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The Effect of Participation in an Academic Support Group in Combination with Individual Mentoring Upon at Risk Students Grade Point Average

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THE EFFECT OF PARTICIPATION IN AN ACADEMIC SUPPORT GROUP IN COMBINATION WITH INDIVIDUAL MENTORING UPON AT RISK STUDENTS GRADE POINT AVERAGE

Robyn L. Greene, B.A.E.

ABSTRACT

Studies involving the use of small groups as an academic tool have indicated success in the student's academic and social advancement. It is a widely held belief that self-concept or self-esteem is involved centrally in the learning process either as a contributing cause or an important outcome (O'Dell, Rak, Chermont, & Hamlin; 1994). According to systems theorists the implementation of group intervention will allow an increase of self-concept which constitutes a first order change (Bateson,1972; Watzlwick, Weakland & Fisch, 1974; Beckvar & Beckvar, 1991). Students who participate in an academic support group which results in an increased grade point average will not change the system of calculating grades; they will, however, change their individual perception of the system and thus engage in behaviors which result in a higher grade point (Bateson,1972; Beckvar & Beckvar, 1991; Maltz, 1969).

The goal of the following research was to indicate that at risk students who participate in an academic support group as well as individualized mentoring will achieve a statistical, positive difference in their current grade point average. Several participants achieved as much as an entire grade point difference to the positive. After a review of the literature a control group and a test group was selected from a group of at risk students. All of these students selected had a grade point average of below 2.00 on a 4.00 scale. The study was conducted over two consecutive semesters. After which a random sample of the grade point averages both the control group and the participant group was drawn and

subjected to a t-test. The hypothesis that a significant positive change in the grade

point averages of the participant group was supported.

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CHAPTER ONE

INTRODUCTION

Statement of Purpose

Many colleges and universities sponsor individual mentoring programs for
at risk students. An at risk student is defined as that student who does not meet
the school's academic standards and is in danger of "flunking out" . An at risk
student has a grade point average (GPA) below a 2.00, based upon a 4.00 scale.
Lindenwood Academic Services sponsored such a program entitled   The GO-
GET-EM Program.

Recent studies in the field of student services have indicated that students learn
better in peer helping/support groups. In a recent study done by Hagborg (1993)
the findings indicated a possible sequence with student engagement in a counseling
group.   Hagborg's study showed the sequence to be elevated cohesiveness,
followed by continuing attendance, and resulting in higher eventual satisfaction
with the counseling experience.   Hagborg (1993) further states that a satisfied
student results in a higher grade point as well as a higher self-concept.

The adaptation to college is initially stressful experience for many students.
It is not unusual for the student to experience anxiety in the form of excitement,
insecurity, or disorientation.   Participation in an academic support group   can
provide the support network needed to achieve the transition (Rabinowitz, 1994).

The purpose of this research is to discover if a structured academic support group based upon systemic theory, in conjunction with individualized mentoring would significantly make a difference in the at risk student's G.P.A.

The Hypothesis

The hypothesis chosen is defined as a two part hypothesis consisting of an operational null and a literary alternative. An operational null hypothesis indicates a "no-difference" (statistically) in terms of the operations required to test the hypothesis.   The Literary alternative states the hypothesis the researcher will accept if the null hypothesis is rejected.   The null hypothesis in this study says: There will be no significant difference in the GPA scores of those at risk students who participated in group and those who did not.

The Literary alternative states that there is a significant difference in the G.P.A. scores (to the positive) of those at risk students who participated in the combined treatment when compared with the G.P.A. scores of those students who did not.

CHAPTER TWO

LITERARY REVIEW

Systemic Theory

There has been a mistaken assumption in the minds of many educators and administers that the educational process is linear. Systemic thinking repudiates this theory; instead believing that the system is more like a concentric model. According to Michael Fullen, dean of Faculty of Education at the University of Toronto, Ontario, Canada, when one evaluates any educational policy or problem and begins to list all the forces that could figure in the solution and that would need to be influenced to make a productive change; and compare that list to the idea of the unplanned factors which are inevitable - policy changes, key leaders leave, important contact people are shifted to another role and so on. Finally realize that every new variable which enters the equation produces ten other ramifications which in turn produce tens of other ramification ad infinitum (Fullan, 1996; Bateson, 1976).

The term "at-risk" is used to describe that substantial body of students who, for a variety of reasons, face a high probability of failing to acquire the skills and credentials which society considers to be necessary for the successful transition from secondary to post-secondary school (DeNofa, 1993).

When systemic theory is compared with the evidence that many at-risk students learn better in groups then the systemic focus of treatment will allow for academic success to be achieved (Corey & Corey, 1992, Keeney, 1983).

Individual academic counseling combined with group counseling allows for the at-risk student to assimilate into the educational system with support from peers. Together the group explores new ways of working within the system in order to achieve academic success. These at - risk students have appealed to be reinstated thus they desire to become successful in their academics (Corey, 1990).

The systemic theory has the client explore the system in which h/she is trying to exist. First the client and therapist evaluate what is working. Then evaluate which part of the system is not working. This type of therapy focuses on change as a positive. However it is the system which the client perceives as changing; when in actuality it is the perception of the client which has changed (Watzlwick, Weakland & Fisch, 1991). The combination of the group intervention with individual counseling/mentoring will allow the student to become successful in the academic system.

According to Watzlawick, Weakland & Fisch (1974) group theory allows for a framework of perceiving a kind of change that can occur even though the system stays the same. This is based upon the Theory of Logical Types. The Theory of Logical Types is not based upon the events that occur inside a class, i.e. between its members, but allows for a frame for considering the relationship between membership and class and the particular change desired. Once the student accepts the difference between the theories of Logical Types versus Group Theory, then it is possible to understand that there are two kinds of change: one that occurs within a given system which itself remains unchanged, and one whose

occurrence changes the system itself (Bateson, 1972; Watzlawick, Weakland & Fisch, 1974, Beckfar & Beckfar, 1991).   Students who participate in an academic support group which results in an increased grade point average will not change the system of calculating grade point averages; they will however change their individual perception of the system and thus engage in behaviors which result in a higher grade point.   System theorists refer to this type of change as first-order change (Bateson, 1972; Beckfar & Beckfar, 1991; Maltz, 1969).

In order for change to occur it is necessary to recognize the patterns which have led to the present difficulty.   It is also important to approach the problem from a perspective of the current system in which the student/client is involved. The problem resolution requires formulating and applying a four step procedure.

The steps are:

1) a clear definition of the problem in concrete terms;

2) an investigation of the solutions attempted so far;

3) a clear definition of the concrete change to be achieved;

4) the formulation and implementation of a plan to produce the desired change (Watzlwick, Weakland & Fisch, 1974).

In reference to the first step it is obvious that there must first be a problem in order to solve the problem.   Having the client define the problem in concrete

concise terms allows for the separation of symptom and problem. The statement of the problem in concrete terms by no means excludes the fact that a client may be left with a difficulty to which no solution exists. The death of a loved one for example cannot be solved, but coping skills can be discovered which will lessen the symptoms.

The second step is self-explanatory. Exploring attempted solutions can also lead to insightfulness as to the patterns of the current system which are contributing to the problem (Watzlawick, Weakland & Fisch, 1974; de Shazer, 1985).

The third step places the responsibility upon the client and protects the therapist from further complicating the problem. This is accomplished as the desired change is defined by the client in concrete terms.

The final step is the one in which change occurs. The formulation of the plan is based upon the following two general principles: the target of change is the attempted solution and the strategy chosen must be translated into the client's own language (Watzlawick, et. al, 1974).

Brief Therapy

The definition of brief therapy is based upon more than time constraints. It has been proven that the average client tends to stay in therapy for an average of six to ten sessions (de Shazer, 1985). This is true regardless of the therapists theory or epistemology. According to de Shazer (1985), if brief therapy was less

of the same then long-term therapists could be correct to hold the view that brief therapy is a second rate form of treatment. The studies completed over the last twenty years at the Brief Family Center, Milwaukee, Wisconsin, show that brief therapy leads to increased effectiveness, longer duration of change, and continued improvement in the client. If the average length of treatment is six to ten sessions then the therapist is required to make the most of that limited contact. Given the time frame of six to ten sessions the model must be based upon reality then upon some nebulous, unlimited number of sessions. The quicker the problem is solved the better. The client can get back to the business of living rather than continuing to suffer in a recursive situation; and the therapist is able to see more clients. Therefore it is necessary to understand the difference in brief therapy as defined by time constraints and brief therapy as defined as a way of solving human problems (de Shazer, 1985).

The key to brief therapy is to make the most out of what the client presents in such a way as to encourage the meeting of the clients' needs so that the client can make a satisfactory life for him/herself. For an intervention to successfully fit, it is not necessary to have detailed knowledge of the complaint. It is not necessary to have the complete truth and meaning of the complaint from the client.

In Rabinowitz's study (1994) students were required to meet once a week for a period of one hour for a seventeen week duration. The sessions were facilitated by two experienced group counselors. The study indicated increased social adjustment and academic success.

A study done by Hagborg (1993) that students who participated in group counseling facilitated by the school counselors twice a week, consisting of two, one hour sessions for a period of thirteen weeks, indicated a possible sequence with student engagement in the counseling group. The study indicated the sequence to consist of elevated cohesiveness, followed by continuing attendance, and resulting in higher general satisfaction with the counseling experience. The student who is more satisfied tests higher on academic scales and also indicated a higher self-concept. The ability to convince the person involved in the situation to do something different, even if that behavior is seemingly irrational, irrelevant, obviously bizarre, or humorous is important in the use of brief therapy (de Shazer, 1985; Watzlawick, et al, 1974; Haley, 1973). Adding the participation in an academic support group based upon the brief therapy concept will often produce positive academic and social adjustment change (Hogberg, 1993).

Focusing on goals which are client generated, subtle indirectness, e.g. "well, ...no... I'm not sure it will work for you.." and interventions that are particular to the client are the keys to success in brief therapy. These techniques serve to break the recurring patterns of behavior and allow the client to focus in a different direction. It is important to connect the present to the future without wallowing in the past (de Shazer, 1985). In order to refocus it is necessary to give a definition of change. The definition provides a framework from which goals can be derived. de Shazer describes this as constructing a therapeutic reality. Change can be defined in the clinical context as:

> A therapeutic process of initiating (and promoting)   observed new and different behaviors and/or perceptions (frames) within the context of the presenting problem (and the patterns which surround it) and/or the solution of that problem.   Keeping in mind that the patterns which surround the problem and the problem itself are not two separate "things" but are recursively related aspects of the same "thing" . (de Shazer, 1985)

Therapeutic change is an interactional process involving both client and therapist.   Therapy cannot be described as a process by which the clients arrive and the therapist then magically fixes the client (Becvar & Becvar, 1993; deShazer, 1985; Elkaim, 1990).

Clients and therapist can be seen as together constructing a problem reality. From this perspective the client is able to initiate the change process by the very act of participating in therapy.   The client has publicly stated that this is a problem they alone cannot solve.   This makes the problem subject to change by providing a new definition to the problem.   Clients are stuck with certain world views which inhibit the possibility of solution under the old definition.   Together the therapist and the client explore new definitions to the problem, the therapist helps the client to reframe the problem (Becvar & Becvar, 1993; deShazer, 1985; Keeney, 1983).

Reality Therapy in Groups

Reality therapy focuses on the here and now rather then dwelling on the past. William Glasser is credited with establishing the concept of reality therapy.

This approach focuses on solving problems and on coping with the demands of reality in society. Therapists using this approach concentrate on what the clients cans do practically in order to change the behavior they use to fulfill needs. Clients are asked to identify their wants and needs. The therapist then challenges the clients to evaluate their behavior, formulate a plan for change, commit themselves to such a plan, and follow through with such a commitment (Becvar & Becvar, 1993; Glasser, 1986). Clients are able to regain control of their lives by avoiding making excuses and blaming others and by evaluating what they are doing to get what they want. Glasser (1986) believes that everyone has a "growth force"; this force causes one to develop a "success identity" (the viewing oneself as worthy of love and being a significant person). Any change in one's identity is contingent upon behavioral change. Reality therapy is an active, directive, and didactic model; it stresses present behavior, not attitudes, insight, one's past, or unconscious motivations. Glasser's work has been aimed at putting a few basic concepts into a variety of settings including schools. Glasser claims that the use of reality therapy need not be restricted to psychotherapist but can easily be applied by parents, educators, guidance counselors, and individual student groups (Glasser, 1986).

It is a widely held that self-concept or self-esteem is involved centrally in the learning process either as a contributing cause or an important outcome (O'Dell, Rak, Chermont & Hamlin, 1994). The study done by O'Dell, et.al. (1994) indicated that self-conceptis the best predictor of academic

accomplishment. A student's self-concept is seen as influencing achievement through its effect on the student's motivation. Self-esteem is the estimate of value a person places on him-or herself. It is defined as the cumulative attribute that is based on beliefs about self, others, and the world (Beckvar & Becvar, 1993; Elkaim, 1990; Hamacheck, 1995). It follows the if the self-concept could be improved, academic achievement should increase and the risk of dropping out should decrease (O'Dell, et.al, 1994)

Glasser maintains that the individual has four basic psychological needs - belonging, power, freedom, and fun. Survival is the motivating force behind these needs. Responsibility consists of learning how to realistically meet these basic psychological needs and the essence of the therapy is teaching people to accept that responsibility (Becvar and Becvar, 1993; Glasser, 1986).

The main task of reality-therapy group practitioners is to become involved with the individual members and then to help them face reality (Becvar and Becvar, 1993). According to Glasser (1986) people are most able to create a success identity when they recognize and accept accountability for their own behaviors:

> The role of the reality therapy counselor is to maintain a counseling environment which does the following: (1) helps clients to avoid excuses and accept this responsibility (2) fosters their client's psychological strengths and (3) provides the opportunity to learn and test new and more effective behavioral choices [p. 20].

In order for the clients to achieve this goal the group leader(s) must perform the following functions:

(1) provide a model of responsible behavior and of a life based upon success identity

(2) establish with each member a therapeutic relationship based on care and respect, one that encourages and demands responsible and effective behavior

(3) actively promoting discussion of member's current behaviors and actively discouraging excuses for irresponsible or ineffective behavior

(4) introducing and fostering the process of evaluating which of the client's wants are realistically attainable

(5) teaching members to formulate and follow through plans to change their behaviors

(6) establish a structure and limits for each session

(7) being open to explore one's own values with the group.

(8) encourage members to become involved with one another, share common experiences, and help one another deal with problems in a responsible manner.

(9) assisting members to set practical limits to the duration and scope of their therapy

(10) teaching members to apply what they learn in group to everyday life (Becvar and Becvar, 1993).

Reality based therapy encourages clients to look towards the future rather then to understand the past. "At-risk" students who participate in reality based, solution focused brief therapy groups show significant improvement both in academic advancement and adjustment skills (DeNofa, 1993).

Clients are encouraged to focus upon their strengths and unused potential. The events of the past can be referred to in a sense of reframe which points out the client's strengths rather then underscoring the problem or failure (DeNofa, 1993).

Clients are challenged to look at their unused potential and to redirect and work toward creating a success identity and more effective control.   The group leader must remember that sincerity and being comfortable with their style are crucial traits in being able to carry out therapeutic functions (Becvar and Becvar 1993; DeNofa, 1993; Glasser, 1986).

The Institution as a Large Group

General Systems theory has the potential to solve perhaps the most basic problem in the theory of group work: the lack of any one theory that a group leader can apply to all three levels of intervention-individual, interpersonal, and group (Matthews, 1992). The fundamental premise of general systems theory is the similarity of all living systems, its concepts apply to all three levels. It is important to note that the application of general systems theory does not provide the therapist with a ready-made theory of group therapy (Matthews, 1992).

It does provide a broader perspective and a solid foundation of new concepts from which a more inclusive model of group therapy may be constructed (Matthews, 1993; Bramley, 1979).

According to Bramley (1979) the success of any formal tutoring provision is largely determined by the convergence of the group leader's aspirations and the values and traditions permeating the culture in which the group is set. Designing a small group within the large group without first understanding the large group (the institution) culture from which the group arises is a fruitless as trying to understand students' needs and problems without inspecting the dispositions and qualifications of the staff and faculty or the nature of the expectation and curriculum. Observation and understanding of how certain teaching methods, the course content, the committee/consultive structure (i.e. degree advisors) the assessment procedures, the staff moral, constantly influence the way students think, feel, and behave, in relation to self, one another, to teaching staff and their work, is far more valuable to group leaders than a hasty adoption of a do-it-yourself counseling when ever a student is in trouble. General system theory views group development as a counterbalance between individuality and togetherness (Matthews, 1992; McMillon, 1994).

If the small group encompasses personal teaching, creative deployment of course content, and if advantage is taken of potentially supportive teaching situations then the group leaders will not find themselves in need of first aid counseling kits nearly so often. Nor will at-risk students find themselves sent to

"experts" as psychological cases (O'Dell, et.al.; DeNofa, 1993)   Such emergency tactics only help the student to put up with an untenable position longer, rather than affecting the environment which produced the difficulty in the first place.

It is thus to the students' benefit to learn to work within the system in order to promote the needed change (Bramely, 1979; Hagborg, 1993; Matthews, 1992).

It is the responsibility of the small group leader to design the local (departmental) culture, both in terms of its actual visible structures as well as the more intangible but equally vital terms of shaping attitudes and values concerning the work and staff-student relationship (Matthews, 1992; Bramely, 1979).

If the staff strive for informal and supportive contact with students, and if they (the staff) regard academic work as important, but not the only criteria by which people are to be judged, then students will absorb and perpetuate these attitudes, thus enabling the student to become successful (Bramley, 1979; Glasser, 1981; Becvar & Becvar, 1993; Matthews, 1992; Hagborg, 1993).

The institution must be perceived as a living entity thus the reframe of large group.   The terminology is important as the word institution brings a picture of bricks and mortar, rules and regulations, and a fixed set of mechanized unchanging activities within.   If one perceives this picture then change or the idea of change is impossible.   Changing the language to large group personalizes the idea of the campus and the institution becomes of small significance when compared with the vast organizations of the personalities that perpetuate the institutions' existence (Matthews, 1992; Hagborg, 1993; Bramely, 1979).

The institution then becomes a group of buildings which house the activities of the people who populate it. This allows the student to recognize a physical boundary but also becomes a system in which change is constant. The student regains control of his/her environment (Becvar & Becvar, 1993; Hagborg, 1993). The external boundary is simply a line dividing members from non-members. A boundary can be time, a place, a shared precept; it is a set of material conditions, and/or notions within which the group must carry out its business (Becvar & Becvar, 1993; Matthews, 1992; Bramley, 1979).

Many of the important determinants of human behavior are outside of the individual and are present in the properties of the social systems of which he is a member. By applying a systems approach it is possible to view the institution as well as organizations which make up society are themselves complex human systems which are potentially as amenable to understanding and change as the psychological system of the individual (Bramely, 1979; Matthews, 1992; DeNofa, 1993).

These social systems - classroom, department, university, possess many of the same characteristics and problems as do individuals. Sometimes they are consumed in conflict; they run mature or degenerate or even die. They go through developmental phases as do persons; they undergo periods of creativity and stagnation (Bramely, 1979; Matthews, 1993). Often when severe problems arise it is the large group rather than the small group which requires diagnosis.. Just as change can be fostered within the small group it is important to note that such

groups can be abused and/or exploited through which attempts are made to change behaviors or attitudes that actually originate from pathogenic factors in the permanent large group (Matthews, 1992; DeNofa, 1993).

Small group teaching is not a cure-all for student discontent or bad test results (Bramley, 1979; Corey & Corey, 1992; Hamacheck, 1995).

Small group leaders should always attempt to obtain approval and support from the higher order systems in the academic hierarchy before initiating such new and potentially explosive activities. It is possible, however well intentioned, that the group leader may encapsulate themselves within a rigid boundary, cut off from the rest of a suspicious institution, and such bi-directional hostility will reduce any possibility of change (van Der Heijden, 1995).

If change is desired throughout the entire system or within the small group of academically-at-risk students then the previous model of didactic tutoring must cease to be the end point in the assistance to the student. The concept of student as learner must expand to include the learning group, the learning system and finally the learning college (Matthews, 1992; Hagborg, 1993). All factors are present in the Large Group (institution) Refusal to contemplate the institution as a living social system will result in students who will learn to achieve their academic qualification but will fail to improve the human system into which the university will eventually reject them (Bramley, 1979; van der Heijden, 1995; Matthews, 1992; Hagborg, 1993).

CHAPTER THREE

METHODOLOGY

Subjects

Students were chosen from the registrars' database (Lindenwood College) of 100 at risk students, over a period of two semesters. At-risk students are defined as those students who's grade point average is below a 1.00 on a 4.00 scale. The registrar's office sends the list of at-risk students to the Academic Dean (Dr. David Williams) at the termination of each semester Each group consisted of eleven at-risk students. The groups were comprised of students 19-20 years of age. Each group consisted of five males and six females. The students had accumulated between zero and 36 credit hours. The groups were one third multicultural which is consistent with the demographic population of Lindenwood College. Lindenwood College is a small, private, midwest college comprised of 1,042 residential students, and 800 commuter students.

Procedure

These students met on a weekly basis for 1.5 hours, for a period of sixteen (16) weeks. The group followed a structured agenda (see appendix A). The students also met weekly with a mentor for individual academic counseling. These students met with the same mentor who was also the group leader in order to eliminate bias between mentor styles. The control group was also randomly selected each semester from the group leaders' case load. The final comparison

was run using twenty-two students who had treatment and twenty-two who did not.

The possibility in error is with the variables. If a student who was selected for participation refused to co-operate with treatment the G.P.A. could remain unaffected; certainly any change could not be directly linked to the treatment process.

Instrumentation

The researcher chose to run a t-test using the IBM SPSS PC+ program. This program allowed a descriptive bar graph to be run indicating before and after display (refer to Table 1 & 2 below). The t-test was chosen because of the test's ability to indicate if there was a significant improvement in the treatment sample G.P.A's versus the control group G.P.A.'s .

Table 1
Existing GPA Scores Before Participation in KEY Support Program

```
              |
              |
      2.40    +----------------------------------------
              |        (Sample)
              |        -----        (Control)
  F           |          |          -----
  G   1.60    +          |            |
  P           |        +---+        +---+
  A           |        |   |        |   |
              |        |   |        | * |
      .80     +        | * |        |   |
              |        |   |        |   |
              |        +---+        +---+
              |          |            |
      .00     +        -----        -----
              |
              +----------------------------------------
  GROUP                 1.00       2.00
  N of Cases            22.00      22.00
  Symbol Key:           * - Median   (O) - Outlier   (E) - Extreme
```
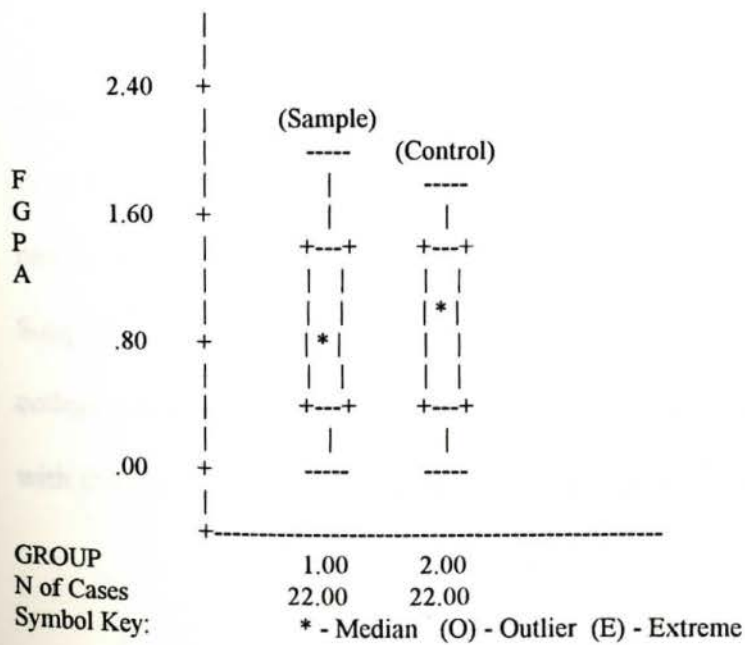
Table 2
GPA Scores After Participation in KEY Support Program

```
                        (Sample)  (Control)
                   |     -----     -----
                   |     +---+       |
          2.40     +     |   |       |
                   |     | * |     +---+
                   |     |   |     |   |
    S              |     |   |     |   |
    G     1.60     +     +---+     | * |
    P              |       |       |   |
    A              |       |       |   |
                   |       |       +---+
           .80     +     -----     -----
                   |
                   |
                   |
           .00     +
                   |
                   +-----------------------------------------------
GROUP                    1.00        2.00
N of Cases              22.00       22.00
Symbol Key:           * - Median   (O) - Outlier  (E) - Extreme
```
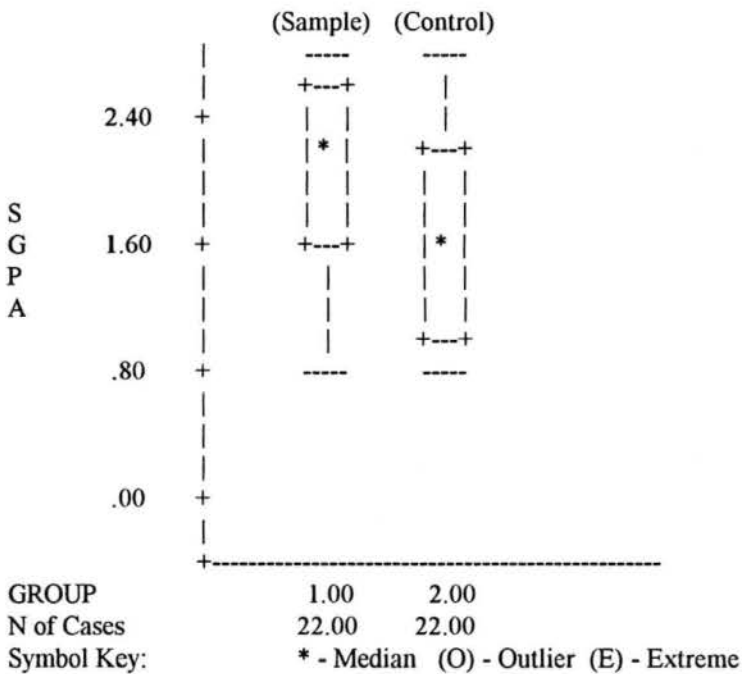
Data Collection

The grade point averages of the at-risk students were collected from the

Lindenwood College Registrar's office both at the beginning and end of the Spring

term of 1995, and the beginning and end term of Fall 1995. The subjects were

readily available to the researcher as the researcher was Director of Academic

Support at Lindenwood College. The new program had the support of the

college's Academic Dean as well as the various departments which deal directly

with the student body as suggested by Bramely (1979) and van der Heijden (1995).

CHAPTER FOUR

DATA ANALYSIS

Results

The t distribution is very much like the normal distribution. The difference being that the t-test shifts the area in the normal distribution to accommodate for the unknown standard deviation of the population. The t distribution calculates the observed significance level which will allow the researcher to either accept or reject the null hypothesis... the null hypothesis in this study states: There is no significant difference in the G.P.A. scores between the group experiencing treatment and the control group (Norusis, 1991).   The alpha or probability was .05 or 95%. This means that 95% of the time the results measured by the t-test will be correct. The probability, the observed significance level (refer to Table 3, top of following page) is equal to .626. This number falls in between the critical interval 95% of the time indicating that the researcher reject the null hypothesis. The literary hypothesis that a significant difference does indeed exist between groups experiencing treatment and groups without treatment does exist 95% of the time (Norusis, 1991).

Table 3

Levene's T-Test Indicating Results of KEY Support Study

T-TEST /GROUPS GROUP (O1,O2) /VARIABLES SGPA.

Variable	Number of Cases	Mean	SD	SE of Mean
SGPA				
(Sample) GROUP 1.00	22	2.0877	.952	.203
(Control) GROUP 2.00	22	1.3673	.973	.207

Mean Difference= .7205

Levene's Test for Equality of Variances: F= .241 P= .626

Variances	t-value	df	2-Tail Sig	SE of Diff	95% CI for Diff
Equal	2.48	42	.017	.290	(.135, 1.306)
Unequal	2.48	41.98	.017	.290	(.135, 1.306)

Page 69   SPSS/PC+ Studentware+   11/27/95

This procedure was completed at 10:11:40

CHAPTER FIVE

DISCUSSION

An added group component, based upon the Missouri State Educational Competencies, indicates a significant raise in at risk-students G.P.A. As stated in the Literary Review educators, academic counselors, and administrators have conducted much research in the benefits of group learning (Hagborg, 1993, Matthews, 1992; DeNofa, 1993). This study shows that long term gains of raised grades will help the at risk student to adjust socially as well as academically. This improvement removes the student from at risk status. A successful student is more likely to stay in school thus helping the retention figures (O'Dell, et.al, 1994).

Academic mentors will find the component of the group a powerful intervention in their students success rate. The group intervention allows for peer counseling & support, education of the system, as well as cybernetic change.

Systemic thinking is a pioneering concept for the western world, especially within the United States. As Bramley (1979) states:

The unsatisfactory condition of greater society will perpetuate itself, unchanged and unchanging; a rebellious social system that is rebelled against. Gods and ideologies are endlessly erected and toppled. If we cannot send the most intelligent of our young people into to the world ready to change systems, surely we have failed them and the society in which we all must live (p. 36).

Educating our young in the values of systemic thinking will allow the necessary cybernetic second order change to occur. It is the duty as educators, counselors, doctors , et.al to midwife our populace through this incredible time in which society is existing. Change needs to be reframed as a positive exciting adventure rather than a frightening negative unknown.

Limitations of Study

The study is limited by both time and subject size. The study showed a significant difference in the grade point average of students who received treatment and the control group of students.

In order to substantiate this study a follow through on the original subjects during their college career would provide a greater foundation of long term improvement.

Suggestions for Further Research

Another possibility for further research would be to implement the program with populations other than the severely at-risk student, such as the new Freshman class as suggested by Morrisey's article in Counseling Today (1995). It would also be extremely interesting to implement the systems approach as early as kindergarten and continue throughout the students academic career.

APPENDIX A

Key Support

(Knowledge Enthusiasm & You)

Key Support developed out of the GoGetEm program. The GoGetEm program is designed to develop student potential to the fullest, while assuring academic recovery. Generally students that comprise the program are those that experienced academic difficulties in the prior semester.

Key Support was designed to enhance the GoGetEm students' academic performance through group support and individual mentoring. The programming was developed using the following competencies taken from the Missouri Comprehensive Guidance Guide (Revised 1991).

Purpose

The primary purpose of Key Support is to help freshmen students on pro-appeal / academic probation plan, develop and implement a personal plan for academic achievement.

Rationale

A programmatic approach to guide 100% of the freshman population who are currently on academic probation or pro-appeal.

Personnel to implement the program will be mentors who devote time to the program through guided discussion.

The focus of the group is identification and achievement of student competencies through KEY Support (A Division of the Go Get Em).

Benefits of Key Support

Benefits for Students

1. Promotes knowledge and assistance for academic exploration.

2. Develops decision making skills.

3. Increases knowledge of self and others.

4. Broadens knowledge of priority setting.

5. Increases opportunity for Mentor/Student interaction.

6. Develops a system for peer-support.

Benefits for Administrators

1. Provides program structure with specific content.

2. Provides a means to evaluate Key Support (Accountability).

3. Enhances for lindenwood philosophy of care and support for students.

Key Student Competencies

Area I- Career Planning and Exploration

Category A-- Planning and Developing Careers

1. I know how to develop a career plan.

2. I know about possible careers and the world of work.

3. I know how to explore careers in a specific area in which I am interested.

4. I know how to prepare for careers in which I am interested.

5. I understand my interests and abilities, and how these can help me make a career choice.

6. I know how the college I am attending can affect job opportunities.

Category B-- Understanding how being male or female relates to jobs and careers

7. I know about jobs that are usually filled by the opposite sex, but are available to both sexes.

8. I can take courses appropriate to my career choice even though most often they are taken by the opposite sex.

9. I can handle societal disapproval, hostility, or opposition if I have an interest in or choose a course usually taken by the opposite sex.

10. I can handle kidding or tormenting from other students if I have an interest in or choose a course usually taken by the opposite sex.

11. I understand how being male or female affects my career choice.

Category C-- Making Decisions about College

12. I know how to decide on a field of study.

13. I know which majors would prepare me for specific careers, and I know the future of those careers.

Category D-- Planning College Classes

14. I know the requirements for college graduation.

15. I know how to select courses that fit both my needs and interests.

16. I can make a plan for college which will be best for me.

Category E-- Learning how to use Leisure time now and in Future

17. I know how to develop recreational interests that will make my leisure time more enjoyable (for example, hobbies and sports).

18. I know which leisure and recreational activities best fit my interests and needs.

19. I understand how being a college student affects my leisure time.

20. I know how friends can affect my leisure time.

AREA II- Knowledge of Self and Others

Category A-- Understanding and Accepting Self

1. I understand my values.

2. I understand, accept and like myself.

3. I have confidence in myself.

4. I understand how my feelings affect my behavior.

5. I am able to state my own ideas.

6. I can handle personal difficulties.

7. I can deal with life when I feel down.

Category B-- Understanding and Getting Along with Others

8. I can understand others.

9. I can get along with my family.

10. I know good ways of communicating feelings.

11. I can develop close and lasting friendships.

12. I can accept others as well as be accepted by them.

13. I respect other people whose views differ from mine.

14. I can talk to someone when I need help.

Category C-- Knowing how Drugs and Alcohol Affect Me and My Friends

15. I know the physical and mental effects of drugs and alcohol.

16. I know the penalties of drug and alcohol use.

17. I know how to help a friend who has a problem with drugs or alcohol.

18. I know where to find help for alcohol or drug problems.

19. I can handle pressure from my friends related to the use of drugs and alcohol.

AREA III- Educational and Vocational Development

Category A-- Making Decisions

1. I know what my goals are and the value of these goals.

2. I can make decisions.

3. I can evaluate or judge decisions and can change poor decisions.

4. I can follow through on good decisions and can change poor decisions.

5. I know how to get along in a changing world.

6. I can identify the real problem when I have difficulties.

7. I can come up with many possible solutions to a problem.

Category B-- Consumer/Financial Responsibilities

8. I understand legal responsibilities which I face as a college student (tuition, room and board, books, spending money, etc.)

9. I know about the kinds of daily expenses that I will face in college.

10. I understand credit purchases and installment buying.

11. I know how to budget, spend and invest my money wisely.

12. I know the financial responsibilities I have to face after college with my school loans.

Category C-- Finding Jobs

13. I know how to find part-time work and summer work.

14. I know how to find a full-time job after graduation.

15. I know what jobs are available in my interest and ability areas, their locations and the requirements to obtain these jobs.

16. I know which persons and which agencies will help me find a job.

17. I know the benefits, working conditions and opportunities for advancement in jobs.

18. I know how to improve my writing, reading, speaking, listening and math skills.

19. I can complete the tasks and projects which I start.

20. I know how to improve my test-taking skills.

21. I know how to develop learning habits and skills that I can use throughout life.

22. I know how to study and how to get the most out of my study time.

23. I know how to take notes.

Category E-- Learning from Friends and Others

24. I know what jobs others have found and where.

25. I know the problems a job can have on my school work.

26. I know how to study with others for my greatest benefit.

Category F-- Training

27. I know basic skills (math, reading English, etc.) related too my vocational goals.

28. I know my strongest vocational interests, aptitudes and abilities.

29. I know where to receive assistance in vocational training here at college.

30. I know the job opportunities available to me when I complete my area of study.

Reference:

Missouri Comprehensive Guidance Guide, Revised 1991.

The following is the pre/post test given to students participating in the KEY Support program. This test is based upon the competencies listed in the Missouri Comprehensive Guidance Guide, Revised 1991.

Key Student Competencies

These statements pertain to your feelings about experiences with career planning and exploration, knowledge of yourself and others, and your educational and vocational development. For each statement, please indicate whether you strongly agree (1), agree (2), undecided (3), disagree (4), or strongly disagree (5).

Area I- Career Planning and Exploration

Category A-- Planning and Developing Careers

1. I know how to develop a career plan. 1 2 3 4 5

2. I know about possible careers and the world of work. 1 2 3 4 5

3. I know how to explore careers in a specific area in which I am interested. 1 2 3 4 5

4. I know how to prepare for careers in which I am interested. 1 2 3 4 5

5. I understand my interests and abilities, and how these can help me make a career choice. 1 2 3 4 5

6. I know how the college I am attending can affect job opportunities.

1 2 3 4 5

Category B-- Understanding how being male or female relates to jobs and careers

7. I know about jobs that are usually filled by the opposite sex, but are available to both sexes. 1 2 3 4 5

8. I can take courses appropriate to my career choice even though most often they are taken by the opposite sex. 1 2 3 4 5

9. I can handle adult disapproval, hostility, or opposition if I have an interest in or choose a course usually taken by the opposite sex.

1 2 3 4 5

10. I can handle kidding or tormenting from other students if I have an interest in or choose a course usually taken by the opposite sex.

1 2 3 4 5

11. I understand how being male or female affects my career choice.

1 2 3 4 5

Category C-- Making Decisions about College

12. I know how to decide on a field of study. 1 2 3 4 5

13. I know which majors would prepare me for specific careers, and I know the future of those careers. 1 2 3 4 5

Category D-- Planning College Classes

14. I know the requirements for college graduation. 1 2 3 4 5

15. I know how to select courses that fit both my needs and interests.

1 2 3 4 5

16. I can make a plan for college which will be best for me. 1 2 3 4 5

Category E-- Learning how to use Leisure time now and in Future

17. I know how to develop recreational interests that will make my leisure

time more enjoyable (for example, hobbies and sports). 1 2 3 4 5

18. I know which leisure and recreational activities best fit my interests and

needs. 1 2 3 4 5

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1 2 3 4 5

20. I know how friends can affect my leisure time. 1 2 3 4 5

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3. I have confidence in myself. 1 2 3 4 5

4. I understand how my feelings affect my behavior. 1 2 3 4 5

5. I am able to state my own ideas. 1 2 3 4 5

6. I can handle personal difficulties. 1 2 3 4 5

7. I can deal with life when I feel down. 1 2 3 4 5

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8. I can understand others. 1 2 3 4 5

9. I can get along with my family. 1 2 3 4 5

10. I know good ways of communicating feelings. 1 2 3 4 5

11. I can develop close and lasting friendships. 1 2 3 4 5

12. I can accept others as well as be accepted by them. 1 2 3 4 5

13. I respect other people whose views differ from mine. 1 2 3 4 5

14. I can talk to someone when I need help. 1 2 3 4 5

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1 2 3 4 5

16. I know the penalties of drug and alcohol use. 1 2 3 4 5

17. I know how to help a friend who has a problem with drugs or alcohol.

1 2 3 4 5

18. I know where to find help for alcohol or drug problems. 1 2 3 4 5

19. I can handle pressure from my friends related to the use of drugs and

alcohol. 1 2 3 4 5

AREA III- Educational and Vocational Development

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1. I know what my goals are and the value of these goals. 1 2 3 4 5

2. I can make decisions. 1 2 3 4 5

3. I can evaluate or judge decisions I have already made. 1 2 3 4 5

4. I can follow through on good decisions and can change poor decisions.

1 2 3 4 5

5. I know how to get along in a changing world. 1 2 3 4 5

6. I can identify the real problem when I have difficulties. 1 2 3 4 5

7. I can come up with many possible solutions to a problem. 1 2 3 4 5

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8. I understand legal responsibilities which I face as a college student

(tuition, room and board, books, spending money, etc.) 1 2 3 4 5

9. I know about the kinds of daily expenses that I will face in college.

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school loans. 1 2 3 4 5

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15. I know what jobs are available in my interest and ability areas, their locations and the requirements to obtain these jobs. 1 2 3 4 5

16. I know which persons and which agencies will help me find a job.

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17. I know the benefits, working conditions and opportunities for advancement in jobs. 1 2 3 4 5

18. I know how to improve my writing, reading, speaking, listening and math skills. 1 2 3 4 5

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28. I know my strongest vocational interests, aptitudes and abilities.

1 2 3 4 5

29. I know where to receive assistance in vocational training here at college. 1 2 3 4 5

30. I know the job opportunities available to me when I complete my area of study.

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