CHAPTER 4 - BEHAVIOUR MODIFICATION: SELECTING TECHNIQUES OF INTERVENTION

4.1 Social learning approach

In the present study the writer employed a social learning approach which rejects a disease model for abnormal behaviour, placing emphasis instead on educational processes in the development of individual behaviour patterns. Behaviour, whether adaptive or maladaptive, is seen as being naturally learned, problem behaviours being regarded as being such through a process of social definition rather than inherently so. In general behaviour is judged in terms of its consequences on the individual and society. 'Thus psychopathology is not a property inherent in the individual, but rather the assessment of behaviour by societal agents'. (Sarri 1974, p.53)

Behaviour is perceived to be the consequence of interaction between environmental conditions and an individual's previous learned modes of responding. (Bandura 1969, Bryen 1975)

Social learning theory is not a reduction of human behaviour to a simplistic stimulus-response framework, but recognises the influence of cognitive mediational processes in human learning. Bandura (1969) proposes that behaviour is developed and maintained by three distinct regulatory systems, being under the control of external stimulus events (respondent conditioning), external reinforcement processes (operant conditioning) and cognitive mediational processes which include vicarious learning, symbolic learning and self-control mechanisms. Similarly Fischer and Gochros (1975) propose three regulatory systems - respondent conditioning, operant conditioning and modeling.

Behaviours are developed and maintained by reinforcement schedules which may be continuous or intermittent. New behaviours may be elicited by shaping, fading, modeling, prompting or physical guidance, and are quickest learnt under continuous schedules of reinforcement, where every occurrence of a desired behaviour is rewarded. However this form of reinforcement is not economical in terms of time or energy, nor is it in line with the reality of day to day contingencies which maintain behaviour. Such contingencies or reinforcement schedules are generally of an intermittent nature. Continuous reinforcement schedules while enabling the rapid development of behaviour, also result in rapid extinction of that behaviour on withdrawal of reinforcement. Intermittent schedules on the

other hand result in patterns of behaviour more resistant to extinction. Two basic types of intermittent reinforcement schedules exist: ratio schedules wherein reinforcement is dispensed after the occurrence of a predetermined number of responses, on fixed or variable schedules, and interval schedules wherein reinforcement is dispensed after a time lapse rather than a response rate, also on fixed or variable schedules. All behaviours whether adaptive or maladaptive are learned and maintained through a variety of schedules.

4.2 Behaviour modification

Stemming from the principles of social learning theory, therapeutic techniques of behaviour modification have emerged. Fischer and Gochros (1975, p.xiii) define behaviour modification as the 'planned, systematic application of experimentally established principles of learning to the modification of maladaptive behaviour'. It has been observed that 'behaviour therapy has developed out of systematic application of experimentally derived principles of learning to the modification of behaviour problems' (O'Leary and Wilson, 1975, p.30).

4.3 Assessment procedures

Sarri (1974) has asserted that it is in the processes of diagnosis and treatment that differences between the behavioural and traditional models of intervention become most evident. In the diagnostic process emphasis is placed on specificity - with regard to the nature of the problem behaviour, specific environmental events occurring prior to or consequent on the problem behaviour, and goals in terms of desirable behaviours and environmental events surrounding them. Bertcher and Maple (1974) provide an explicit paradigm for such a diagnosis.

The use of behaviour modification demands that change goals be explicitly related to diagnosis.

Diagnosis is 'a judgement made by a social worker regarding the condition of his client, based upon information gathered by the worker, and oriented towards achieving specific goals with the client'. (Sundel, Radin and Churchill, 1974, p.105)

Traditionally, the primary target of change in social work inter-

vention has been seen either as the environment, which social workers have always regarded as influencing the individual in a broad sense, or the individual. The behavioural model tries to understand the individual's behaviour in a specific environment. Bandura (1969) and Bryen (1975) observe that the individual's behaviour is the product of his past learning experiences in interaction with his present environment. Diagnostic emphasis is placed on observable behaviours - attitudes and feelings are not ignored but stress is placed on their behavioural manifestations.

The diagnostic phase has three components according to Sundel, Radin and Churchill (1974) - intake interviews wherein client and worker assess agency and group service suitability to meet client need; an initial assessment which provides a focal point for obtaining appropriate information for a further diagnostic statement, including the presenting problem, role performance and judgements by the worker and significant others; and a diagnostic statement which is a detailed, specific, goal oriented assessment whereon to base treatment interventions.

The diagnostic statement provides guidelines and boundaries for intervention techniques, but is a flexible and ongoing process rather than a static one, being characterised by constant revision. However many times a diagnostic statement is revised, it must retain its emphasis on clearly articulated goal formation to direct intervention techniques.

> Often the principal aims of social change enterprises are never clearly articulated, with the result that programs remain directionless or offer learning experiences that are selected fortuitously by personal preferences of the change agents rather than specifically for the needs of recipients
>
> or
>
> broad objectives are specified only in terms of ill-defined hypothetical states (rather than behavioural outcomes) which furnish little direction for the selection of appropriate methods and learning experiences. (Bandura, 1969, p.70)
>
> Most treatment approaches devote remarkably little attention to the selection of objectives: when they are specified the intended outcomes generally include a variety of abstract virtues described in socially desirable terms, such as reorganisation of the personality, restoration of functional effectiveness, development of individuation, self actualisation, establishment of homeostatic equilibrium, where there is id there shall ego be and where superego was there shall conscious ego be, achievement of identity, acceptance

> of self consciousness, enhancement of ego strength, or the attainment of self awareness, emotional maturity and positive mental health. (Bandura, 1969, p.73)

A number of authors outline the diagnostic/assessment process (Sundel, Radin and Churchill 1974, Fischer and Grochros 1975, Peine and Howarth 1975, Martin and Pear 1978). In essence the following ongoing steps would comprise the diagnostic process:

1. Evaluate the presenting problem
2. Specify target roles and behaviours
3. Establish priorities for intervention
4. Specify controlling events - antecedents and consequents
5. Determine the best mediators and location for intervention
6. Decide whether group work is an appropriate means of intervention
7. Baseline the magnitude/frequency of target behaviours
8. Establish specific immediate, intermediate, and terminal goals
9. Identify resources and barriers to goal achievement
10. Select an intervention plan
11. Evaluate and select potential reinforcers
12. Contract on a treatment plan with the client

Implement treatment plan

13. Evaluate the intervention strategy on an ongoing basis.

Diagnosis is an ongoing process, starting before group formation in member selection and continuing through the treatment process as a constant evaluation of both individuals and the group, and the effectiveness of intervention techniques.

The behavioural diagnostic process outlined here is carried out in the group work process in conjunction with the traditional group diagnostic concerns revolving around leadership, subgroups, cliques, communication patterns, scapegoats, isolates, interpersonal relationships, program needs and group cohesiveness.

4.4 Treatment techniques: tools for increasing, decreasing or extinguishing behaviours

In behavioural treatment there is an emphasis on contemporaneous variables influencing behaviour, rather than on the past experience and background of the individual. Evidence suggests that change can occur without intensive studies of childhood or 'insights' about the problem.

Bandura (1969) asserts that many of the concepts and terms employed by traditional psychotherapists are hypothetical, vague and ill-defined inhibiting both assessment of 'problems' and the planning, implementation and evaluation of viable treatment strategies. Abstract, hypothetical concepts such as ego strength, id, ego, and superego are seen as being constructed by the therapist, rather than as existing as actual entities within the individual. Depending on the orientation of the therapist - Freudian, Rankian, Adlerian, Jungian) the client is labelled according to a series of theoretical constructs rather than in terms of his observable behaviour.

Behavioural theory while recognising past learning experiences in shaping an individual's present behaviour patterns, asserts that the past is not directly amenable to change and focuses its treatment interventions on the manipulation of environmental variables in the present. It focuses more on behaviour than feelings and attitudes in its techniques, Mowrer having stated 'It is easier to act yourself into a new way of feeling, than feel your way into a new way of acting' (Drakeford, 1967, p.117), and Glasser (1969) pointing out that 'waiting for attitudes to change stalls therapy, whereas changing behaviour leads quickly to a change in attitude which in turn can lead to fulfilling needs and further better behaviour' (Glasser, 1969, p.28). In many cases insight may not be sufficient to influence behaviour (Bandura 1969, Glasser 1969, Jehu 1967, Drakeford 1967). Behaviour modification implies the development, maintenance, increase, decrease or extinction of behaviour patterns in its treatment approach. Fischer and Gochros (1975) discuss these techniques under the broad categories of techniques used to increase behaviours, techniques used to decrease behaviours and complex techniques wherein both behavioural increases and decreases occur.

Techniques for increasing behaviour include positive reinforcement, shaping, covert reinforcement, negative reinforcement, prompting, fading, chaining and behaviour rehearsal.

Techniques for decreasing behaviour are satiation, negative practice, positive punishment, negative punishment (response cost), time out, extinction, positive reinforcement of alternative response, systematic desensitisation, substitution of sexual responses, aversive counter-conditioning, covert sensitisation, implosion, contact desensitisation and thought stopping.

Complex techniques include differential reinforcement, discrimination training, assertive training, modeling, advice and instructions and

modificati : of stressful environmental conditions.

4.5 An overview of studies of behaviour modification in the classroom

Bryen (1975) reviews Levitt's (1957) studies which showed that while there was a 60 percent improvement rate in children undergoing traditional psychotherapy, children on waiting lists showed similar rates of spontaneous improvement. Similarly, Eysenck (1977) in reviewing the Cambridge-Somerville Youth Study carried out between 1937 and 1945, with a follow up study in 1948, indicates that therapists using pyscho-analytic and Rogerian approaches with a group of three hundred and twenty-five predelinquent boys in a preventive program, were unsuccessful in their efforts to reduce the incidence of delinquency among these boys. A control group showed rates of delinquency similar to the experimental group.

Traditionally the child experiencing social and emotional problems, and exhibiting disruptive behaviour in the classroom, is referred to a schools pyschologist or social worker for treatment. Bryen (1975), Stuart (1975) and Woody (1976) question the effectiveness of this approach. Bryen points to delays in referral and psychological testing of children, to the artificiality of the 'treatment setting' where the child receives one to one attention in a room free from distracting stimuli and other children, and to the limited practical use teachers can make of test findings.

'The efficacy of traditional psychotherapy as a model for treating children with social and emotional problems is questionable.' (Bryen, 1975, p.123) Traditional methods of dealing with such problems have educational and financial disadvantages. (O'Leary and Wilson, 1975)

The use of behaviour modification techniques in the classroom has been extensively investigated. Fischer and Gochros (1975) note that 'there are few settings in which behaviour modification approaches have been more applied and tested than schools' (p.368), observing Morrow's (1971) study which concluded that the following categories of pupil behaviour have been modified: disruptive classroom behaviours, performance in 3R subjects, performance in non 3R subjects, study habits and techniques, truancy and miscellaneous school behaviours.

O'Leary and Wilson (1975) differentiate between social and academic problems in the classroom, before proceeding to discuss suitable

techniques for intervention in either area. Changes of social behaviours are generally produced by motivational factors, while academic changes require the acquisition of skills which are often slow in developing. Techniques used to modify academic progress have included teacher attention, token reinforcement programs, programmed instruction, peer tutoring and broad-band behavioural classroom programs as in Head Start and Follow Through in the United States of America. Of the approaches featured in Head Start, the behavioural programs have proved most successful to date. While behavioural interventions have proved successful in this area, O'Leary and Wilson point out that it is not an unequivocal success, programs being limited by their brevity, and by the fact academic changes 'necessitate interdisciplinary efforts involving curriculum experts, behavioural and motivational experts, specialists in instructional formats, and personnel knowledgeable in means of facilitating interaction between the home and the school'. (p.189)

Both Fischer and Gochros (1975) and O'Leary and Wilson (1975) report on studies using a variety of effective techniques to modify disruptive classroom behaviours, including token economies, the Premack Principle, time-out procedures, extinction through ignoring, differential teacher responses and "systematic exclusion". Other successful techniques have included good behaviour clocks (a time-out/reinforcement procedure) and work clocks (Kubany et al 1971, Devine and Tomlinson 1976), a variety of time-out procedures (Sachs, 1973), soft as opposed to loud reprimands (O'Leary, 1970) and a variety of token economy systems, including home-school token economies (Fairchild 1976, O'Leary and Wilson 1975, Holt and Hobbs 1976, Fischer and Gochros 1975).

Bryen (1975) and Fischer and Gochros (1975) report that classroom management is a frequently voiced concern among teachers, and the writer's experience in the school system would appear to confirm this. In criticising the inadequacies of school psychological services, Bryen (1975) asserts that 'It is the teacher who must bridge the gap between evaluation and remediation' (p.127), who must learn techniques of classroom control. She points out that relevant information for intervention is often obtainable by the teacher, suggesting the use of self report inventories, observational techniques and peer rating techniques to gather diagnostically relevant data. In discussing six commonly used behaviour management techniques, she casts doubt on the effectiveness of play therapy and puppetry, gives cautious optimism for the use of role playing and life-space interviewing, but gives preference to modeling

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and behaviour modification techniques as effective means of intervention

In agreement with Bryen's observations, Stuart (1975) and Woody (1976) point out that there is a trend away from the therapist role of psychologists and social workers in the school, to that of a consultant for teachers.

4.6 The token economy

The main method of behaviour modification used by the writer in the present study was a token economy. This method is most suitable for application in group situations where a number of behaviours are to be modified.

Sherman (1973) notes that a

> token economy incorporates a wide range of behaviours into a system of reinforcement contingencies in which tokens ... are used as reinforcers in much the same way as money is used outside the treatment setting. Thus, while the individuals earn tokens, they also acquire desirable behaviours and skills ... which will enable them to adapt better to their social environments. Although the basic principles are the same as those used in treating individuals to achieve a single target behaviour, what makes the token economy unique is the number of people and wide variety of behaviours subsumed by its program of reinforcement contingencies. (Sherman, 1973, p.42)

Martin and Pear (1978) say that the advantages to using a token economy are that tokens can be given immediately, after a desired response and cashed in for 'rewards' later, bridging the gap between responses and delivery of back up reinforcers; that individuals can observe their progress in a tangible form, improved behaviour usually correlating with the number of tokens they receive; and that significant others involved in the program (such as teachers) are also kept aware of progress in behavioural change.

4.7 Summary

Behaviour modification techniques are derived from experimentally based principles of human behaviour. The 'disease' model is rejected and replaced by an educational approach, all behaviours whether adaptive or

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1. The application of the token economy in this study is evaluated in a process manner in Chapters 9 to 11, and summarised in Chapter 13.

maladaptive being seen as naturally learned. Three types of learning are put forward - the classical, operant and cognitively mediated modes, and behaviour is seen as being maintained or modified in accordance with variations in reinforcement schedules. Diagnostic emphasis is on objectivity, specificity and evaluation, while treatment focuses on observable events rather than hypothetical internal psychic processes. The model is seen as being compatible with humanistic ethics.

OVERVIEW OF PART I

CHAPTER 5 - SUMMARY OF PART I

Part I describes the preparatory stages the writer completed prior to his actual intervention in the school system. The process was essentially an intellectual one wherein the worker sought to gain an understanding of some of the relevant factors in the system in which he was to intervene, and to select suitable practical methods and techniques for his interventive effort via an exploration of the literature.

A number of clear indications emerged from this study:

1. that Coloured youth in South Africa experience a generalised socio-economic deprivation, one result being an early termination of schooling;

2. that education is essential if a poor population is ever to break the vicious cycle of poverty in which it finds itself;

3. that the one to one counselling approach to pupils is outmoded and impractical in meeting the needs of these pupils;

4. that behavioural control, or classroom management, is a commonly reported concern among teachers, and is probably a contributory factor to the failure among pupils to continue schooling.

Apart from being an advocate of a systems approach to school social work, Costin (1969, 1975) has stressed the importance of group work and social learning theory in the educational setting.

Bearing in mind the disorganised background of pupils, the likelihood that teachers would be unfamiliar with social intervention, and the importance of providing tangible evidence of the value of such intervention, the writer chose to employ the methods of social group work and behaviour modification, combined with teacher consultation in his approach. The Michigan School provided a suitable group work model for intervention, the techniques of behaviour modification, suitable strategies.

In the research study the writer employed the following methods of behaviour modification:

1. The Premack Principle

2. A token economy employing positive reinforcement and response cost techniques

3. Modeling

4. Time out

In addition the writer used techniques of intervention designed to increase self-awareness and insight, to promote the effectiveness of the above-mentioned techniques, including

1. Behavioural recording and feedback of behaviours

2. Role playing

3. Discussion

These techniques were all used within the context of the group, the writer using program, group processes and his roles as central person, motivator and stimulator, symbol and spokesman and executive in the group toward fulfilling individual treatment goals in improving study behaviours.

PART II THE RESEARCH GROUP

A PROCESS RECORD OF THE GROUP'S DEVELOPMENT

CHAPTER 6 - GROUP DEVELOPMENT

> Group development is a continuum of evolving behaviour rather than a series of abrupt and separate steps. (Heap, 1977, p.225)

A number of social group work writers have observed that groups progess through various stages of development over a period of time. (Trecker 1970, Schwartz 1971, Heap 1977, Northen 1969, Hartford 1971, Feldman and Wodarski 1975, Whittaker 1970). An understanding of this process attunes the social group worker to possible group needs at any time and his particular roles and tasks at the various stages of group development, and provides a useful framework against which to evaluate group processes.

Bales and Strodbeck (1951) after studying problem solving groups, concluded that groups move from an emphasis on orientation, to evaluation and finally control functioning. Criticisms of this study included the facts that observations for analysis were made in one rather than over a series of sessions, the groups were selected from a population not representative of the general one (students) and its restricted applicability to treatment groups. While Talland (1955) proposed that Bales and Strodbeck's stages of group development were not followed in treatment groups, there being an emphasis on the orientation phase, Psathas (1960) observed that where therapy groups continued over a period of time, their sequence of development held true. (in Feldman and Wodarski, 1975)

Tuckman (1965) extending these studies investigated groups of both a task and social nature concluding that both group types share developmental characteristics, which he labelled as forming, storming, norming and performing (in Feldman and Wodarski, 1975).

Whittaker (1970) reviews the theories of Trecker; Kindelsperger; Maier; Garland, Jones and Kolodny and Sarri and Galinsky, before proceeding to explore the model of Garland et al which proposes five stages of group development: preaffiliation, power and control, intimacy, differentiation and separation. While criticising Sarri and Galinsky's model as falling short in its description of what is happening to group members at each stage, and as lacking in "real life" group process

examples, he notes its theoretical sophistication and its significant contribution to group work literature. 'One of the best theoretically developed and well articulated statements of group development has been offered by Rosemary Sarri and Maeda Galinsky. Unlike other formulations, their's derives from an analysis of small group research, primarily in sociology and group psychotherapy...' (Whittaker, 1970, p.309)

Sarri and Galinsky (1974) observe that all groups experience changes in internal structures, processes and culture through time, constructing a model focusing on three dimensions of group development:

i) the group's social structure;

ii) the group's activities, tasks and operative processes; and

iii) the group's culture (norms, values and shared purposes).

They propose a seven stage model of group development and proceed to detail group worker tasks and interventions through it. The model is summarised below:

Phase of group development		Worker tasks
Phase I:	Origin	Intake, selection and diagnosis
Phase II:	Group Formation	Forming the group
Phase III:	Intermediate Phase I	Building a viable and cohesive group
Phase IV:	Revision	Maintaining the group through revision
Phase V:	Intermediate Phase II	Guiding group processes toward treatment goals
Phase VI:	Maturation	Maintaining the group
Phase VII:	Termination	Terminating the group.

The writer, in basing his process analysis of his experimental group's development on Sarri and Galinsky's model, was cognisant of the fact that '... no group moves along in an orderly sequence, but progress is made unevenly with steps forward and backward and then ahead to a new level of consolidation of gains. Most groups are in transition somewhere between identifiable stages of development.' (Northen, 1969, p.190)

A process analysis of group characteristics and worker activities in each stage of development in group life is presented in Chapters 7 to 12. A fold-out analysis sheet to assist the reader in this exercise occurs at the end of each of these chapters. (See pp 84, 100, 128, 137, 155, 169)

THE PHASE OF ORIGIN IN THE GROUP: INTAKE, SELECTION AND DIAGNOSIS

CHAPTER 7 - THE PHASE OF ORIGIN IN THE GROUP: INTAKE, SELECTION AND DIAGNOSIS

Whenever a group and a group worker come together it is important for the latter to gather knowledge about the group's beginnings including its size, initial orientations and environmental location, as these factors set limits on later developments in group life.

Sarri and Galinsky (1974) propose that the group worker's tasks at this stage of group development revolve around intake, selection, diagnosis and the formulation of treatment goals.

The writer followed the ensuing procedures in beginning his experimental group.

7.1 Determining purpose of the proposed group

A survey of the literature and relevant statistics revealed education to be an area of primary concern in assisting members of the Coloured community caught in a cycle of poverty. (Part I). Bandura's (1969) observation that high school drop outs restrict their opportunities to use their potentialities, while their more educated peers enjoy increasing autonomy in their lives, and White's (1971) assertion that the deprived child cannot be allowed the "luxury" of failure in school, led the worker to formulate an interventive program whose broad purpose would be to improve the school performance of the Coloured pupil.

Schopler and Galinsky (1974) in noting that disagreement has arisen as to whether the group members or the group worker should set group goals, propose simply that client, worker and larger societal goals be examined through their respective perspectives in the process of goal formulation. Konopka (1963) has asserted that a group's objectives are determined by member's conscious needs, agency purposes, and worker understanding of the individual and the total group.

Group members influenced by past experiences, environment, status and value enter groups with goals of a personal and group nature. Similarly the worker influenced by agency policy, and professional orientations and values, enters the group situation with his own values and interpretations of agency policy. Schopler and Galinsky emphasise

that the worker has to be seen as an independent source of purposes, and criticise the mediating model as failing to take this aspect of worker influence into consideration.

Jehu has pointed out that

> If social workers are incapable of influencing their clients then at least they cannot harm them, but if they can influence them then they must accept the responsibility of learning, clarifying and communicating their function as moralists, a position of neutrality no longer being tenable. (Jehu, 1967, p.117)

Vinter (1974, p.26) while observing that 'the worker customarily seeks acceptance of his purposes as those of the group', argues that this does not mean that he does not pay considerable attention to group members' individual goals. Sarri and Galinsky (1974) assert that rather than blindly using democratic methods in all cases, the worker should use his theoretical knowledge and group treatment goals to make differential decisions on a group's level of autonomy. Less capable or more disturbed clients may require more directive approaches, and in cases where the worker has to restrict group autonomy he may do so only in some areas (such as group composition) while allowing greater freedom in other areas (such as choice of activities).

Thus the worker may have to assume responsibility in determining group purpose rather than relying on democratic processes for goal formulation. However writers on the subject agree that in all cases the group worker must be open and honest in communicating his purposes to group members. 'Only with open discussion of worker goals does the client have a choice' (Schopler and Galinsky, 1974, p.134). Only through openness of intent is the client able to exercise his right of self-determination, and vagueness in statements of purpose may result in clients assuming the worker has hidden agendas or no purpose, which is anathema to constructive group process. (Northen 1969, Taylor et al 1977, Schopler and Galinsky 1974).

In the research group the writer assumed responsibility both for determining basic group purpose (that of improving members' study skills) and for group composition. Group autonomy was exercised in other areas such as deciding what to study, the organisation of aspects of group activities and at later stages in the choice of new members for the group.

7.2 Selection of group members

Feldman and Wodarski (1975) state that the worker is most active in early stages in the life of a treatment group - group composition being an area of such activity. Practitioners such as Berne, Tropp and Schwartz have expressed doubt as to the feasibility of member selection, being of the opinion that the only criterion of importance in this exercise is that of members' commonality of purpose.

Vinter (1974) in agreeing with the importance of purpose as a guideline for member selection, however, adds that the worker should use any relevant knowledge to establish a viable group for goal attainment.

Discussion has arisen as to whether groups should be homogenous or heterogenous. Furst (1968) in a study of groups of anxiety neurotics concluded neither type of group to be better except in general terms. He concluded tentatively, that homogenous groups are better for educative, information giving purposes, but heterogenous groups are better for interactive or activity therapies. He advised that group composition be worked out in accordance with group purpose, time factors and skills of the group worker. In general heterogenous groups are likely to provide greater opportunities for role exploration and experimentation, and improved problem solving processes, and a lesser chance of deviant behaviours being reinforced. Homogeneity amongst group members may result in subversion of group task and resistance to change. In addition groups comprising members who have tried the same solutions for the same problems and experienced similar failures are not likely to provide new answers for them. (Feldman and Wodarski 1975, Bertcher and Maple 1974). Feldman and Wodarski propose that an effective group would comprise a minimum of malfunctioning individuals, and a majority of adequately functioning persons, providing maximum pressure, greater modeling opportunities and greater reinforcement for positive change. On the basis of Goldstein et al's (1966) suggestion that "linear continuum" of critical behavioural attributes would produce a good 'mix' of group members, Bertcher and Maple (1974) have proposed that group members be selected on the basis of homogeneity of descriptive attributes (such as age, sex and life situation) and heterogeneity of behavioural attributes (such as leadership and aggression). Likewise Northen (1969) has noted that 'groups should be homogenous in enough ways to insure their stability, and heterogenous

in enough ways to insure their vitality'. (Northen,1969, p.95)[1]

Vinter (1974) reminds practitioners that the capacity for a group to meet its members' needs depends partly on who is in the group, and its size. Clarity of purpose makes the task of member selection easier, focusing the worker on particular individual qualities and enabling to some extent the composition of a group capable of 'developing appropriate levels of cohesiveness, solidarity, mutuality, viable internal structures and so forth'. (Vinter, 1974, p.28)

In essence relevant knowledge in the selection process includes group purpose, individual characteristics and their potential impact on the group, size of the group, potential task or social leaders, potential models for desired behavioural or attitudinal change, potential attractiveness of members for each other, abilities in planned activities and relationships, compatibility of members and problems to be tackled by the group. In selecting a group the worker should seek one that is likely to be interactive, compatible and mutually responsive with adequate models for alternative behaviours, leaders and resources to achieve group goals. Compatibility rather than similarity of members and similarities of interest or need are suggested, while negative subgroups and too much stress in the group should be avoided. (Vinter 1974, Bertcher and Maple 1974)

In the present study the writer selected group members on the following criteria: group purpose, age and sex factors, school academic performance, classroom behaviours, social influence and measured self-esteem of members.

7.2.1 Purpose

The proposed purpose of the group was to assist pupils with their study behaviours. Lornell states 'the school social worker's primary responsibility is to children who have serious behavioural, emotional or learning problems in the school setting'. (Lornell, 1963, p.80)

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1. It should be noted that the group worker may not always be in a position to select group members as in family groups or classroom groups (Polatinsky, 1978).

In view of this, pupils with poor academic records or rated as behaviour problems by their teachers were regarded as potential 'target' group members.

7.2.2 Sex

In view of the developmental stages of most of the children in the population - early adolescence - the writer considered a single sex group to be more likely to be compatible in terms of interests and abilities, and therefore easier to plan programs for and with. He chose only male pupils for both experimental and control groups.

7.2.3 Age

In terms of physical and psychosocial growth the classroom presented a wide disparity of developmental levels, ages varying from eleven to nineteen years. In this respect the writer considered the following:

(a) modeling figures were required for the group, to provide learning opportunities, exert positive pressure and reinforcement on malperformers. In terms of age, social status and physical strength and abilities, the writer considered it unlikely that younger boys as potential models would be able to exert much influence over the behaviour of older boys;

(b) older boys were not considered as likely to benefit from an interventive program, being likely to feel increasingly alienated by virtue of age, despite any improvement in abilities, as they progressed in school.

The 'middle range' of ages (thirteen to fifteen years) was therefore considered for the group.

7.2.4 Potential models

To be effective in influencing the behaviour of others a model should have high prestige, high competence in required tasks, have power over rewarding resources, permanence in the group situation, be popular and be observed to receive rewards for good behaviour. (Fischer and Gochros 1975, Grusec and Mischel 1966)

In the research group the writer sought members as models

who had average to high self-esteem, average to good school performance, who were not experiencing learning or behavioural problems, and who were observed in the sociomatrix to have a measure of popularity.

7.2.5 School performance

Two measures were used to assess pupils' academic and behavioural performance in the classroom for selection purposes:

(a) school records provided evidence of academic performance;

(b) the Devereaux Elementary School Behaviour Rating Scale (DESB), a tool developed for teachers to identify pupil behaviours in the classroom situation, was used as an index of behaviour problems amongst pupils in the classroom population. While being a subjective recording by a teacher, the writer was of the opinion that the DESB would provide relevant information about the pupil. Studies and reports by Nash (1973), Rosenthal (1971), Fischer and Gochros (1975) and O'Leary and Wilson (1975) have indicated the effects of teacher perceptions on pupils' classroom performance, and teacher impressions are the 'reality' of the pupil's learning situation. The DESB manual outlined major diagnostic categories as including achievement anxiety, poor learners, management problems and underachievers. Pupils in the classroom population were assessed in terms of these categories. (see Chapter 1, p.7)

7.2.6 Self-esteem of pupils in the population was assessed by means of the Coopersmith Self-Esteem Inventory. (see Chapter 1, p.6)

7.2.7 Social influence amongst pupils was crudely assessed by means of a sociomatrix, compiled after pupils had informed the writer of the two boys each liked best in the standard five classroom population.

This diagnostic information is presented in summary form in Figure 5, p.80 and Table 3, p.79.

The following pupils were chosen for the experimental group, on the basis of the diagnostic information obtained:

Harold, Bruce, Roberto and John, being average to high school achievers, having average to high self-esteems and being in a classroom subgroup were selected as models likely to be able to

Table 3 Tabular summary of factors considered in selection of experimental group members

Name	Age	First term subject average	Self esteem score	Ratings on Devereaux				Potential "target"	Potential model
				Poor learner	Achievement anxiety	Under achievement	Management Problem		
CLASS I									
Gordon	14	56%	66		X				X
Mervyn	15	61%	62	X					X
Bruce	14	59%	70	X	X				X
Ivan	14	53%	36	X	X		X	X	
Charles	13	55%	58				X	X	
Raymond	13	53%	70		X				X
Harold	14	60%	68		X				X
Edward	15	53%	68				X	X	
Stuart	13	66%	72						X
Petrus	16	58%	60				X	X	
Samuel	17	49%	64	X		X		X	
Graham S	15	53%	42	X	X	X		X	
Paddy	17	45%	50	X		X		X	
CLASS II									
Geoffrey	13	54%	74	X					X
Ronald A	13	39%	62					X	
Larry	15	48%	70					X	
Eugene	14	38%	52		X			X	
Lance	13	62%	72						X
Tony	15	47%	70		X		X	X	
Hector	15	51%	86	X		X	X	X	
John	15	56%	64						X
Alvin	13	47%	68					X	
Mike	14	60%	62	X					X
Pierre	14	35%	68					X	
Mick S	15	47%	64					X	
Roberto	14	53%	72						X
Clive W	17	40%	68	X			X	X	
Steve J	13	39%	70		X		X	X	

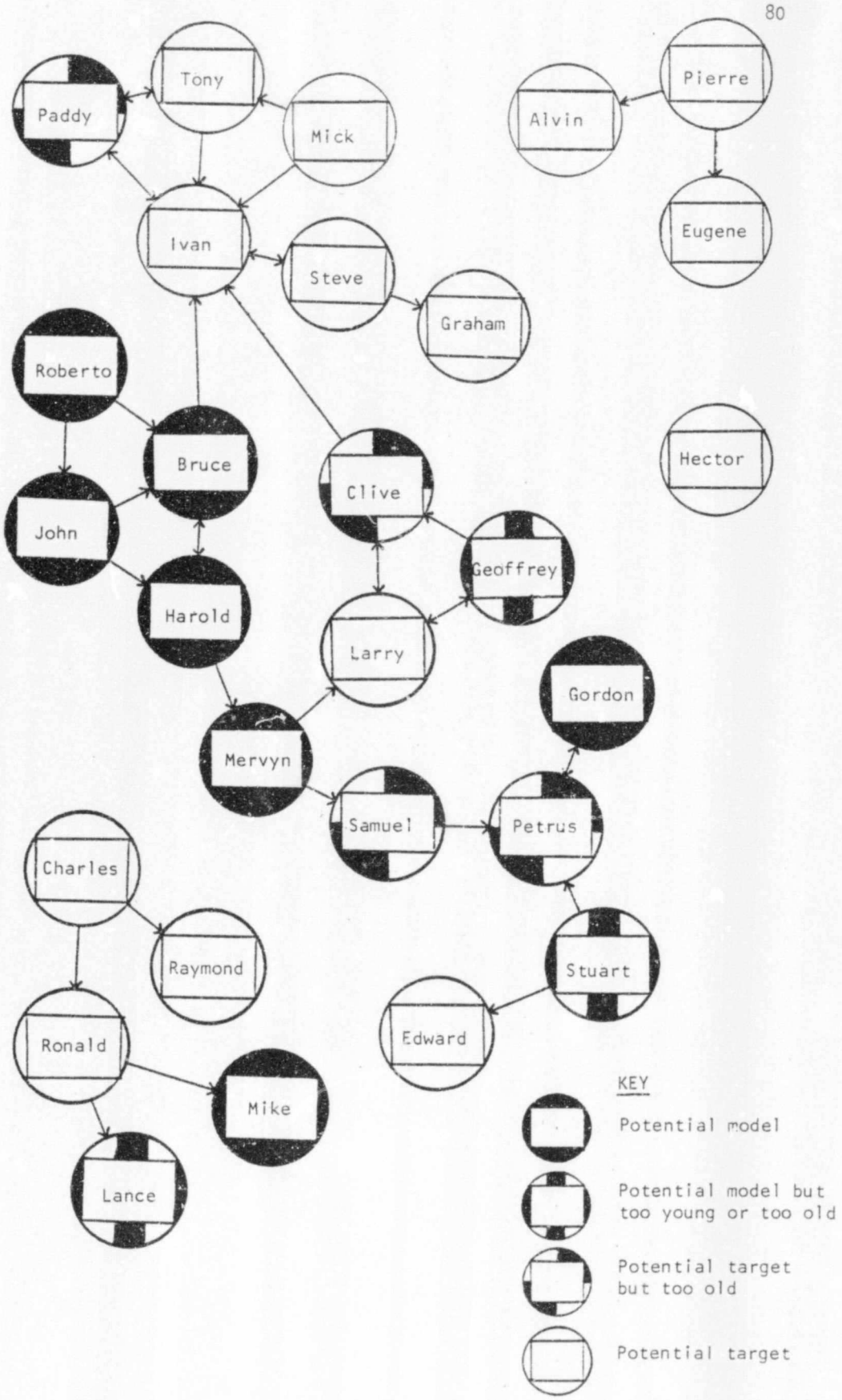

Figure 5: Sociomatrix of classroom population from which the experimental group was selected

exert some influence over other group members. Of other potential models - Gordon, Mike and Mervyn - none were revealed as likely to exert much social influence over others, in the sociomatrix, and Gordon was selected on the advice of teachers who were of the opinion that he would be able to effectively assist others in the group.

Graham and Pierre were chosen on the grounds of being poor learners, as were Edward, Tony, Hector and Steve who in addition presented management problems in the classroom.

Ivan, though not selected by the worker, owing to his central position in an apparently negative subgroup (see Chapter 8, p.92), nevertheless joined the group.

7.3 Determining group size

Group size affects group members' interactions and the group worker should determine appropriate group size according to group members' treatment goals. Vinter (1974) warns against worker bias in favour of smaller groups, asserting that the practitioner should vary group size according to the purpose of the group. He adds that clients might 'benefit from the anonymity or reduced intensivity provided by larger groups' (Vinter, 1974, p.29). Thomas and Fink (1960) note that 'as groups get larger, participation, satisfaction, consensus and intimacy among members decrease; subgroups emerge; leadership requirements and the groups ability to tackle more complex tasks increase'. (Bertcher and Maple, 1974, p.196)

Small groups exert increased rates of constraint on their members and facilitate intervention in cases of serious problems or acting out behaviours. Larger groups while often lacking consensus and requiring more leaders, however, are able to undertake more complex tasks and have greater resources to withstand the negative effects of drop outs. Small groups have a more rapid growth of cohesiveness and morale which may be useful where a group only has a limited number of sessions to achieve its goals, but in cases of more complex tasks and the lack of necessity for intensive relationships larger groups may be utilised.

A degree of conflict in groups is not only inevitable but