 20

ANOVA Summary Table for Engaged Scale on GCQ-S

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Df</th>
<th>MS</th>
<th>$F$</th>
<th>$P$</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>8.93</td>
<td>2</td>
<td>4.467</td>
<td>4.067</td>
<td>.025</td>
<td>.18</td>
</tr>
<tr>
<td>Error</td>
<td>41.73</td>
<td>38</td>
<td>1.098</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Plotted means for scores on GCQ-S Engaged Scale
Conflict

Based on my third hypothesis, I believed that male high school students who participated in ABC would report a decrease in conflict as the group progressed. In order to assess how conflict changed from Time 1, to Time 2, to Time 3, I conducted one way repeated measures ANOVA. There was no statistically significant effect for time, $F(2, 38) = .012, p = .99$, and I found an extremely small effect size (partial $\eta^2 < .01$). Based on these results and reviewing the means across time, it is clear that conflict actually increased at Time 2, but then decreased at Time 3 back to the same level of Time 1. Table 21 contains the full results from the repeated measures ANOVA and Figure 2 represents the group means at each point of data collection.

Table 21

ANOVA Summary Table for Conflict Scale on GCQ-S

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>$F$</th>
<th>$p$</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>.03</td>
<td>2</td>
<td>.017</td>
<td>.012</td>
<td>.99</td>
<td>.001</td>
</tr>
<tr>
<td>Error</td>
<td>51.30</td>
<td>38</td>
<td>1.350</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. Plotted means for scores on GCQ-S Conflict Scale
Avoiding

Based on my third hypothesis, I believed that male high school students who participated in ABC would report a decrease in avoiding behavior as the group progressed. In order to assess how avoiding behavior changed from time 1, to time 2, to time 3, I conducted a one way repeated measures ANOVA. There was no statistically significant effect for time, $F(2, 38) = .295, p = .746$, and a small effect size (partial $\eta^2 = .02$). Although not statistically significant, based on the small effect size and review of the mean, it appears that male high school students who participated in ABC did report a decrease in avoiding behavior as the group progressed. Table 22 contains the full results from the repeated measures ANOVA and Figure 3 represents the group means at each point of data collection.

Table 22

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>MS</th>
<th>$F$</th>
<th>$p$</th>
<th>Partial $\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>1.23</td>
<td>1</td>
<td>.617</td>
<td>.295</td>
<td>.746</td>
<td>.02</td>
</tr>
<tr>
<td>Error</td>
<td>79.43</td>
<td>38</td>
<td>2.09</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 3. Plotted means for scores on GCQ-S Avoiding Scale*
Clinical Significance

Clinical significance measures the practical impact a treatment has on a participant’s everyday life (Kazdin, 2003). Using a comparison method, I assessed the clinical significance of the results for Research Questions 1 and 2. A comparison method is not related to assessing the differences between groups (Kazdin, 1999) but rather to comparing how a participant’s scores at the end of treatment are related to normative samples (Kazdin, 2003).

In order to assess the clinical significance of ABC on adaptive and maladaptive functioning, I reviewed all treatment group pretest composite scores in order to identify at risk or clinically significant scores. I used at risk and clinically significant scores because they are well established, normed cutoffs that clearly identify students experiencing more severe behavior difficulties. I tracked all participants with at-risk or clinically significant scores throughout treatment to assess progress based on whether their scores moved to non-clinical. For personal adjustment, I identified four participants with at-risk or clinically significant scores at pretest. At post-test, all four were still in the at-risk or clinically significant range. However, one participant’s score had dropped from the clinically significant range to at-risk, indicating that improvement was occurring. For school problems, I identified three participants as at-risk whereas only two were in this range at posttest (33% reduction in school problems). For internalizing problems, I identified five participants with at-risk or clinically significant scores at pretest. At posttest one student had scores in the non-clinical range indicating a 20% decrease in at-risk or clinically significant internalizing problems scores. For the inattention/hyperactivity composite, I identified four participants with at-risk or clinically
significant scores at pretest. At posttest, all four still had at-risk or clinically significant scores. Consistent with statistical and practical significance, I found no clinically significant impact for ABC on the inattention/hyperactivity composite. For the emotional symptoms index, I identified four participants with at-risk or clinically significant scores at pretest. At posttest, two participants had moved from at-risk into the normal range, a 50% decrease in participants with emotional symptoms index scores in the at-risk or clinically significant range.

Caution must be used when interpreting these percentages as they were calculated using a relatively small number of participants. However, ABC appeared to have a small clinically significant impact on school problems, internalizing problems, and the emotional symptoms index. Finally, I did not find support for a clinically significant impact of ABC on personal adjustment scores as far as participants moving into the non-clinical range. However, the fact that one participant did report improving from a clinically significant score to at risk indicates that ABC might be impacting personal adjustment at some level.
CHAPTER 5
DISCUSSION

In this chapter I discuss the implications of the results presented in the previous chapter regarding the effectiveness of ABC as a short term, small-group, peer-based intervention. I begin by discussing the results of the three research questions. I review each of the main analyses as well as the post hoc procedures in relation to previous literature. Next, I discuss implications for practice and future research. Then, I present the methodological implications. Finally, I end this chapter by reviewing the limitations associated with the current study.

First Research Question

According to the findings in this study, high school males who participated in ABC did experience an increase in adaptive functioning over time. However, it is important to note that the control group also increased over time. This increase in adaptive functioning indicates an improvement in interpersonal relationships as well as an increase in self-esteem and self-reliance. I anticipated this increase because the activities conducted during ABC required participants to formulate hypotheses, generate plans of action, evaluate outcomes, and then take action. In addition, the increase in personal adjustment scores indicated that adolescent males who participated in ABC likely improved interpersonal relationship skills, became more self-accepting, exhibited positive identify development, and improved coping skills in order to more effectively respond to stress.
In order to understand the results related to my first research question better, I compare my findings to the previous ABC research discussed in chapter 2 of this dissertation. Overall, I found a statistically significant, large effect size (partial $\eta^2 = .21$) for time and a moderate interaction effect (partial $\eta^2 = .05$). Post hoc analyses revealed a moderate to large effect size ($\eta^2 = .11$) for participants in the ABC group. This estimated effect size is consistent with the moderate effect sizes Gillis and Speelman (2008) found for self-efficacy, self-esteem, and self-concept. In addition, the large effect size ($\eta^2 = .39$) I calculated for the data reported by Wick, Wick, and Peterson (1997) is consistent with the effect size estimates I found for the personal adjustment composite scores of ABC participants. Walsh and Aubry (2007) also reported moderate to large effect sizes for other measures of personal adjustment. This increase in positive behavioral and personality traits found in the current study is consistent with Cale’s (2010) findings that students who participated in ABC reported an increase in self-esteem. Although not the exact same measure as the personal adjustment composite, all findings were positive personality traits that likely contribute to adaptive functioning. Further, self-esteem and self-reliance are both scales used to calculate the personal adjustment composite.

Results indicate that ABC might be an effective short-term, small-group, peer-based intervention for increasing adaptive functioning in adolescent males. Estimates of effect sizes were consistent with previous research and add support for the use of ABC in schools. However, the results should be interpreted with caution because they did not indicate that ABC is more effective than traditional interventions provided by the school’s comprehensive counseling program. This last point is important because
during the time of the study, the school’s counseling program was awarded the Counselors Reinforcing Excellence for Students in Texas (CREST) award by the Texas School Counselor Association. This award recognizes outstanding comprehensive school counseling programs that use data driven interventions and document the success of those interventions with students. The fact that the control/waitlist group was receiving services in a comprehensive school counseling program of this caliber might have influenced the results.

Second Research Question

The results for the second research question are more complicated to interpret. In regard to school problems, there was no difference between the groups or across time. The results of the statistical analyses did not support the use of ABC as a short term, small-group, peer-based intervention for reducing the maladaptive functioning in high school males as defined by problems experienced in school. More specifically, participants in ABC did not improve in how they view the school environment and appeared to have the same opinion of school as when the group began. Conversely, measures of clinical significance revealed a 33% decrease in students experiencing high levels of school problems, supporting the use of ABC as an intervention for students experiencing school problems.

Concerning internalizing problems, there was no difference between adolescent males who participated in ABC and the control/waitlist group. The small effect indicates that, although not statistically significant, adolescent males in both groups did show decreased internalizing problems. More specifically, it appears that both groups
increased their ability to cope with stress. The results of the statistical analyses indicate that ABC might be an effective intervention for reducing maladaptive functioning in high school males as defined by internalizing problems. Measures of clinical significance revealed a 20% decrease in students experiencing high levels of internalizing problems, providing additional support for the use of ABC as an intervention for students exhibiting maladaptive behavior. However, because there was no statistically significant difference in means between the groups, it appears that ABC is no more effective than the traditional services received from this school’s comprehensive counseling program.

There was no statistically significant difference in inattention/hyperactivity composite scores for the adolescent males who participated in ABC and those in the control group. Based on the effect size estimates and group means, members in both groups reported an increase in ADHD symptoms over time. Members in the ABC group showed a greater increase than participants in the control/waitlist group. These results are significant because it appears that neither ABC nor the traditional services offered by the school’s comprehensive counseling program decreased difficulties associated with ADHD. Although unclear as to why both groups digressed, these results indicate that ABC as conducted in this study, is not an effective short-term, small-group, peer-based intervention. These results were unexpected based on existing literature that supports the efficacy of group counseling for students exhibiting ADHD symptoms. By focusing on social skills and problem solving, ABC is consistent with the recommendations of DuPaul and Weyandt (2006) and Landau, Milich, and Diener (1998) for treating students with ADHD. Further, the idea of Guevremont and Dumas (1994) to develop groups that teach participants to identify their problems, generate
problem solving strategies, assess possible outcomes, create a plan of action, implement the plan, and assess the outcomes is nearly identical to the way that ABC was implemented in this study. Finally, Packman and Bratton (2003) found that activity groups were effective in reducing behavior difficulties in children with ADHD.

Similar to the other measures of maladjustment, there were no statistically significant results regarding the emotional symptoms index composite. However, effect sizes and post hoc analyses indicate that ABC might be an effective intervention for reducing severe behavior difficulties, feelings of depression and inadequacy, as well as improving self-esteem and self-reliance for high school males over time. Measures of clinical significance revealed a 50% decrease in students experiencing high levels of emotional symptoms, providing additional support for the use of ABC as an intervention for students exhibiting maladaptive behavior. Because there was no statistically significant difference in means between the groups, it appears that ABC is no more effective than the traditional services received from this school’s comprehensive counseling program.

To facilitate a better understanding of the results related to my second research question, I attempted to find previous research that I could use as a comparison. I was able to locate two meta-analyses (Hattie, Marsh, Neill, & Richards, 1997; Neill, 2003) that reported effect size estimates for behavior change in ABC. According to both meta-analyses, effect size estimates for behavior change in ABC are consistently in the small range. More specifically, effect size estimates ranged from a Cohen’s $d$ of .28 to a Cohen’s $d$ of .40. Although both meta-analyses identified only a few studies where a decrease in maladaptive behavior was measured, the small effects reported were
consistent with the small effects I found for internalizing problems and emotional symptoms index.

In sum, it is difficult to tell if ABC is an effective short term, small-group, peer-based intervention that school counselors can implement in order to reduce maladaptive functioning. In terms of statistical significance, the current study does not support ABC as an effective intervention for reducing maladaptive functioning in high school males. However, in terms of practical and clinical significance, it appears that ABC might be effective in reducing maladaptive functioning in the form of high levels of stress; symptoms of depression; feelings of inadequacy, low self-esteem, and self-reliance; risk taking; and negative attitudes toward school and teachers.

Third Research Question

Regarding my third and final research question, the statistically significant improvement in engagement across the three collection points provides evidence that participants felt a greater sense of cohesion and peer support as the group progressed. This finding is consistent with previous research and theory that stipulates that cohesion should increase over time in group counseling (Trotzer, 2006; Yalom & Lesczcz, 2005). Further, group counseling research indicates that groups with high levels of cohesion have better outcomes for members than groups low in cohesion (Budman et al., 1989; MacKenzie et al., 1987; MacKenzie & Tschuschke, 1993; Yalom & Lesczcz, 2005).

The lack of any significant type of decrease in conflict is consistent with previous research. In group counseling, conflict is a natural occurrence that typically increases as the group forms and decreases as the group settles into the working phase (Trotzer,
Thus, the pattern I presented in the results section is actually consistent with group theory. One curious finding was how low the conflict scores actually were. At no point of collection did the mean for conflict enter single digits; instead, it remained a decimal at all three points. Based on these low means and my observations while facilitating the group, it appears that the group avoided conflict during a majority of the meetings, even as it followed a theoretically consistent trend. This low level of conflict makes sense when viewed through a developmental lens. Adolescents look to peers for feedback (Bandura, 1977) on how they should behave in order to be accepted by the group. Probably the best and quickest way to be rejected by the group is to engage in conflict with other members. In order to avoid being rejected, it is likely that the members also avoided conflict.

Finally, although not statistically significant, the data points for avoiding behavior trended in the right direction. Specifically, as the group progressed, members reported increasingly smaller levels of avoiding behavior. These findings are consistent with previous literature and group theory that would expect members to be more willing to take responsibility for the group and address difficult subjects as trust and cohesion increase (Trotzer, 2006). Based on the aforementioned results of GCQ-S scores that revealed an increase in engagement, decrease in avoidance, and increase then decrease in conflict, ABC appears to follow the same patterns of development and process as other traditional modes of group counseling.
L Index

In order to better understand the results of this study, I reviewed the L index provided in the BASC-2 report. The L index is designed to detect socially desirable response patterns (Reynolds & Kamphaus, 2004). In other words, the L index detects if an individual is trying to fake good. For the BASC-2 SRP for adolescents, L index scores ranging from 9 to 11 are in the Caution range and scores ranging from 12 to 15 are in the Extreme Caution range. Reynolds & Kamphaus (2004) stated that elevated scores on the L index might indicate a low level of psychological insight, reveal a desire to present an idealized view of self, and suggest that the individual responded to the questions in an overly positive manner. By reviewing the pretest and posttest L index scores for the treatment and control/waitlist group, I hoped to understand why there were no statistically significant differences between groups. More specifically, I was hoping to understand why participants in the ABC groups showed less improvement on most variables and even increased more on the inattention/hyperactivity composite than participants in the control/waitlist group. I calculated the means for pretest and posttest scores and counted the number of participants in each group who had posttest L index scores in the Caution or Extreme Caution. The control/waitlist group had a pretest mean of 4.4 and posttest mean of 4.2, a .2 decrease. The treatment group had a pretest mean of 3.7 and a posttest mean of 2.9, a .8 difference. At posttest, the control/waitlist group had 2 students with L index scores in the Caution range and 1 in the Extreme Caution range in contrast to the treatment group that only had 1 score in the caution range. These differences suggest that the treatment group was being more honest in their responses on the BASC-2. They also indicate that increased
psychological insight and awareness of their current level of functioning could be responsible for the lack of statistically significant improvement and statistically significant differences between the treatment and control groups. It is also possible that this increased insight was responsible for the elevated posttest scores on the inattention/hyperactivity composite for the treatment group. Put differently, the small amount of change measured by the BASC-2 in ABC participants might be attributed more to an increased awareness of how symptoms were impacting functioning than a lack of symptom reduction. Further research is warranted to better understand how ABC impacts psychological insight and personal awareness.

Subjective Evaluations

Before discussing the implications this study has for research and future practice, it seems fitting to discuss subjective evaluations of the impact ABC had on participants. First, on multiple occasions throughout the duration of this study, I was approached in the school hallways by group members inquiring about when we were meeting again. Second, on multiple occasions the two teachers who allowed students to participate in groups during their classes notified me that the students were inquiring about the next meeting. Third, multiple teachers reported changes they were noticing in the students who were participating in the ABC groups. Fourth, one student who had already developed a reputation with teachers and administrators for being defiant and who was often seen roaming the halls with a disgruntled affect completely changed during our group times. Both co-leaders noted that this student smiled, laughed, joked, and was able to establish a connection with other group members. Fifth, a parent reported to me
that his son, who had never had a friend come over to their house, actually had two
friends come over and spend the night. Sixth, a different parent contacted me at the
conclusion of the study to report a positive change in her child and express concern that
he would struggle when the group ended. She requested information regarding
additional services the student could receive to help maintain the progress. Seventh,
although not assigned to me as their 9th grade counselor, during course selection, many
of the participants requested my assistance in planning out their courses and discussing
career plans. Finally, after we had terminated, I ran into one of the participants while I
was at a local grocery store. When he recognized me, he approached me, introduced
me to his father, and asked when we would be meeting again. When I explained that
we would not be meeting again because our ten sessions were over, he attempted to
convince me to continue our groups meetings. All of these observations indicate that
ABC had an impact on the participants that was not completely detected by the
instruments used in this study.

Implications for Practice and Future Research

This study is an answer to the call for additional research in both school
counseling (Sink & Stroh, 2006) as well as ABC (Galloway & Goldenberg, 2004) that
can guide practice as well as future research. Concerning practice, this study
demonstrated the importance of school counselors using group counseling to meet
students’ needs. Another implication gleaned from this study is the importance of
school counselors being well trained in group counseling skills and techniques. It is
likely that my group counseling skill level, gained through extensive training and
supervised experience, was an important factor influencing the results related to group developmental process. By conducting the study as a researcher as well as practitioner, I served as an example that school counselors can and should make time to facilitate groups as a mode of responsive services. Also, school counselors utilizing ABC should work to address the needs of students experiencing ADHD symptoms. Although this study did not provide support for the use of ABC with high school males, ABC is consistent with previous literature regarding effective interventions for students with ADHD. In the future it might be helpful for school counselors, facilitating ABC with students experiencing symptoms of ADHD, to focus the processing time on how each activity relates to paying attention in school and select specific activities that require participants to practice problem solving and focusing.

In addition, practitioners and trainers can use the results, indicating that ABC functions similarly to traditional group counseling, to inform ABC practice, theory, and training. Practitioners can better understand how ABC impacts participants knowing that ABC and traditional group counseling share similar developmental processes. Although the importance of understanding how ABC effects change in participants is debated within the field, the call for evidenced based interventions by professional counseling and psychological associations as well as managed care companies is making it imperative that ABC practitioners develop this knowledge (Gass, Gillis, & Russell, 2012). Being able to tie the ABC process into the more thoroughly understood and investigated field of group counseling supports the potential of ABC to be an evidenced based intervention. Also, knowing that participants experience the ABC process in a similar way as participants experience the process of traditional group
counseling means that current and potential ABC practitioners can look to theories of traditional group work for guidance for effective group leadership. Based on the results of the GCQ-S, it appears that ABC facilitators can also look to established models of group development in order to assess ABC functioning and implement appropriate facilitation techniques. For instance, according to Tuckman’s (1965) stages of group development, the initial stage of group counseling, known as forming, typically consists of low levels of trust between group members. Knowing that ABC and traditional group counseling follow similar developmental patterns, an ABC facilitator would not plan on engaging participants in an activity that required a high level of trust in the initial meeting. Finally, because ABC and traditional group counseling follow a similar developmental process, ABC training programs should ensure that their students have a thorough understanding of theories, skills, and techniques used in traditional group counseling. The results of the GCQ-S emphasize the importance that ABC practitioners not only be technically competent but also therapeutically competent. If school counselors desire to implement ABC into their comprehensive school counseling programs, it is imperative that they have adequate knowledge of and skills in group counseling.

In addition to the suggestions for guiding ABC practice, I also identified a number of implications concerning future research. First, the statistical significance of the results did not support my first two hypotheses and therefore did not support ABC as an effective intervention in schools. This lack of statistically significant results can be the result of a number of things. First, although adequate for power, my sample size was relatively small. In order to address this, I could have recruited more students, utilizing
other schools and school counselors to run groups. Although this would have required additional training, it would have increased my sample size and possibly changed the results. In the future, it would behoove researchers to recruit larger samples sizes in order to increase power as well as attain results that can be generalized to a larger portion of the population.

Of the research articles currently available on ABC, there are few, if any, that use an experimental design. The main hindrance for researchers appears to be randomization. By utilizing randomization in this study, I was able to provide a simple example of how school counselors and ABC researchers could conduct research utilizing randomization. Going forward, ABC researchers should strive to use randomization as much as possible in order to increase the validity of the results as well as the ability to generalize them to a larger portion of the population.

Further, by only using ANOVAs and t tests, I was not only able to model how to use simple statistical analyses within a school setting, but I also made it easier for other school counselors and researchers to replicate this study. With ASCA (2012) calling for the increased use of data driven interventions and school administrators holding counselors accountable to more stringent standards, it is imperative that school counselors be able to evaluate the interventions they are using to help students. The methodology and statistical analyses I used in this dissertation provide a simple framework that most school counselors should be able to replicate. With the invention of YouTube and Google, statistical analysis and interpretation is easier than ever before.
The results of this study also underscore the importance of research design and variable selection. Very few participants had pretest BASC-2 composite scores in the clinical range, indicating that participants were not experiencing behavior problems as measured by the BASC-2. This lack of severe behavior problems as measured by the BASC-2 might have limited the impact of ABC observed in this study. In order to better understand how ABC impacts participants and identify variables to measure, future research should include a qualitative component. Possible variables to explore using a mixed method design include social connections, social interest, and the therapeutic relationship.

One final suggestion for future research concerns instrumentation and variable selection. A possible explanation for the lack of change detected in this study is that the BASC-2 might not be sensitive enough to change to detect the impact ABC has on participants. Although limited, research indicates that the BASC-2 may not be able to detect change over a short period of time (McClendon et al., 2011). In their study, McClendon and her colleagues gave two possible reasons for the decreased sensitivity of the BASC-2. First, the directions instruct adolescents to respond based on their behavior over the past few months. Because the time between pretest and posttest in my study was only three months, enough time may not have passed to detect changes in the participants. In other words, the participants may have been referencing behavior from an overlapping span of time or even the same point in time, thus not giving a clear indication on how the behavior had changed from time at pretest to time at posttest. Second, McClendon and her colleagues pointed out that the BASC-2 was not originally developed to measure outcome but rather to identify and categorize problems in
psychosocial functioning. Therefore, although it has been adapted to outcome research, it is less sensitive to change than other measures specifically developed to assess outcomes in counseling. In the future, it might be wise for researchers to use an instrument specifically designed as an outcome measure such as the Youth Outcome Questionnaire 2.01 (Burlingame et al., 2005).

Limitations

In an attempt to control for extraneous variables, I utilized random group assignment, a pre/post-test design, and a control/waitlist group. However, certain limitations continue to be evident. Specifically, issues regarding sample, duration of the group, the treatment protocol, and the use of self-reporting instruments are all limitations of this study.

First, although my sample size was adequate, it was relatively small and only representative of males in a specific location: southwest high schools. Also, the sample lacked diversity because it was a sample of convenience comprised of students from a single school location. Duration of the group was also a limitation of this study. Due to restrictions associated with the school setting, each meeting only lasted 45 minutes instead of the typical 90 minutes. This shortened format might have restricted the group from engaging in additional processing. In addition to shorter sessions, being limited to only 10 meetings might not have provided a long enough duration of treatment to foster behavior change in participants.

Another limitation is the treatment protocol being created specifically for this study. Although I used a theoretical foundation for all of the activities, further research
should be conducted using this protocol to assess its effectiveness. Finally, only using the Self-Report of Personality form was convenient but limited my understanding of the parents’, teachers’, and school personnel’s perceptions of the changes taking place outside of the group.

**Conclusion**

Based on a review of the current literature, it appears that this study is the first research project to use an experimental design to examine the impact of ABC on the adaptive functioning of high school males. I have taken a step in answering the call for practitioner driven research in the field of school counseling as well as ABC. Results of the statistical analyses, effect size estimates, and measures of clinical significance are good initial indicators that ABC might be an effective short-term, small-group, peer-based intervention that school counselors can utilize to serve students experiencing behavioral difficulties. Using suggestions from this study, future research is warranted to better understand the impact ABC has on adolescence.
APPENDIX A

PARENT/GUARDIAN INFORMED CONSENT
Before agreeing to your child’s participation in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** Adventure Based Counseling: Exploring the Impact of ABC on Adaptive Functioning in High School Males  
**Investigator:** David D. Christian, University of North Texas (UNT) Department of Counseling and Higher Education.  
**Supervising Investigator:** Cynthia K. Chandler, EdD.

**Purpose of the Study:** You are being asked to allow your child to participate in a research study which involves examining how Adventure Based Counseling helps male high school students be more successful in school. Adventure Based Counseling is a type of counseling that uses activities to facilitate personal growth as well as behavior change in participants.

**Study Procedures:** The study involves 45 minute group counseling sessions for your child, one time per week for approximately 10 weeks. Groups will consist of 8 to 10 students. Your child will be asked to complete a questionnaire at multiple points during the study. The questionnaire will take approximately 30 minutes to complete. Participants will be assigned to either participate in the groups during the fall or spring semester. All group sessions will occur during High School 101, ensuring that your child does not miss core academic instruction.

**Foreseeable Risks:** Due to the nature of the activities, your child will face physical risks comparable to participation in his physical education (P.E.) class. Examples of activities that will occur during this study include clumps, an activity where the leader calls out topics such as favorite type of music or hobby and the members group up with other members who share common interests. Clumps allow members to be active while forming friendships with similar students. Another example is Stepping Stones. In Stepping Stones the group will be given paper plates that represent different forms of support students experience in their lives (i.e. Parents, Teachers, Friends). The group will then work to cross a designated area by only stepping on the plates. If contact is lost between members and a plate, the instructor takes the plate away; this represents the loss of support. The group is able to earn plates back if needed. Stepping Stones allows the group to discuss working together, looking to others for support, and regaining the trust/support of others. Although caution will be taken to ensure the safety of all participants, examples of physical risks include sprains/strains, sore muscles, and bruising. In rare cases, participation in physical activity can result in fractures, lacerations, and concussions. Activities in this study have been limited to those which will minimize risk to physical well being. To further reduce risk, safety will be discussed before each activity and included as a rule for participation. In addition, psychological risks include experience of and reaction to the typical stressors experienced during group counseling when personal disclosures are shared with up to 10 group members and 2 leaders. No emotional discomfort is directly associated with participation in this study other than the expression of sadness, anger, or frustration normally exhibited in a small group setting.

**Benefits to the Subjects or Others:** We expect the project to benefit your child by providing him with the opportunity to build social relationships, gain leadership skills, make new friends, and increase resiliency. Your child will also have the opportunity to explore and express feelings,
implement new behaviors, and practice making positive choices. Finally, participating in this study may help your child adapt to high school by creating a positive peer support group and improving adaptive functioning.

**Procedures for Maintaining Confidentiality of Research Records:** The confidentiality of your child’s individual information will be maintained in any publications or presentations regarding this study. Individual responses will not be disclosed but information will be reported on a group basis. All information will be recorded with code numbers to preserve confidentiality. Only the researcher, David Christian, and the co-leader/freshman counselor, insert name, will know the participants’ names. The list of names and corresponding codes will be destroyed at the end of the study. Finally, information from this study will not be used for diagnostic purposes.

The only exceptions to confidentiality are if a) a participant disclosed abuse, neglect, or exploitation, b) the child or adolescent is a danger to himself or to someone else, c) a court orders disclosure of information, or d) parent or legal guardian requests release of information.

**Questions about the Study:** If you have any questions about the study, you may contact David D. Christian at (000)-000-0000 or Cynthia K. Chandler at (000) 000-0000.

**Review for the Protection of Participants:** This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

**Research Participants’ Rights:** Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- You understand the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to allow your child to take part in this study, and your refusal to allow your child to participate or your decision to withdraw him/her from the study will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your child’s participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as the parent/guardian of a research participant and you voluntarily consent to your child’s participation in this study.
- You have been told you will receive a copy of this form.

________________________________
Printed Name of Parent or Guardian

________________________________
Signature of Parent or Guardian                                            ____________

Date
APPENDIX B

STUDENT ASSENT FORM
Student Assent Form

Title of Study: Adventure Based Counseling: Exploring the Impact of ABC on Adaptive Functioning in High School Males

You are being asked to be part of a research project being done by the University of North Texas Department of Counseling and Higher Education

My name is David Christian. I am a counselor here at Name of High School and I am conducting a study about some better ways to help students. I would like your help to complete my study.

The way you can help me is by participating in Adventure Based Counseling groups. During these group meetings we will be doing fun activities that will allow you to work with others to complete a task. We will also have special times where we will talk about how well our group is working together to complete the tasks and how we can work better. Adventure Based Counseling is designed to be fun, but also allow you time to learn about yourself and grow as a person.

If you want to participate, you will come to 10 weekly, 45 minute small group sessions. Each group will consist of 8-10 students and two leaders; myself and co-facilitator. You will be assigned to either come to the groups during the fall semester or the spring semester. You will also be asked to complete a questionnaire multiple times during the course of the study. The questionnaire takes about 30 minutes to complete.

I also want you to know that during this time each week, what you choose to say or do will be private, and only the other group members will know about it. I will not tell your parent or teacher what you say or do during our group. You can choose to share what you are doing in the group with your parent or teacher. I will only break this rule if I think you are not safe and need to be protected.

I would like you to know that if you choose to participate in this study, you can always change your mind and you can tell your parent (guardian) that you changed your mind and decided that you do not want to participate.

If you would like to be part of this study, please sign your name below.

__________________________                                _______________

Printed Name of Student      Date

__________________________                                _______________

Signature of Student Investigator                     Date
APPENDIX C

RECRUITMENT LETTER
Recruitment Letter

To the parent/guardian of (Insert student name here),

My name is David Christian and I am a school counselor at Name of High School. Over the course of this year I will be leading small groups of freshman boys as part of the completion of my doctorate in counseling. These groups have been designed to help freshman transition to high school as well as practice good decision making and good behavior. The groups will meet during your son’s High School 101 class for 10 weeks. I have included an informed consent form that further explains the study and allows you to give permission for your son to participate. If you chose to let your son participate, please sign the form and either mail it back to the school in the provided stamped envelope or have him bring it to the Name of High School counseling center. If you have any questions, please call me at (000) 000-0000. I look forward to working with you and your son.

Sincerely,

David D. Christian, M.S., LPC-Intern
High School Counselor (M-R)
Name of High School
(000) 000-0000
myemail@dentonisd.org
APPENDIX D

TREATMENT PROTOCOL
Meeting 1

Activities:
1. Clumps
2. Create full value contract (FVC)

Goals:
1. Get Acquainted
2. Establish group norms/rules

Briefing:
1. Framing
   a. Get to know the other members and the leaders.
   b. Establish group norms
   c. Have some fun

2. Clumps – in this activity the leader calls out a variety of categories that allow participants to group/clump accordingly (i.e. number of siblings, favorite food, favorite school subject, or hobby). After all members have joined a clump, go around the room and allow the members to share why they chose that clump. Allow members to call out categories based on what they would like to know about the other members.
   a. Processing questions:
      i. What is one thing you learned about someone else?

3. Full Value Contract
   a. Everyone in group agrees to respect and value all members by adhering to the 6 values that comprise the FVC.
      i. Be Here – all members agree to be both physically, emotionally, and mentally present during each group. This means each member will have good attendance in school, not behave in a way that would keep them from attending group (i.e., In School Suspension, home suspension, or disciplinary alternative educational placement). In addition to being physically present, all members agree to be emotionally present. That means all members will share both positive and negative emotions in an appropriate manner. Finally, all members agree to be mentally present. That means members will not use their cell phones or other electronic devices, have side discussions about topics other than the current activity, and will remain focused on participating in the current activity. By being here, the group promotes the safe completion of each activity and protects against injury to self or other members.
      ii. Be Safe – all members agree to engage in each activity in a safe manner. Safety will be reviewed before each activity in order to reduce the risk of injury. In addition to physical safety, all participants agree to care for the emotional safety of the others.
Participants care for the emotional safety of others by giving and receiving honest feedback without using hurtful, accusatory, or aggressive language.

iii. Be Honest – In order for the group to be successful and for members to grow, it is important that everyone is honest. Being honest means sharing both positive and negative experiences encountered in the group. It also means being able to give as well as receive honest feedback. All members have strengths and areas where they can improve. Being honest about these areas is necessary for success.

iv. Set Goals – part of this group experience will be about setting goals for life. In order to learn how to set goals outside of group, participants will practice setting goals in the group. All members agree to set honest goals that can be achieved in a safe manner. Agreeing to act according to this FVC is the group’s first goal.

v. Care for Self and Others – in order for the group to be safe, each participant must care for himself as well as the others in the group. It is important that each member adhere to the concept of challenge by choice. Challenge by choice allows participants to set their level of involvement; allowing each participant to engage in activities in a way that they feel safe. Although participants are encouraged to challenge themselves and grow, all participants grow at different paces and different levels. By choosing their level of participation, participants are allowed to practice safe decision making.

vi. Let Go and Move On – ABC allows participants to experience success and failure. Through successful completion of the activities, participants learn how to work with others to accomplish goals. However, sometimes conflict occurs between group members or even between members and leaders. When this occurs, it is important that participants safely and honestly discuss the problem and then learn to let go and move on. Successful conflict resolution can and will lead to group cohesion, increased trust, and personal growth. Becoming fixated on conflict can create an unsafe and growth inhibiting environment.

b. Group will write out the 6 values on a large piece of paper as creatively as they choose. They will also add any additional values they deem important to a successful group. All members will agree to embrace the values/rules by signing the contract.

Possible Debriefing Questions:

1. What?
   a. What value stood out to you the most?

2. So what?
   a. So what is it about this value that stood out?

3. Now what?
   a. How will you try to apply that value this week in life?
Meeting 2

Activities:
1. Handshakes
2. Name Juggle (Rubber Chicken)

Supplies:
1. 4-6 Tennis Balls
2. 1 Rubber Chicken
3. Small Bag

Goals:
1. Get acquainted
2. Create pairs for future activities
3. Learn names
4. Goal setting

Briefing:
1. Framing
   c. Continue to get to know each other
   d. Setting and accomplishing goals.

2. Handshakes – this activity is a way to create partners for future activities and processing experiences. During this activity, the leader will introduce a variety of handshakes to the group. The participants will have a different partner for each handshake. Have at least 4 handshakes that you can teach the participants and then ask if anyone has a handshake they’d like to teach the group. Be sure to emphasize the importance of remembering who your partner was for the various handshakes because they will be working with them in the future (Humor is encouraged). From this point on in the group, leaders can pair participants based on the handshakes. For example, the leader could ask the participants to pair up with their executive handshake partner to complete the activity. Below is a list of handshakes that can be used:
   a. The executive – a traditional right handed shake with a firm head nod.
   b. The trout – partners flatten their right hand and place it against the inside forearm of their partner. Then each lightly pats their partner’s forearm with their hand. This should create a sound like a fish tail hitting the ground.
   c. High five – this is the classic hand to hand in the air high five (mention that during the group, members are free to high five each other as much as they’d like to celebrate their success.)
   d. The Turkey – Frame this handshake by discussing thanksgiving and how important it is to be thankful for people in our lives. Also talk about how you hope that they will soon be thankful for each other. Then teach them the handshake. One member puts an open hand with fingers stretched apart in the air, like they are waving, but does not shake their hand. The other partner makes a thumbs up sign and then places the bottom of their
hand against the open palm of their partner. Then they wiggle their thumb and say “gobble gobble gobble”.

3. Name Juggle (Rubber Chicken) – in this activity the group will create a pattern by tossing a tennis ball across the circle while saying each other’s names. Have group stand in a circle and pass the ball around once, having everyone say their name. Then reverse the ball and have everyone say their name again. This time remind them to remember at least one person’s name. Before starting a pattern, it is important to discuss safety concerns. First, members must say the person’s name they are throwing the ball to, and the receiver must be looking at them before they throw it. Second, all tennis balls are to be thrown softly and underhanded. Finally, if a tennis ball hits the ground, all the other tennis balls must be held until the other tennis ball is picked up. Once safety has been addressed, tell the group that the ball represents something that helps them accomplish their goals at school and ask the group to label the ball. Then start tossing the ball across the circle calling out the person’s name as you throw them the ball. In order to create a pattern, the participants must remember who they threw the ball to. After a pattern has been establish, stop the ball tell the group that the tennis ball represents something or someone that helps them be successful in school. Next, add two balls into the pattern, saying that that each ball also represents something that helps them accomplish their goals in school. Ask the group to set a goal of how many times they think they can get all the tennis balls going through the pattern without dropping one. If successful, another ball is labeled and added to the pattern. If unsuccessful, group readjusts goals or tries again. At some point when the group is passing the tennis balls through the pattern, the leader pulls a rubber chicken out of the bag that the tennis balls were in and introduces it to the pattern. It is advised to make a big deal about the incoming chicken, possibly yelling something like “Oh my, a rubber chicken!” and watch the tennis balls scatter.


Possible Debriefing Questions:
1. What?
   a. What did the tennis balls represent?
   b. What goal was set?
   c. What happened when the rubber chicken entered the pattern?
2. So what?
   a. Why do you think I threw the rubber chicken into the pattern?
   b. What might it represent in your life?
   c. What types of things distract you from accomplishing goals in school?
3. Now what?
   a. What is a “rubber chicken” you have faced this year in school? How will you deal with that “rubber chicken” differently this week?
Meeting 3

Activities:
1. Gotcha (Warm Up/Energizer)
2. Chicks and Hens

Supplies:
1. Small Candies
2. Blindfolds

Goals:
1. Build Cohesion
2. Build Trust
3. Increase Communication

Briefing:
1. Gotcha
   a. Have members stand in a close circle
   b. Have member hold left hand, palms up, in front of the member to their left.
   c. Have members extend their right index finger, point it downward, and place it in the person's palm who is standing on their right. Thus, all members will have the right index finger of the person to their left in the palm of their left hand and placing their right index finger in the person to their right's hand.
   d. Tell the group that when you say “Gotcha” they will try to catch their neighbor’s index finger while trying to avoid having their own index finger caught.
   e. You can trick the members by yelling things like “Go” or “Goat” to trick them.
   f. Allow other members to call “Gotcha”.


2. Chicks and Hens
   a. Divide group into pairs (You can use handshakes for this)
   b. Have pairs determine which member is oldest, they will be the chick. The youngest person will be the hen.
   c. Have the chicks put a blindfold on.
   d. Explain that you have scattered pieces of candy around the room and that the groups need to try and find as much of it as possible.
   e. Explain that the hens are not allowed to talk and are the only ones allowed to touch the candy.
   f. The hens are the only ones who are allowed to communicate, and they can only communicate using a single agreed upon sound/noise. Human noise is strictly forbidden because after all, they are chicks and hens.
   g. Give the group an agreed upon amount of time to gather candy.
h. You can allow the pairs to switch roles and even have a group discussion about how to be more successful at finding candy.


Possible Debriefing Questions:

1. What?
   a. How did you feel when you heard someone had to be blindfolded?
   b. What was it like being blindfolded?
   c. What was it like not being able to use words?
   d. What type of communication worked best?

2. So What?
   a. How is this activity like life?
   b. In what ways was being guided while blindfolded like life?
   c. How did communication make this activity easier?
   d. When are some times in life when you feel like you have to rely on others to guide you?

3. Now What?
   a. What lesson will you apply to your life from your experience today?
Meeting 4

Activities:
1. Hi Lo Yo
2. Stepping Stones

Supplies:
1. Writing Utensils
2. Paper Plates
3. Large open space

Goals:
1. Learn to Work Together
2. Offering and Receiving Support from Others

Briefing:
1. Hi Lo Yo
   a. Have members stand in a circle
   b. Teach members three movements:
      i. Hi – With straight fingers and arm bent at the elbow, raise your right arm above your head so that you are pointing toward the person on your left. Then do the same thing with your left arm so that you are pointing at the person on your right.
      ii. Lo – With straight fingers and arm bent at the elbow, place your right hand near your belly button so you are pointing toward the person on your left. Then do the same thing with your left arm so that you are pointed at the person on your right.
      iii. Yo – With straight fingers, stretch both arms straight out in front of you and touch your palms and fingers together so that you are pointing at a person directly across the circle.
   c. After everyone knows the three movements, explain that the group will follow a pattern: Hi-Lo-Yo. The movements will correspond with what the group is saying. Whoever is pointed to by the movement makes the next movement. So, if you start and made the Hi movement with your right hand pointing toward the person on your left, they would make the Lo movement. If they made the Lo movement with their left hand pointing back toward you, it would then be your turn to make the Yo movement toward someone across the circle. Then they would start the pattern over with the Hi movement.
   d. You can play for fun or eliminate people if they make the wrong motion.


2. Stepping Stones
   a. Mark off an area with a distance that participants will be required to cross.
   b. The group will be required to use stones (represented by foam squares,
carpet squares, or paper plates, whichever the facilitator has available) to cross from one side of the area to the other.
c. In order to determine how many stones the group will receive, divide the number of participants in half and then add one. (For example, a group with 10 members would get 6 plates).
d. Inform the students that the starting point represents their current grade in school and that the end represents graduation. The stones represent people or characteristics that they can depend on to help them graduate from high school. After the group labels each stone, have them write the person or characteristic on it.
e. Let the group know that the space between 9th grade and graduation is filled with danger and so they have to stay on the stones. Remaining consistent with challenge by choice, allow the group members to decide the consequence if a person touches the ground outside of the stones.
f. A rule the group needs to be aware of is that they must stay in physical contact with the stones at all time. If they lose contact, you will take the stone away. Also, they are not allowed to take large jumps or slide the stones. Any other rules you or the group thinks are pertinent can be added as well.
g. Have them run the activity.


Possible Debriefing Questions:
1. What?
   a. What did we just do?
   b. Was the group successful?
   c. What helped you be successful?
   d. What would have helped you be more successful?
   e. As a team, how did you feel about how you worked together to accomplish this task?
   f. Were there times when you lost focus and lost a stepping stone?
2. So What?
   a. What was it like to lose stones/support?
   b. Have you ever lost someone who supports you?
   c. How was this activity like your life?
3. Now What?
   a. How can you get stones/support back after you lose it?
   b. What lesson will you apply to your life from your experience today?
   c. Who can you support this week?
Meeting 5

Activities:
1. Alphabet Check In
2. Natural Disasters

Supplies:
1. Cards or slips of paper labeled A-Z
2. A 10 to 24 inch rope tied in a loop per student

Goals:
1. Increase Communication
2. Increase Trust
3. Increase Cohesion
4. Build Community

Briefing:
1. Alphabet Check In
   a. Have 26 cards with each letter of the alphabet face down in the middle of the group.
   b. Have members select one letter.
   c. Go around the circle and ask each member to use a word that begins with their letter to describe how they are feeling at the moment.

2. Natural Disasters
   a. Say something about how every person is unique and has a place where they feel safe in the world. Let them know that for this activity, that safe place is going to be represented by their looped rope. They will need to stand with their feet completely in the loop, but not get too comfortable because they will have to move around to avoid getting swept away by a flood.
   b. Tell the group that they are only safe when they have their feet completely inside a loop.
   c. Loops cannot be untied or moved.
   d. Allow each member to identify a place they feel safe.
   e. Let group know that when they hear you say the words “Rain’s coming” they have to move to a new loop. Remind them that they have to be completely in the loop to be safe.
   f. When they are searching for a new safe spot, members can walk on the space between loops.
   g. After a few changes, start taking hoops away in order to make members work together and share hoops.
   h. The ultimate goal is to have the group work together to get everyone safely in one loop.

Possible Debriefing Questions:

1. What?
   a. What were some challenges in this activity?
   b. How did the challenges change as the activity progressed?
   c. How did you take care of each other?

2. So What?
   a. Were your strategies in this activity similar to real life? (i.e. Me first, friends second, others last)
   b. What sacrifices did you make to help your peers?

3. Now What?
   a. How can you help your peers this week?
   b. How can your peers help you this week?
Meeting 6

Activities:
  1. Knot or Not
  2. Balloon Trolleys

Supplies:
  1. 1 Rope
  2. Balloons
  3. Sharpies

Goals:
  1. Expressing Emotions

Briefing:
  1. Knot or Not
     a. A single piece of tangled rope is placed on the ground and members have
to decide whether it will form a Knot or Not when the two ends are fully
extended out.
     b. Without touching the rope, have the members make observations,
hypotheses, and discuss their conclusions. Ask the group to come to a
consensus on their beliefs.
     c. Although this is just a fun warm up to get everyone talking, you might ask
questions like: "Who had a belief different from the group? Did they listen
to you? Did you stand up for your beliefs? Did you express your beliefs?
Why or why not?"

Kendall Hunt.

2. Balloon Trolleys
   a. Create a path that people can walk through while standing in a line. Make
it challenging but not too challenging.
   b. Ask the members if they ever have emotions that they do not share with
others that get in the way of their relationship.
   c. Ask the members to think of a time where an emotion got in the way of a
relationship. Although they do not need to share the time or relationship,
ask them to write the emotion on their balloon.
   d. Have the members form a line, standing front to back.
   e. Have each student place their balloon between them and the person in
front of them.
   f. The person at the front will hold their balloon.
   g. Explain that they can only use pressure to keep the balloon in place; no
arms, legs, or hands.
   h. The challenge is to move the group through the path while staying
connected and not dropping any of the balloons.
   i. Have students place their hands on the shoulders of the person in front of
them

j. If a balloon drops, the group stops, grabs the balloon, and then person in the front moves to the back. Then the group continues forward to the end.


Possible Debriefing Questions:

1. What?
   a. What did we do?
   b. Were we successful? Why or why not?

2. So What?
   a. Share the emotion on your balloon and why you think that emotion gets in your way.
   b. How would expressing emotions keep them from getting in your way?
   c. What other emotions do you experience that get in your way?
   d. How is this activity like life?

3. Now What?
   a. Who is someone you would be willing to express your emotions to this week?
   b. What other lesson will you apply to your life from your experience today?
Meeting 7

Activities:
1. Strength Bombardment
2. Keys to Communication

Supplies:
1. 2 pieces of rope or 4 cones (to mark boundaries)
2. 2 locks and keys
3. 2 Blindfolds

Goals:
1. Peer Pressure (who do I listen to?)
2. Giving and Receiving Feedback

Briefing:
1. Strength Bombardment
   a. Have members sit in a circle.
   b. Framing: “We have been meeting for 6 weeks now and I want us to do something a little different today. Just like you get a report card every 6 weeks to say how you are doing in class, I want us to grade each other. But I want us to do it in a positive way. We are going to go around the circle and share 1 strength you have seen in the person standing to your left. Make your statement 1 sentence or less.”
   c. You might ask these questions: “Was this activity easy or hard? If easy, why? If Hard, why? What was it like to hear someone say something good about you? What was it like to say something good about someone else?”

2. Keys to Communication
   a. Divide the group into two teams. Two untied ropes are laid out parallel, approximately 4ft apart to establish boundaries.
   b. Each team selects a person to be blindfolded. The blindfolded individuals are placed at opposite ends of the marked playing field. The other team members line up across from each other along the roped boundaries.
   c. The facilitator then shows the members the locks and instructs each team that they will need to lead their blindfolded member to the key then the lock. The first team to successfully unlock the lock wins.
   d. Place the keys and locks at various spots within the boundaries.
   e. It is important to explain that the members who are blindfolded are only allowed to move based on the exact directions from their team mates. All other movement is prohibited.
   f. You can increase the challenge in subsequent rounds by having the teams select 1 person to call out directions and another person to decide what those directions are going to be. Have the caller stand at the opposite end of the line as the decider. The decider then whispers the directions to the person next to them and on down the line similar to the
game telephone. This way might lead to discussions about gossip and hear-say.

g. Another alternative is to encourage the teams to try and distract each other. For instance, one group might call out wrong directions to the person blindfolded on the opposite team. The person blindfolded then has to determine who to follow and the teams must adapt to the distractions. This way might lead to discussions about peer influence and negative distractions. Or even how does one know who they can trust?


Possible Debriefing Questions:

1. What?
   a. What was it like being blindfolded?
   b. What would have made this activity easier?
   c. What additional untried suggestions were there?

2. So What?
   a. Did anyone feel like they weren’t listened to? What was that like?
   b. How could you tell who to listen to?
   c. Are there times in your life when you are not sure who to listen to?
   d. How do you deal with distractions?

3. Now What?
   a. What lesson will you apply to your life from your experience today?
Meeting 8

Activities:
1. Silver Lining
2. TP Shuffle

Supplies:
1. Masking or Blue Painting Tape

Goals:
1. Self-Control

Briefing:
1. Silver Lining
   a. Have the members sit in a circle.
   b. Explain that even though we cannot control everything that happens to us, we can control how we perceive or view our experiences. Sometimes the glass is half full; sometimes it is half empty. The choice is ours.
   c. Explain that you are going to start a story and each member will add a sentence to the story by going around the group.
   d. There is one catch, each sentence will alternate starting with the word “fortunately” or “unfortunately”. The first member will start out by saying a sentence starting with “fortunately”. The next member will say a sentence starting with “unfortunately” and so on.
   e. Sentence starting with “fortunately” will be positive, sentences starting with “unfortunately” will be negative.
   f. For example, you might start the story by saying, “The other day I decided I wanted some ice cream.”
      i. Member 1: Fortunately there was an ice cream shop next to my house.
      ii. Member 2: Unfortunately it was snowing outside.
      iii. Member 3: Fortunately I had a coat and boats.
      iv. Member 4: Unfortunately, when I got to the shop it was closed.
      v. It can continue as long as you want.
   g. Try and play this with an odd number of participants so that each member can say a “fortunately” and an “unfortunately”.
   h. Although just for fun, you might want to process this by asking, “Was it easier to be positive or negative? Are you typically positive or negative? Would you be willing to try being more positive this week? How?”


2. TP Shuffle
   a. Tape a line approximately 15 to 20 feet long. You might want to use multiple strips of tape in order to make the line wider.
b. Divide the group into two equal teams and have them line up at opposite ends of the tape.
c. Tell the group that the goal of the activity is for the teams to pass each other on the tape without anyone falling off and touching the floor.
d. Staying consistent with challenge by choice, allow the participants to decide what happens if anyone falls off and touches the floor.
e. You can make it more challenging by not allowing the members to talk or by blindfolding one person on each team.

Possible Debriefing Questions:

1. What?
   a. What did we do?
   b. Were we successful? Why or why not?
   c. What was this activity like for you?
   d. Did you get frustrated?
   e. How did you control your body and your emotions?

2. So What?
   a. How was this activity like your everyday life?
   b. Are there times when you feel like you are stuck in a spot you don’t want to be and moving will take a lot of effort and self control?
   c. Are there times when you feel like it takes a lot of self control to accomplish something (like staying on the tape)?

3. Now What?
   a. What is an area in your life where you need more self control? (i.e. homework, behavior in class, relationship with parents)
   b. How can you apply what you learned in group to your life?
Meeting 9

Activities:
1. I Trust You Because
2. Trust Walk

Supplies:
1. 1 Rope
2. Enough blindfolds for all members

Goals:
1. Increase Trust

Briefing:
1. I Can Trust You Because
   a. Have members sit in a circle
   b. Explain to the group that trust is important and that in order to trust someone, certain things must be present. For instance, in order to buy a house or car, the bank has to know that they can trust you to pay them back. They know that they can trust you because you have a job.
   c. In this activity, ask each member to share why they trust the person next to them based on our previous group meetings. They do this by going around the circle and saying a sentence starting with “I can trust you because…”
   d. For instance, “I can trust you because during the activity last week, you helped me move from that one spot on the tape to the other without falling.”
   e. If they are struggling to think of something, ask the group to help share how they have seen that member be trustworthy.
   f. Possibly discuss the importance of acting in a way that builds trust with others.

2. Trust Walk
   a. Have the group split into pairs (use handshakes)
   b. Explain that during this activity you will be leading the group on a walk. However, one person from each pair will be blindfolded and not allowed to speak.
   c. The member who is not blindfolded will act as a guide, using only words (no touching) to safely guide the blindfolded partner on the walk.
   d. At some point, switch roles and repeat process.


Possible Debriefing Questions:
1. What?
a. What was it like being blindfolded?
b. What was it like being the leader?
c. Which was easier?
d. Which did you prefer? Why?

2. So What?
a. Was it easy to trust your leader? Why or why not?
b. What would help you trust your leader more?
c. What is it like to trust others in this group? In this school?
d. What can people do to gain your trust?

3. Now What?
a. What will you do to trust someone this week?
b. How will you work on gaining someone’s trust this week?
c. What other lesson will you apply from today’s group to your life?
Meeting 10

Activities:
  1. Human Knot

Supplies:
  1. 1 Rope

Goals:
  1. Termination

Briefing:
  1. Human Knot
     a. Tie the ends of a rope together to form a circle.
     b. Have the members stand in a circle
     c. Coil the rope and place it in the center of the group.
     d. Review the group’s values and explain that you want members to apply these values to the rest of their lives.
     e. As a first step, you would like members to think of one value that they will adhere to for the rest of the school year.
     f. Explain that you are going to go around the circle and you want each to share which value they are going to practice and how they plan on practicing it.
     g. After they share, tell them you want them to bend down, reach across the coiled rope, grab a piece, and stay squatting down until everyone has shared and grabbed a part of the rope.
     h. After everyone has grabbed a piece of the rope, have the group stand up and take a step back (this will create a knot).
     i. Instruct the group that they can only use one hand, and that they cannot let go of the piece of rope.
     j. Then instruct the group that the goal of the activity is for them to work together as a team and untangle the not.
     k. After they are done, process the experience and close by doing one final check out: asking each member to share one way the group has changed their life.


Possible Debriefing Questions:
  1. What?
     a. Did the group accomplish its goal?
  2. So What?
     a. What is one thing you have learned from our time together?
  3. Now What?
     a. What is one way you will choose to live your life differently from this day forward?
APPENDIX E

FULL VALUE CONTRACT SAFETY SCRIPT
In order to keep everyone safe, I would like to review our full value contract. I want to remind everyone that the goal of the full value contract is to ensure that everyone is respected, valued, and kept safe. Remember that by signing that contract during our first group, you agreed to be here, be safe, be honest, set goals, care for self and others, and let go and move on. You’re here physically, but remember to be here emotionally and mentally. Be safe by watching out for each other and make sure that your actions do not harm anyone in our group. Also, be safe by using caring words when you are being honest. Setting goals is important in life, and you have agreed to practice this in our group. Part of being safe means caring for self and others. If you feel uncomfortable or unsafe at any point, you have agreed to be honest and care for yourself by speaking up. Remember, challenge by choice means you have the power to make good choices. By agreeing to care for each other, you will do everything within your ability to keep each other safe and help each other grow. And finally, you have agreed to let go and move on when conflict arises, always putting the safety of yourself and others before the need to be right or win an argument.
REFERENCES


Gigerenzer, G., Krauss, S., & Vitouch, O. (2004). The null ritual: What you always wanted to know about significance testing but were afraid to ask. In D. Kaplan


middle school to high school. *Journal of Positive Behavior Interventions*, 10(4), 243-255.


