Telling Life Stories and Creating Life Books:
A Counseling Technique for Fostering Resilience in Children

by
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TELLING LIFE STORIES AND CREATING LIFE BOOKS:
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ABSTRACT

Research on storytelling in counseling and psychotherapy with children has typically involved literary and metaphoric techniques that foster client change. There is limited research on the efficacy of telling one’s personal life story as a counseling technique, especially in the school setting.

The purpose of this study was two-fold: (1) to describe and implement a technique for school counselors to use in individual counseling sessions to foster resilience in children and, more specifically, (2) to explore the effectiveness of telling one’s life story and creating a personal life book as a counseling technique to improve two characteristics of resilience -- internal locus of control and perceived coping resources. The research question that guided this study was: To what extent is telling one’s life story and creating a life book an effective counseling technique for fostering resilience in children who have experienced loss?

A sample of fifty children from two elementary schools (grades 4-6) who had experienced a significant loss were
randomly assigned to one of three groups: (1) the experimental group who received the life book technique, (2) a control group of students who received other individual counseling, or (3) a control group who received no counseling at all. Two constructs of resilience in children were measured: (1) internal/external locus of control (Children’s Nowicki-Strickland Internal-External Locus of Control Scale) and (2) perceived coping resources (Coping Resources Inventory Scales for Educational Enhancement). Pre-test/Post-test analyses of data following the six-week experimental period were conducted using ANOVA statistical procedures.

Quantitative results indicated that, statistically, the life book technique was no more or no less effective in improving internal locus of control or coping resources than either other individual counseling techniques or no counseling at all. However, qualitative evaluation of the technique offered support for the effectiveness of the life book technique as indicated by the life book participants who experienced change in a positive direction on both instruments and the unanimous positive evaluations of the life book participants and participating counselors.

Therefore, while the life book technique was not found to be statistically significant in fostering resilience, the positive implications of qualitative analysis warrant further research to explore the life book technique as a school counseling practice to foster positive client change.
Dedication

I dedicate this project to my mother and best friend, Nell Davis, whose life story has uniquely touched mine and so many others and in loving memory of my father, Rev. Ashley Ford Davis, whose life story ended but his heavenly story began on July 18, 1997.
Acknowledgements

I extend a heartfelt thanks to my advisor, Dr. Claire Vaught, who offered to become my "long-distance" advisor before panic set in; it was her constant encouragement and expertise through the internet that have resulted in the completion of this study. I also thank the rest of my committee: Dr. Richard Paritzky, Dr. David Hutchins, Dr. Karen Rosen, and Dr. Marilyn Lichtman for their input and guidance along the way.

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I acknowledge the central office of Manassas City Public Schools and the school administration and staffs of Round and Haydon Elementary schools who allowed this study to take place and allowed their counselors to conduct this research. I am forever indebted to my wonderful counseling colleagues and friends, Renee Orlosky and Michelle Bartlett, for making time in their very busy counseling schedules to help conduct the sessions.

Finally, to the children in this study who volunteered
to tell their stories and shared them so willingly in this study: May your stories be wonderfully enriched by your strength and honesty. Most importantly, I thank God for the strength to finally get to "THE END."
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CHAPTER ONE
INTRODUCTION TO THE STUDY

Storytelling has been a major facet of communication since the beginning of time. Life histories and life stories have withstood the tests of time and have defined many cultures and family legacies for generations. Jean-Paul Sartre once said: "This is what fools people: a man is always a teller of tales, he lives surrounded by his stories and the stories of others, he sees everything that happens to him through them and he tries to live his life as if he were telling a story" (McAdams, 1993, p. 17). The purpose of the present study was to describe and explore the effectiveness of a technique that unites the healing power of telling one’s story and developing characteristics of resilience.

The concept of describing life experiences as “telling a story” is documented by several authors (Kerby, 1991; Remen, 1996; Riessman, 1993). Bruner (1990) argued that human beings understand the world in two ways: (1) the paradigmatic mode and (2) the narrative mode. In the paradigmatic mode, humans seek to understand experiences in terms of reasonable analyses, logical proof, and empirical evidence. In the narrative mode of thinking, humans consider their wants, needs, and goals and organize them into the notion of life as a story with natural changes or variations over time.
Dan P. McAdams (1985, 1992, 1993) one of the foremost authors on telling life stories, noted the significance of viewing human life as "storied": "In the narrative mode of thought, we seek to explain events in terms of human actors striving to do things over time.... Human time is a storied affair" (1993, p. 30).

**Background of the study**

**History of individual psychology.** The concept of narrative psychology emerged as a subdiscipline of individual psychology, which Polkinghorne (1988) defined as "the study of the individual as a unified totality" (p. 102.) In 1911, William Stern was the first to consider the study of individuals as a psychological method or theory. He proposed that "individual psychology" was concerned with all aspects of the psychological life of the individual (Polkinghorne, 1988). In the same year, Alfred Adler published his theory of individual psychology. Adler’s theory proposed that each individual represents a unity between personality and the unique way in which one chooses to exist. "The unity of personality is implicit in each human being’s existence. Every individual represents both a unity of personality and the individual fashioning of the unity" (Adler, 1956, p. 102). From these theories, studying individual lives and considering the meaning of one’s life became an area of
interest in narrative psychology.

The narrative approach to psychology. Narrative approaches to psychotherapy emerged as a result of a shift from an objective epistemology to a constructive philosophical framework. In this decade, Robert Neimeyer has been at the forefront of recent theoretical explanations of constructivism (Neimeyer, 1993; Neimeyer & Feixas, 1990). He defined constructivism as "a metatheory that emphasizes the self-organizing and proactive features of human knowing and their implications for human change" (1993, p. 221).

"Narrative reconstruction" is a concept that came from the constructivist paradigm. This field of thought insisted that the structure of human lives is inherently narrative and that people are their stories. Contributions of this approach included externalization of the problem and objectification of a problem so it may be challenged by the client (White & Epston, 1990).

The narrative approach to psychology has been addressed more frequently in the past decade (Borden, 1992; Day, 1991; Lee, 1994; Sarbin, 1986). Since the mid-1980’s, authors and researchers have used the term narrative psychology to refer to the study of lives and life meanings as a story. Sarbin (1986) described the narrative or "story" principle as considering life as a story and then attempting to make sense
of that story or give it meaning. Day (1991), concluded that “... narrative insights coupled with structuralist ones renew the significance of experience, in all its storied richness as the basis for developmental education” (p. 313). Riessman (1993) offered narrative analysis as a method for current research utilizing case studies and other methods of qualitative research. According to Sarbin (1986), narrative psychology does not have the same goal as traditional psychology. While traditional psychology promotes the formulation of general laws of behavior for the purposes of prediction and control, the goal of narrative psychology is understanding.

One important outgrowth from the narrative psychology perspective was using stories or literature as a technique for initiating and fostering client change. The next section highlights several ways that stories have been used in psychotherapy and counseling with children.

History of the use of stories in counseling. The use of stories as a counseling technique for children began to emerge in the mid-1970’s. Fairytales, myths, and parables became more prominently used by therapists to convey morals, lessons, and insights to children. Several researchers have offered counseling techniques that use indirect storytelling methods: storytelling (Baker & Green, 1977); fairy tales
(Bettelheim, 1976; Favat, 1977); therapeutic metaphors (Gordon, 1978; Mills & Crowley, 1986; Shepperson & Henslin, 1984), multiple embedded storytelling (Lankton & Lankton, 1983; Lawson, 1987), and mutual storytelling (Gardner, 1986). These will be reviewed in detail in Chapter 2.

Perhaps the best-known theorist who used stories in his counseling practices is Milton Erickson (1963). His methods of hypnotherapy and creating metaphors were an indirect approach that presented ideas and suggestions to help clients perceive their problems from a different and more productive frame of reference.

Ernest Rossi (1980), a psychologist and student of Erickson, termed this phenomenon “two-level communication” in which one can communicate to the conscious and unconscious mind simultaneously. The conscious mind is busy listening to the story and focusing on the images while therapeutic messages are being communicated to the unconscious mind. Lawson (1987) stated that the goal of therapeutic metaphor is to distract the child’s unconscious frame of reference while listening to the story and to generate an unconscious search for new or previously inhibited meanings and solutions to problems that are already present within the child. Thus, counseling techniques involving the use of “therapeutic metaphor” became a unique venue for encouraging clients to
see their problems more clearly through the experiences of others (i.e., characters in the story).

A review of the literature on storytelling techniques reveals that many methods have focused on subtle and indirect approaches such as therapeutic metaphor (see Chapter 2 for review). There is limited research on counseling techniques which use a more direct approach of storytelling, particularly in the school setting. Storytelling, in this context, would be the telling of personal events that have occurred in one’s life. Keen and Valley-Fox (1989) and McAdams (1993) use the term “personal myth” to encompass all the facets of one’s life that are part of his/her existence. Having conducted seminars throughout the United States and Europe on “Personal Mythology”, Keen and Valley-Fox noted the following discovery in their research:

Everyone has a fascinating story to tell, an autobiographical myth. And when we tell our stories to one another, we, at one and the same time, find the meaning of our lives and are healed from our isolation and loneliness. Strange as it may seem, self-knowledge begins with self-revelation. We don’t know who we are until we hear ourselves speaking the drama of our lives to someone we trust to listen with an open mind and heart.” (Keen & Valley-Fox, 1989, p. xviii)
McAdams (1993) also emphasized the importance and power of telling one’s story: “Some psychological problems and a great deal of emotional suffering stem from our failure to make sense of our lives through stories. Therapists help revise our stories, and produce a healing narrative of the self” (p. 33). Thus, the role of the counselor is to help unravel the story, with all its inherent and perceived meaning, and guide the client through the “making sense” process in order to develop a sense of identity. “Indeed, before a person can develop an identity, he or she must have a basic sense of self to begin with” (McAdams, 1993, p. 45).

Crago (1985) noted that stories serve an important purpose for children in that hearing or seeing stories provides models for young children in how experience can be organized into meaningful patterns. He distinguished the difference between adult-created stories and child-created stories: “Adult-created stories offer events, characters and feelings with which children may identify; child-created stories function as an emotional laboratory, in which they can express, manipulate and gain perspective on their own feelings” (p. 133).

Children telling their own stories is not unique to the counseling field; however, the present technique offers a new perspective on the usefulness of telling one’s story as a
counseling technique. In addition, an area that has become of recent interest to educational researchers is how to develop resilience in children. Succinctly, resilience can be defined as successful life adaptation despite adversity or hardship (Braverman, Meyers, & Bloomberg, 1994).

**Storytelling and resilience.** While there is limited research on storytelling as a resilience-builder, there is a large amount of research that defines and outlines the characteristics of resilient children. Masten (1990) suggested that resilience is a process in which, despite difficult and challenging circumstances, a successful outcome results. Gale (1995) posited that the ability to successfully adapt to difficulty is possible when one possesses inner strength as a protective factor against life's battles.

Other authors have conducted in-depth studies on the importance of building resilience in children who have experienced stressful life events (Anthony, 1987; Benard 1993; Blocker, 1994; Kabosa, 1979). A positive component of resilience in these studies is the child's access to a caring adult as a resource. School counselors can be instrumental in helping students develop the coping skills to handle the stressors in their lives.

Two indicators that have been identified as
characteristics of resilient children are: (1) the ability to cope with adversity and (2) recognition of one’s ability to control the events in one’s life (Benard, 1993). These two constructs—perceived coping resources and locus of control—were measured in this study.

Statement of the problem

Given the time constraints and short-term nature of elementary school counseling sessions, there is a need for counseling techniques that are action-oriented to provide insight and direction for helping students feel better about their lives. Though several types of story-based therapies have been used with students in individual counseling sessions, creating life books that tell one’s personal life story is a technique that has only been documented in the literature related to adoption and placement of foster children (Backhaus, 1984; Holody & Maher, 1996; Miller, 1993). There has been no empirical evidence to suggest that having children tell their personal life stories is an effective counseling technique in the school setting.

By the time children reach upper elementary school (grades 4-6), many have already experienced a number of crises in their young lives. Research has demonstrated that traumatic or life-altering experiences threaten one’s basic assumptions about the self and challenge fundamental
perceptions of life (Bulman & Wortman, 1977; Horowitz, 1980; Janoff-Bulman & Timko, 1987). Children in crisis, with so many questions and a myriad of feelings, often show up at the school counselor’s door or are often referred by teachers and parents for counseling. School counselors must be prepared with specific techniques that will guide students through a process of self-exploration about the events they have experienced or are experiencing, and the feelings associated with those life events.

**Purpose of the study**

This study investigated the adaptation of a technique from another child-oriented setting to counseling elementary school children who have experienced a loss during their lifetime. The overall purpose of this study was two-fold: (1) to describe and implement a technique for school counselors to use in individual counseling sessions that develops two characteristics of resilience in children and (2) to discover if the life book technique was a more effective technique to increase internal locus of control and enhance a child’s awareness of coping resources than other individual counseling techniques or no counseling at all.

**Rationale for the Study**

Life events, both developmental and nodal (unexpected) (Carter & McGoldrick, 1988), and the meanings given to those
events affect, to a great extent, the person one becomes. For children, adverse life events early in their "story" can impair the perception students have of themselves and their ability to overcome difficulty, placing them at high risk for psychological disorder (O'Grady & Metz, 1987). Therefore, counselors, especially school counselors, should implement techniques that help children adjust to traumatic life events, such as loss.

The significance of the present study was that while some studies have addressed using stories as a technique for counseling children who have experienced difficult life events (Borden, 1992; Brammer, 1992), few have dealt specifically with children experiencing loss. Loss issues for children may revolve around such experiences as parental divorce, incarceration of a parent or family member, death of a loved one, frequent moves, or loss of home. The significance of telling one’s life story and developing the life book was that they addressed the need for counseling techniques that help students build resilience or the ability to bounce back from or overcome loss(es) they have experienced.

Divinyi (1995) challenged counselors to discover creative methods and new techniques to facilitate the shared process of communication. He proposed storytelling as a tool
to expedite this process. Grotberg (1995) noted that children need to receive help in becoming resilient from “adults who know how to promote resilience” (p. 2). School counselors can be the catalyst through which children can explore their own lives and resolve important feelings associated with difficult life events. Further, this study contributed evidence concerning the effectiveness of the lifebook process with children who have experienced a variety of loss experiences.

Gorrell (1990) noted that teachers and other school personnel exert great influence over a student’s attitude toward self and others. Similarly, Winfield (1994) supported the idea of fostering resilience by strengthening protective processes for children who face critical moments in their lives. Rak and Patterson (1996) encouraged counselors to enhance and foster buffers for children against adverse and difficult life events. If students are guided through a process where they are encouraged to cope with the loss events that have affected them, they are likely to be more resilient as they face life’s hurdles in their future.

Research Question

To what extent is telling one’s life story through the creation of a life book an effective counseling technique for fostering resilience in children (as measured by
instruments assessing locus of control and coping resources)?

**Definition of Terms**

Two terms using the word *story* are referred to throughout this study:

**Life story** - All of the events, characters, and actions that are part of our existence, past, present, and future. Emphasis in this study is on the *process* of telling one’s life story.

**Storytelling** - A way of telling about our lives that is naturally constructed in each of us and naturally brings together the different parts of ourselves and our lives into a purposeful and meaningful existence (McAdams, 1993).

Other terms of importance are:

**Locus of control** - The belief that the events that influence one’s life are a consequence of one’s own actions (internal) or the result of outside forces beyond one’s personal control (external) and regarded by many psychologists as important in determining behavior. (Henderson, 1982).

**Coping resource** - Any resource, internal or external, that an individual uses in order to handle or adapt to adverse situations or life events.

**Coping effectiveness** - Coping effectiveness is a child’s ability to effectively deal with adverse events in
his/her life. In this study, the Coping Resources Inventory for Education Enhancement (CRISEE) provides a composite score for each child’s perceived coping resources based on five subscales; this score is called the “coping effectiveness score”.

**Resilience** - Resilience refers to the adaptability, coping skills, and personal characteristics which enable students to succeed in the face of difficulty and to adjust to the challenges of life (McMillan & Reed, 1994).

**Life book** - “The life book is designed to illustrate the child’s life and help him develop a sense of identity and continuity” (McInturf, 1986, p. 374). In this study, the life book will be the product that emerges from the counseling sessions.

**Upper elementary students or pre-adolescents** - students in grades 4-6.

**Design and Methodology**

The present study was an experimental study using a treatment group and two control groups. Participants were students from grades 4-6 who have experienced at least one significant loss in their lives. The experimental group received six individual counseling sessions using the lifebook technique. One control group received individual counseling sessions but not the life book technique for six
weeks; the other control group had no counseling at all until the experimental period was completed. Pre-testing occurred one week prior to the onset of counseling and post-testing occurred within one week after the final counseling session. Therefore, the entire experimental period was intended to be eight weeks long.

Three school counselors (elementary counselors with at least four years counseling experience) conducted the study with the fifty students who participated.

Creating the lifebook had several components based mainly on the five stages identified by McInturf (1986) in preparing a life book for adoptive children. First, part of the process involved discussing the thoughts and feelings associated with the child's life events. A second component of the lifebook method as currently discussed in this study was identifying the resources (both internal and external) that provide support during and after major life events or significant emotional events in their lives. Photographs of these resources were featured in each student's lifebook.

The final portion of the book included plans for the future or next chapter of "the story". During this process, children were encouraged to plan for helping their stories end the way they would like and to set realistic practices for achieving life goals. The writing, speaking, and
photographing process gave children a tangible product that belonged exclusively to them as their “story”.

Two instruments were administered to all participants before the first week of sessions and after the sixth week of sessions. The Children’s Nowicki-Strickland Internal-External Locus of Control (CNSIE) inventory was used as a measure of internal attributes, in particular, locus of control. The Coping Resources Inventory Scales for Educational Enhancement (CRISEE) was administered as a measure of perceived coping resources and coping effectiveness, also identified as an indicator of resilience. In addition, the counselors and participants completed an evaluation following each session that was used in a qualitative analysis detailed in Chapter 4.

Nonparametric ANOVA analyses were used to analyze results for each instrument. Design and methodology are reviewed in detail in Chapter 3.

Assumptions of the Study

The main assumption made in this study was that students can tell their story. The researcher assumed that the stories told by the students were truthful as they perceived them and were significant in the lives of the tellers.

Further, much of the success of this technique relied on counselor/student interaction. If, in fact, results had
indicated that the technique had been significant in increasing resilience, we would have assumed the increase was due to the implementation of the lifebook technique. Using control groups who received either other individual counseling methods or no counseling at all helped determine whether any effect that was present was, at least in part, a result of the technique and not the counselor/student relationship.

It should be noted the counselor/student relationship was important in the lifebook technique and perhaps some of the increase could be due to the one-on-one attention of a caring adult at school. Werner and Smith (1982) found that an effective adult who helped a young person by giving them tasks that had significance and importance attached to them contributed in a major way to that student’s internal resilience. Therefore, the researcher assumed that a close counselor/student relationship enhanced the effect of the lifebook technique and did not supercede it.

**Limitations of the Study**

As of this writing, there was no objective measure that specifically measured children’s resilience. A review of the literature identified internal locus of control and coping resource effectiveness as two significant characteristics of resilient children. The two inventories selected to assess
these constructs were both relevant to childhood resilience research. However, the instruments are experimental in nature and may not measure the constructs they are intended to measure.

Also, allowing different counselors to implement the technique might have had some inherent problems. Different counselors may use different styles in conducting the sessions. However, the researcher met weekly with the counselor(s) and had phone communications almost daily with each counselor to control for inconsistencies in the implementation of the technique as much as possible. By developing a protocol (see Appendix F) for each session and discussing the process constantly, it was possible to control if discrepancies in performing the technique existed.

Organization of the Remainder of the Study

Chapter Two discusses the literature related to the problem and the variables of interest described in Chapter One. Chapter Three outlines the research methodology and methods of assessment that were used in the study. Chapter Four presents and analyzes the data collected in the study as described in Chapter Three. Chapter Five provides conclusions and recommendations based on the results described in Chapter Four.
CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction. This chapter contains a review of research and literary contributions in four areas: (1) storytelling and counseling, (2) children’s stress and life events, (3) resilience and counseling, and (4) two attributes of resilience as supported by the research—coping resources and internal locus of control. A brief overview of the literature on life stories in general, the importance of life stories, and the development of children’s stories will also be presented.

Elements of life stories. In any story there are several elements that contribute to its identification as a story. McAdams (1993) listed seven elements of a story: (1) setting, (2) characters, (3) an initiating event that motivates the character to action, (4) an attempt or effort to reach a goal, (5) a consequence, (6) a reaction, and (7) a denouement or solution of the plot. Whether a story is fact or fiction, many of these elements are present. Rosenwald and Ochberg (1992) argued that while the events and characters are important, the construction of stories is also interesting. Referring to the “formative power” of life stories, they credited life stories for uniting psychology, sociology, anthropology, and literary studies.
The significance of considering life as a story is well-documented in the literature. McAdams (1993) noted that one important aspect of telling one’s life story is that a life story is a history of the self; our stories are an account of the past with a goal to explain how and why things happen as they did. He added that the story of our past ultimately gives birth to the present and can help us anticipate and plan for the future. Crites (1986) also believed that the story of our past is integral in developing a coherent, integrated self. Keen and Valley-Fox (1989) estimated that at least 51 percent of the people in a society are not self-consciously aware of the story that informs their existence. They agreed that stories tell us important things about the self and contended that every person has three selves—-one public, one private, and one unknown. The public self is the self we put forward when we are in need of social approval. Our private self is the self that we conceal because we are afraid to let anyone see who we really are. The unknown self is that part of ourselves which is made up of all those experiences and feelings we suppress that may be manifested in such manner as a slip of the tongue or as dreams. Awareness of each of these selves is a developmental task.

In addition to developing a better sense of self, life stories or life narratives serve other important functions.
Referring to life as a “storied reality,” Becvar and Becvar (1993) described life stories as experiences that encompass science, history, politics, economics, and religion; they claimed that every conversation is “an exercise in storytelling” (p. 145). Bateson (1990) wrote that storytelling is fundamental to the search for meaning in life. Day (1991) believed that our personal myths are the accumulation of all the experiences it is our destiny to confront.

Kerby (1991) noted that recent interest in narratives has increased our understanding of the world, our experience, and ourselves. Linde (1993) listed three purposes of life stories: (1) to express a sense of self, who we are, and how we got that way, (2) to demonstrate that we are worthy members of a group, and (3) to help us determine what the norms are and the beliefs we choose to establish in search of a coherent self.

The ability to tell one’s story and consider its meaning seems important in human development. Aftel (1996) contended that the three major motives of story are to: (1) influence self-esteem, (2) establish control, and (3) help deal with separation or experiences of loneliness, rejection, and abandonment. One researcher goes so far as to suggest that the inability or unwillingness to narrate one’s past is
parallel to a form of amnesia that results in a diminished sense of self (Kerby, 1991, p. 7).

The healing power of expressing one's life as a story has also been described in the literature (Remen, 1996). Some researchers have documented that telling our stories and making sense of one's life can be effective in treating psychological problems (Bettelheim, 1976; McAdams, 1993; Wynne, 1987).

The therapeutic value of telling one's story is detailed by Becvar and Becvar (1993) who wrote that during the telling of the story, the client provides the therapist with an idea of his orientation toward life, plans, goals, ambitions, and some idea about past and present problems. One theory that focuses specifically on the individual and narrative is valuation theory, or a theory of the self that was developed by Hermans and Hermans-Jansen (1995) to study individual experiences, the meaning of these experiences, and their changes over time and space. The major concept or idea of the theory is valuation, which refers to anything people identify as a meaningful or relevant experience when telling their life story. In the present study, this theory was very dominant in that much of the life story technique focused on having the student share meaningful or significant life experiences. Further, Hermans and Hermans-Jansen (1995)
described the "telling" process as the communicative interchange between client and therapist where the client constructs his/her story based on "recollections of the past, reflections about the present, and hopes and anxieties about the future" (p. 29).

Divinyi (1995) promoted the storytelling process as a "viable alternative to the traditional therapeutic communication style....It provides a means to circumvent client resistance and present new concepts and paradigms for healthy behavior" (p. 27). The use of stories in counseling and psychotherapy will be discussed in detail later in this chapter.

The development of stories in children. There is some argument about the precise age at which children develop a sense of story or the understanding of stories; however, most agree that stories become more meaningful as a child approaches adolescence. Stern (1985) contended that a self-history---continuous memory through time---develops as early as three months old. Linde (1993) argued, however, that this is a sense of self rather than a knowledge or awareness that one has a self-history. While stating that children over the age of five know intuitively what a story is, McAdams (1993) found that children in elementary school (ages 6-12) begin to organize human behavior in stories and recognize that
different people or different characters play an important part in their own stories. This awareness develops during Erickson's (1963) fourth stage of psychosocial development--industry vs. inferiority--as the child becomes more understanding of his/her role in society.

In terms of stages of development, Crago (1985) found that children are drawn to stories that embody themes that are appropriate for the particular stage or phase a child is going through or experiences that are relevant to them. The notion of plot is understood by children; they recognize that there are beginnings, middles, and endings to stories and that problems are usually part of the story (Lee, 1994). Sutton-Smith (1986) found that about age seven, children begin to perceive themselves as storytellers. In summary, Linde (1993) found that while research may not conclusively pinpoint the time at which a life story develops, it appears that life stories begin to develop in early adolescence, since this is also the period when a sense of social identity begins to form; that is, early adolescence is the time when children begin to identify themselves in terms of their relationships with other "characters" in their life story.

It is typically during the elementary years that children become very interested in stories, both true and fictional. Joseph (1994) suggested that stories are
important in the moral development of children and the aspects of story that influence children’s attitude development are: (1) the literal interpretation of the story or what actually happened and (2) the moral or meaning of the story. Stories become effective when children are able to understand the meaning behind the events of a story.

**Telling personal life stories.** Much of the educational literature on stories is focused on fairytales, fables and make-believe stories; however, some counseling literature offers support for telling one’s true story. Considering the reality of one’s story helps individuals review both the positive and negative parts of their story. According to Piaget, elementary-aged children (ages 7-11) are typically in the concrete operational stage of development and not developed as abstract thinkers (Piaget, 1969; Wadsworth, 1984). One might argue that children may not be able to infer or internalize the “messages” of fictional stories as well as they might relate to their own truthful stories. McAdams (1992) found that third or fourth graders who have reached Piaget’s stage of concrete operations are much more concerned with what is true or real than with make-believe. Williams (1995) suggested that we should see our real life experiences as important and remarkable as the experiences of fairytale or television characters. By transforming the
ordinary into the remarkable, life is given context and meaning. Aftel (1996) noted that stories told in the third person can be “dispassionate, ironic, and distanced” and children miss the “emotional reality” that is experienced by the person to whom the story is most important -- themselves (p. 43).

The life story method as presented in this study was different from typical story methods in counseling because instead of using third person references, conversation was in first or second person. One strength of this method is that children relate to their own stories better than having to make inferences about the characters or symbols in other stories. Aftel (1996) concluded: “In fiction, stories have a beginning, a middle and an end. In life, our stories are always open-ended, evolving and changing to reflect our own growth” (p. 112). Rather than problem-solving for the character in another story, the children get to problem-solve in their own lives. This fosters a sense of ownership and responsibility for and control over one’s own life which, in turn, helps develop an internal locus of control -- a characteristic of resilient children.

Joseph (1994) acknowledged the power of sharing personal stories because the characters are real and the children know them personally. Smith (1990) suggested that children use
their own stories because the words will be familiar and relevant. Further, he suggested that because the child is the author and main character, chances are likely that he/she will be interested and focused. This would suggest that the relevance of a story to a child will determine the effectiveness of storytelling as a counseling technique.

The next section will explore the various types and methods of stories that have been used in counseling with children.

**Storytelling and Counseling**

Storytelling, in general, has been documented as an important technique in counseling children (Davis, 1989; Howard, 1991). Wynne (1987) suggested that stories can be used to help a child provide information about problems and can be adapted to meet the child’s specific needs. Many techniques involving stories have been used as a therapeutic intervention for children with various problems.

**Storytelling and family therapy.** Based on the work of Milton Erickson, some family therapists have used stories therapeutically in their work with families (Andolfi, Angelo, Menghi, & Nicolo-Corigliano, 1983; Matthews, Davis, & Stanitis, 1985). The effectiveness of these storied techniques is far from conclusive but documented by Lawson (1987). Most recently, in a special issue of *Contemporary*
**Family Therapy** devoted exclusively to story and storytelling in family therapy, Williams (1995) cited three uses of stories in family therapeutic practice: (1) stories as metaphors, (2) stories as legacy to confirm existence, and (3) stories as a therapeutic technique. Davis (1989) found that using therapeutic stories was particularly effective in families because they are nonthreatening, foster independence, and engage both the conscious and unconscious.

The major focus of stories in family therapy has been not only how each person (character) is involved in his/her own life, but also how each individual impacts the family unit. Parry (1991) emphasized that while each person is the main character in his/her own story, he/she is also a character in the stories of all others with whom he/she is connected. This notion of “connecting stories” is especially integral in narrative family therapy. In addition, Penn (1991) suggested that using stories as natural conversation in family therapy can create a narrative where there are many possibilities for different behaviors to develop. She believed that if the therapist assumes a story stance in family therapy, the family members will be more likely to see themselves as capable of positive change, focusing on the change rather than what went wrong.

The methods in which stories and storytelling have been
used in counseling and therapy are varied. In the following sections, an overview of the literature on each of these story-oriented techniques is presented.

**Fairytales and fables.** Perhaps the most famous theorist on fairytales and therapy is Bruno Bettelheim, whose book *Uses of Enchantment: The Meaning and Importance of Fairytales* (1976) has been used as the protocol for other therapists to use in therapy. Bettelheim believed that fairytales such as “Cinderella” and “Jack in the Beanstalk” help children work through internal conflicts and crises. In Bettelheim’s perspective, the fairy tale speaks softly and subtly to the child, promoting psychological growth and adaptation. The moral of fairy tales sends a message to children that things have a way of working out, despite how terrible it may seem. He suggested that fairy tales are meaningful to children in helping them cope with the psychological problems of growing up and integrating their personalities. When children relate to or understand the meaning of the fairytales, Bettelheim proposed, they can see their own problems more clearly.

Other researchers (Campbell & Moyers, 1988; Yolen, 1981) argued that fairytales and myths, historically, have provided prototypes for heroes and codes of conduct for many cultures. In addition, Yolen (1981) argued that the myths behind fairy
tales provide a framework for individual values and belief systems. She referred to tough magic which is a gentle yet powerful way to communicate messages to children. Stories with tough magic such as “Beauty and the Beast” emphasize heroic themes filled with sacrifice and hardship.

Thiessen (1988) noted the impact of fairy tales for children: “They (fairy tales) become a motivator for good or bad behavior, promote a sense of well-being and provide resources for coping with upsets in future life” (p. 1). While they are not always fun to read or hear, they offer powerful messages that Joseph (1994) believed develop resilient personalities.

On the other end of the fairy tale spectrum, Wallas’ (1985) hypnotherapeutic techniques differed from Erickson’s hypnotherapy in that while Erickson’s fairy tales are anecdotal, Wallas’ stories are fables that present themselves from time to time. In his book Stories for the Third Ear: Using Hypnotic Fables in Psychotherapy (1985), Wallas documented the use of fables in the treatment of such disorders as paranoia, phobias, schizophrenia, obsessive-compulsive disorder, and separation anxiety. Relaxation and visualization are major techniques of this model. Another use of fables was generated by Divinyi (1995) and described as a personalized fable in which a new concept or solution is
developed using stories about animals, insects, and flowers. He suggested that stories are a means to circumvent client resistance and present new paradigms for healthy behavior. The common theme that permeates the use of stories in each of these models is the use of therapeutic metaphors.

**Therapeutic metaphors.** Gordon (1978) asserted that all therapeutic approaches make explicit and implicit use of metaphors. He classified three types of therapeutic metaphors: (1) **formal metaphors**, or the parables and anecdotes used by a therapist to facilitate client change, (2) **effective metaphors** which require being structurally synonymous with the problem and provide a workable solution and (3) **natural metaphors** which very often occur naturally and unconsciously during a story. Mills and Crowley (1986) also offered two distinct types of metaphors: **literary** and **therapeutic**. A literary metaphor simply describes a story, not relating it to any personal experience. Therapeutic metaphors seek to make it possible for the child to develop a sense of identification with the characters and events portrayed. The goal is to have the story "hit home" and focus on the problem in a nonthreatening, diffused manner, hoping children will associate the therapeutic story with their own stories. This parallels Divinyi’s (1995) notion of the extended metaphor in that the metaphor is far-removed
from the actual situation or entity. He asserted that the use of metaphor is evident when it is used to make a point.

Zimmerman and Dickerson (1994) suggested that when using narrative metaphor, the therapist seeks to help clients develop alternative stories to the problem stories they narrate. Thus, the focus is not on the specific problem but, rather, an alternative story that is developed around that experience. They noted three advantages of narrative metaphor: (1) it evolves through time and is fluid, much like life—not static; (2) it is based primarily on an experience and not information; and (3) it is a client-oriented therapy—the role of the therapist is to invite the client to make meaning out of personal experience and to allow the client to become the one to intervene in the problem.

The concept of client-centered change is also supported by Crago (1985) who found that while therapeutic story is not a quick-fix for children, it offers an indirect way of helping children and demonstrates the power of story in changing children’s lives. Lankton and Lankton (1983) recommended using “multiple embedded metaphors” where several stories that use embedded metaphors are tied together. The goal of using multiple embedded metaphors is to address several different goals at the same time.
abstractness of metaphors from several stories, Lankton and Lankton proposed that both the child’s conscious and unconscious mind could be tapped, allowing the child to apply the story, where appropriate, to his/her own life circumstances. With several stories being told simultaneously, they concluded, the unconscious mind is used more effectively.

An example of therapeutic metaphor used by Bettelheim (1976) involved discussing “Hansel and Gretel” with a child who was having separation anxiety from his parents. He referred to the children’s infatuation with the gingerbread house as the symbol of an unconscious “need to transcend a primitive morality” (p. 15). Mills and Crowley (1986) also documented using artistic metaphors and cartoon therapy as effective techniques to be used with children.

Wallas (1985) documented the importance of therapist/client rapport in metaphorical therapy prior to the storytelling experience, stating “rapport makes the metaphor available to the client” (p. 16). It is also the therapist’s task to guide the client in making the link between the metaphor and the real situation.

A research study by Pumilia (1991) found that the therapeutic potential of dialogue between therapist and client through telling a story (narrative metaphor) gave new
meaning to the presenting problem, both for the client and
the therapist. He concluded that the interactive process of
cognitive, emotional and behavioral components is fostered by
the use of metaphorical stories; further, these stories are
particularly useful with children because children understand
them and also become actively engaged with them. Thiessen
(1988), who directly associated metaphors in fairy tales and
resilience, noted that fairy tales are therapeutic because
the client can find their own solutions by contemplating what
the metaphors in the story seem to relate to their own
situations and the inner conflicts that are present at that
moment in their lives.

While other techniques using storytelling have been
considered effective in counseling, using therapeutic
metaphor appears to have been the most widely used and
documented technique involving storytelling.

Mutual storytelling. Gardner (1986) described the
mutual storytelling technique as creating a radio or
television “show” with the child, then encouraging the child
to tell a story and explain the lesson or moral of the story.
The therapist then asks questions about the story, determines
the central issues of the story, and tells another story much
like the child’s. Using dialogue and commentary as a way to
reframe and suggest other possible solutions, the therapist
and client have a mutual role in therapy. Stiles and Kottman (1990) described similar procedures in which the counselor listens to a self-created story from the child, analyzes its metaphors and their meaning, and then tells another story that ends with healthier resolutions than the child’s story. Again, metaphors are used to communicate new ways of coping to the child. Stiles and Kottman wrote that this technique is most appropriate for use with children between the ages of nine and fourteen.

A variation of this technique but with similar outcome is offered by Divinyi (1995) and called the progressive story, in which the goal is for the therapist to start the story and the client to create the rest of the story. The characteristic that is common in each of these techniques is that while the process is mutual (involving client and therapist), the ultimate goal continues to be client change.

**Journals.** Journal-keeping has also been documented in the literature as a way for children to communicate stories and, unlike previous techniques, focus on the child’s true story. Teachers and counselors encourage journal writing as an experience where children can express their thoughts and feelings. Capacchione (1982) described creative journal-keeping as a tool for gaining self-understanding and practicing language skills through writing and drawing. The
value of journal-keeping, according to Capacchione, includes safety, spontaneity and integrity. Also, life writing or the writing of life stories as proposed by Butler and Bentley, (1989) provides entry points for exploring life experiences. Life writing may be in the form of memories, portraits, anecdotes, or family histories.

Lifelines. Relevant to the present study, lifelines have also been used as a tool for fostering the examination of one’s life. Much of the counseling research supports the concept of reflecting on or telling about one’s past (Humes, 1994; Keen & Valley-Fox, 1989; McAdams, 1993). "The lifeline is a strategy that can be used to help clients with the reality of their lives. It helps individuals review important periods of events in their lives and assess their impact, both positive and negative" (Miller, 1993, p. 56).

When given the task of completing a lifeline, children consider the events in their lives and determine the important or critical events. Humes (1994) offered genealogy as a counseling tool because an individual can make a connection with past events in order to help discover the present self.

Stanton (1992) illustrated how the timeline can be used as a technique for clarifying the relationships between life cycle events and the onset of problems. The basic timeline
consists of drawing a horizontal line divided into equal time segments that represent years, months, weeks, or days. The client uses short vertical marks to designate significant life cycle events (as perceived by the individual), signifying loss, gain, or change. He identified five general areas in which the lifeline has been useful: (1) as a tool for therapists, (2) in training and supervision, (3) in providing clarification for families over time, (4) in consultation, and (5) in research. It is most useful as a graphic device for organizing key developmental and nodal life events, as well as playing a key role in fostering positive change. Tindall (1989) provided a variation of the “time-line” concept that was specific to the age at which a person experienced a loss. She offered the “Age-Loss Line” as a peer counseling strategy for fostering counselor/client dialogue with students who have experienced several losses in their lifetime.

Other story-based methods. Other counseling techniques involving storytelling are games, songs, and photography (Krauss, 1982; Ziller, 1990). Kagan (1982) presented a storytelling game technique for children to help clarify a child’s perspectives on the world. The goal of this method is to present the child’s situation in such a way that the child sees how maladaptive behaviors are unacceptable and
how to choose alternative beliefs and behaviors that are more adaptive. In another technique, Miles (1993) promoted songwriting as a unique form of storytelling in that it captures attention, communicates feelings, and helps clarify children’s concerns and troubles. In a case study of a child who discovered she was adopted, Miles used songwriting as a way to explore her feelings and identify the painful life experience of learning that she was adopted. Through songwriting, the client could reframe the experience and develop ways to cope with the pain she was feeling. These methods are examples of variations of storytelling that have been utilized in counseling with children.

Other techniques and narrative. There have been other counseling paradigms that have utilized narrative as a means of therapeutic intervention. Borden (1992) used narrative in brief psychotherapy where the aim of intervention is to help the individual reframe an experience, recognize the sources within oneself, and regain previous levels of psychological and social function. In this therapy, “...the clinician helps the client move from a fragmentary, unrelated description of facts to accounts that organize experience and foster a sense of coherence in self and life experience” (p. 137).

In an overview of storytelling techniques in therapy and
counseling, Wynne (1987) cited several methods incorporating various paradigms that were effective with students with learning disabilities, asthma, encopresis and other difficulties. Parry (1991) reported that narrative approaches to counseling help clients sort through their experiences and develop their own definitions about the experiences and events in their lives.

Life Books. As mentioned previously, much of the literature on life books has been limited to use with children in adoptive or foster situations (Fiscus, 1993). Life books appeared as early as 1957, according to Backhaus (1984), when Esther Glickman, a child welfare caseworker, suggested that as part of the preparation for foster care, workers have children put together books that would always be available for them. Life books have also been referred to in the literature as “life story books” (Aust, 1981; Beste & Richardson, 1981). Holody and Maher (1996) described life books as “well-established tools for helping children in family foster care cope with past events and future plans” (p. 321).

Backhaus (1984) described a life book as a narrative that generally describes what has happened to the child and the feelings a child has about what has happened to him/her. These books can include photos, drawings, and other
paraphernalia that the child feels are part of his/her story.

The primary goal of life books, according to Helwig and Ruthven (1990), is to help the child have a chance to understand the past and provide a clearer sense of self and identity. Feelings of guilt and anger are brought to the forefront and the ultimate goal is for children to realize that some life experiences are truly out of their control.

McInturf (1986) identified five stages in the preparation of a life book:

- The facts --- illustrations by lifelines (Court, 1980; Miller, 1993; Stanton, 1992) or life history grids (Anderson & Brown, 1980);
- The “whys”--- the child’s interpretation of his life story; the purpose is to help children eliminate self-blame for the events in their lives;
- The feelings --- the child’s emotional response to his life story;
- The goodbyes --- the adoptive child’s disengagement from the biological family;
- The plan for the future --- a direction for the future. This is an important part of the life book and the counselor must discuss the realities of each option while helping the child make a logical life plan.

A major characteristic that differentiates life books
from previous story-based counseling techniques is that life books are based on the facts and involve the feelings and future plans for children who have experienced significant, life-changing events.

Holody and Maher (1996) deviated from the traditional model of using life books in foster care by developing a “here-and-now” process model. In this model, the life book focuses on the here and now and seeks to help the child connect with his/her present situation, emotional issues, and past events in their foster care history. Also, adaptations of life books have been used in therapeutic storytelling with preschoolers. Eberhart (1979) described “Me Books” in which the child processes a book that deals directly with his/her self-concept, his/her understanding of his/her family and the events that have occurred in the child’s life. These books were given to foster children and contained the children’s perceptions of their lives and themselves. Eberhart noted that the children took pride in these books because they were their personal stories.

In general, research supports the use of life books with children. Hutson (1980) reported the work of several social workers who had worked with life books. Findings suggested several ways that life books can be helpful to children, including helping children develop self-image and discovering
more about personal origin. Further, in an interview with fifteen social workers who were known to use life books, Backhaus (1984) found several reasons for using life books with children. The most frequently cited ones included: (1) helping children to understand and integrate the past, present, and future, (2) providing continuity, (3) helping children develop an intact sense of identity, and (4) giving children access to their history while helping straighten out misconceptions. She concluded that life books have been shown to be an excellent concrete tool for discussing the past and helping children work on feelings connected with life events. In addition, the books helped children feel more in control of the future and provided children with hope based on reality, not fantasy as in other stories (p.552).

Howard (1991) noted that therapy using life books begins with an invitation for a client to tell his/her life story. In the midst of telling about his/her life, the client reveals an orientation toward life, plans, goals, and ambitions. Over time, the therapist must determine how unhealthy or maladjusted the child’s story is. Then, the work between the client and therapist may be seen as life story “elaboration, adjustment, or repair” (p. 51).

The effectiveness of using life books in the school setting has not been well-documented. Research in this area
opens a new realm of opportunities for using counseling with life books as a catalyst for client change.

**Stories and counseling with pre-adolescents.** Elementary children in grades 4-6 (typically ages 9-12) undergo a number of physical, emotional and social transitions throughout this period. McAdams (1993) described these changes as either (1) developmental or (2) personological. The latter involves change that is oriented to the past rather than the future and involves no movement toward goals; there is no identity, no sense of self. On the other hand, developmental changes connote growth, fulfillment, maturation, and moving ahead. McAdams insisted that these changes move us forward in our story, making sense of new developmental issues and changing life circumstances. Some children have not developed the strategies for understanding or accepting their lives and life circumstances. Life stories and life books are tools that can, potentially, foster such understanding.

Of relevant interest to the present study, there is literature that addressed using stories in counseling children as they experience adverse life transitions (Borden, 1992). Brammer (1992) defined life transition as a short-term life change that has some sharp discontinuity with the past. Examples might include job changes, divorce, victimization, death, and relocation. He suggested three
ways to view life transitions but only one of those includes any reference to storytelling: metaphors from classical literature. Bridges (1980) used metaphor to describe transitions over a lifetime. For example, a journey is a common image in stories such as Homer’s *Ulysses*. The journey is used to encourage clients to see their individual and life transitions in terms of personal meaningfulness and significant learning events on their lifelines. Again, metaphors have been used in the past as a subtle and indirect way to get at the “true” story and root of the feelings associated with a stressful transition.

**Children’s Stress and Life Events**

Borden (1992) defined three categories of life events that may occur throughout the developmental lifespan: (1) normative age-based events that are determined largely by biology and have similar timing and duration for all people; (2) normative, history-graded events that only happen to people in a particular group, such as rites of passage (Williams, 1995) and (3) non-normative events that are idiosyncratic in occurrence and uncommon among many people (e.g., sudden illness, disability, job loss, etc.). For children, such events as divorce, death of a family member, and moving would fall into the third category. Also supporting the use of narrative in counseling, Borden
promoted the concept of self-narrative as a developmental context for understanding the impact of adverse life experiences. By reviewing the past through narration and coming to an understanding of events in a new light, children can move from regressive accounts to progressive narratives that promote self-acceptance and provide coping and adaptive mechanisms which foster resilience.

Similarly, Johnson (1994) identified other stressors that some children might experience throughout their childhood and into adolescence: being a minority in a majority environment, restructuring of the family, school retention, moving or changing schools, natural disasters, substance abuse by a family member, or family conflict. Obviously, many of these stressors will not occur in isolation but are compounded and intensified as they feed off each other. Tindall (1989) specifically addressed the area of loss and identified seven specific categories that are considered “loss experiences”: death, illness, loss of a friend, moving, divorce, injury, and change of school/work. These events are similar to Borden’s (1992) third category in that they are unexpected and can be life-altering.

While normative transitions such as puberty and moving from one level of school to another can certainly be a difficult time for children, the sudden impact of loss
requires extra effort for children to overcome. Responses to
stress and trauma are discussed by Armsworth and Holaday
(1993). In particular, Brammer (1992) stressed the
importance of healthy coping attitudes and skills to help
children adjust to transition in their lives. Through life
stories, counselors can help students through a process in
which they deal with loss events in their lives and build
confidence in their ability to cope with future traumatic
events. A goal of counseling may be to foster resilience by
helping clients discover their own ability to cope and
develop resilience to adversity.

Resilience and Counseling

Defining Resilience. Masten (1989) noted the importance
of studying resiliency in children and determined that in
order to understand and prevent maladaptation, we must
understand resilience as a part of child development because
"they are different parts of the same story" (p. 290).
Perhaps the most comprehensive definition of resilience is
offered by Vanistendael (1995): "Resilience is the capacity
to do well in a socially acceptable way in spite of some form
of stress or adversity which normally carries a high risk of
negative outcome" (p. 11).

In seeking a brief definition of resiliency, Fonagy,
Steele, Steele, Higgitt, and Target (1994) offered that
resilience is exhibited by children who have normal development under difficult conditions. Winfield (1994) suggested that resilience is not a characteristic of a person but rather a response to risk factors in one's life. This proposition is supported by prior research (Garmezy, 1991; Luthar & Zigler, 1991; Rutter, 1987) which indicated that resilience is not a fixed attribute in one's biological make-up but is made up of the protective mechanisms one utilizes as a response to difficult turning points in one's life.

Another component of resilience is the development of coping skills. According to Forman (1993), coping skills are "sets of learned, purposeful, individual responses to stressors that increase positive outcomes in stressful situations and reduce or eliminate negative stressful states" (p. 15).

The development of resilience in children has been a major area of interest in recent years (Anthony & Cohler, 1987; Brown & Rhodes, 1991; Seifer & Sameroff, 1987; Werner & Smith, 1982). In short, resiliency involves developing the ability to overcome risk factors or "stressors" in one's life.

In a study of 211 first- to fourth-graders, Sterling, Cowen, Weissberg, Lotycaewski, and Boike (1985) found an association between stressful life events (SLEs) and school
adjustment and competency problems when compared to their demographically matched peers. The study's two major findings were: (1) children who experienced recent single or multiple SLEs were rated by teachers as more maladjusted and less competent than their matched nonstressed peers and (2) children who experienced multiple SLEs were more maladjusted and less competent than children who had experienced fewer SLEs.

A longitudinal study by Seifer and Sameroff (1987) also noted that risk factors seemed to operate jointly in a complex manner. These findings are consistent with other research findings and are indicative of the need to examine multiple risk factors in unison rather than single risk factors in isolation. Pelligrini (1990) documented the phenomenon of multiple stressors and noted that multiple risk factors may have more hazardous effects on children because they are multiplicative rather than just additive. Therefore, children experiencing several stressors simultaneously may have more difficulty coping than children experiencing one major stressor.

Existing studies may be just beginning to scratch the surface of what, in fact, determines risk in young children. In order to examine the concept of “invulnerability”, it is necessary to determine a well-established definition of risk.
This will only be accomplished when there is full and careful consideration of the multiplicity of and interactions among various risk factors.

Research has supported the finding that children who experience an accumulation of stressful life events such as loss (e.g., parental divorce, loss of a loved one, moving) are at risk for emotional and behavioral problems (Dubow and others, 1993; Dubow & Tisak, 1989; Sterling, Cowen, Weissberg, Lotycaewski, & Boike, 1985). Thompson and Spacapan (1991) asserted that the occurrence of uncontrollable stressful life events with which others might easily cope exacerbated feelings of helplessness and powerlessness for some children, leaving them more vulnerable to emotional and physical problems.

For the present study, children will be considered to have risk factors if they have experienced loss in their childhood years through (1) death of a significant family member or friend, (2) separation or divorce of parents, (3) incarceration of a parent or close family member, (4) multiple moves or school changes, and/or (5) loss of home.

Factors that promote resilience. Initial studies of resilience focused on barriers to resiliency. Goertzel and Goertzel (1962) studied the childhoods of more than four
hundred 20th century men and women. They found that over 75 percent of the subjects experienced significant stress as children through poverty, broken homes, rejection, overpossessive mothers, estranged or domineering parents, and/or physical handicaps such as deafness, blindness, or chronic physical illness. The identification of barriers to resilience became the springboard for studies of children who became resilient despite adversity; that is, children who developed “protective factors” against risk. Osborn (1990) defined a protective factor as one that (a) does not constitute the norm for the population under consideration and (b) reduces the risk of developing problems. Protective factors are any resources that promote resilience. A review of major studies on childhood resilience since the mid-1970’s and early 1980’s follows.

In a study of 10-year olds in inner London, Rutter, Cox, Tupling, Berger, and Yule (1975) found that good scholastic attainment seemed to have a protective effect for disadvantaged children.

Garmezy (1981) identified a positive sense of self, a sense of personal power rather than powerlessness, an internal locus of control, and a belief in the capacity to exercise a degree of control over their environment as protective factors for disadvantaged African-American
Perhaps the most influential study of resilience and children was conducted by Werner & Smith (1982) who summarized the findings of a major longitudinal study of all children born in 1955 on the Hawaiian island of Kauai. Participants included children who had been exposed to perinatal stress, chronic poverty and a chronically troubled family environment. Follow-up studies were conducted at ages 1, 2, 10, 18, and 32. They found that several components seemed to affect resilience in the subjects of the Kauai Longitudinal Study: (1) the opening up of opportunities; (2) the development of educational and vocational skills; and (3) the support of other adults in lieu of a parent who is “incapacitated or unavailable.”

An extensive review of the research on resiliency in children resulted in an important document by Benard (1993), who identified four attributes of resilient children. These attributes can be divided into two categories: Coping attributes and internal attributes. Supporting research in each category will be discussed.

Coping attributes

The first two characteristics of resilient children (Benard, 1993) involve attributes related to coping mechanisms:
1. **Social competence** (including flexibility, empathy, caring, communication skills and a sense of humor).

2. **Problem-solving skills** (such as trying alternate solutions when certain problems are not solved).

The ability to cope with problems or adversity when faced with stress in one's life is a skill that contributes to resilience. Pellegrini (1990) defined *life stress* as any change in the environment that induces tension or disturbs the equilibrium in one's life. "The accommodations or adaptive mechanism induced by such changes defines the process of coping" (p. 202). In addition, competence-- the capacity to resolve problems presented in daily life, leading to a sense of mastery and positive self-esteem (Anthony & Cohler, 1987)-- also seemed to be a characteristic of resilient children. Developing competencies through internal and external resources seems helpful in developing the coping mechanisms to deal with life stressors. Egeland, Carlson, and Stroufe (1993) studied resilience within an organization-developmental framework and determined that resilience is "the ability to use internal and external resources successfully to resolve stage-salient developmental issues" (p. 518).

The topic of coping resources or resources promoting positive coping effectiveness has been researched with many
types of family and child loss issues such as death (Seibert & others, 1993) and homelessness (Horowitz, 1991), as well as coping with childhood fears and stress in general (Robinson & others, 1990; Robinson & Rotter, 1991). Further, there is evidence that developing coping skills and competence in the school setting has been effective in developing resilience. Taylor (1990) found that school programs that improve coping strategies implemented over a long period of time may be productive in helping children by increasing resiliency to stress in a student’s life. An example of such a coping skills curriculum is Enhancing Emotional Competence developed by Dlugokinski & Suh (Allen and Dlugokinski, 1992). Using narrative and story, students are encouraged to recognize and accept their feelings, pause and gain composure, think about their options for actions, and act on their best choice.

Most recently, another coping skills curriculum entitled the “I Can Do” program was researched by Dubow and others (1993) in terms of its effect on 92 fourth graders. The 13-session intervention was designed to teach the children methods of coping with five stressful events: (1) parental separation or divorce, (2) loss of a loved one, (3) spending time in self-care, (4) move to a new home or school, and (5) feeling ethnically, socially or intellectually different. Results indicated significant improvement in children’s
self-efficacy for coping with stressors.

The results of these studies on curricula that are designed to develop competence and coping skills indicates that these efforts are worthwhile. Cowen, Hightower, Pedro-Carroll, and Work (1990) emphasized the need for school-based interventions that provide students with skills and resources that enhance their ability to cope and to feel a sense of efficacy in terms of their personal resources. More importantly, research supports the process of encouraging student self-expression in a supportive setting as a method of helping children develop coping resources (Robinson & others, 1990).

Internal resources

Two other characteristics of resilient children as identified by Benard (1993) involve internal and personal attributes:

3. Autonomy or locus of control - Henderson (1982) defined locus of control as “the tendency to perceive the events that influence one’s life either as the consequence of one’s own actions or as the result of external forces beyond one’s personal control” (p. 361) He further noted that successful people seem to be more disposed to the view that the consequences of their actions are a direct result of the personal effort and ability put into them. This concept of
personal control over one’s life is internal locus of control. Witmer and Sweeney (1992) described persons with an internal locus of control as those who believe that life events are contingent upon their own actions and, therefore, put more effort and persistence into achieving personal goals. On the other hand, persons with an external locus of control believe that life events are caused by chance, fate, or powers beyond one’s control. Sherman (1984) contended that “in general, the belief in personal control may well be one of the more important developmental tasks which one could cultivate and foster in children” (p.351).

Much of the research on locus of control has focused on the detrimental effects of an external locus of control and/or the benefits of an internal locus of control. Omizo, Cubberly, and Longano (1984) cite a large body of research since the early 1970’s that provides evidence that children with an external locus of control are at a disadvantage and may have any of the following: feelings of inadequacy, tension, and anxiety; a tendency to be low achievers; high levels of frustration; and depression. The link between depression and external locus of control was substantiated by Mullins, Siegel, and Hodges (1985) who found in a study of 134 students in grades 4-6 that depressive symptoms were significantly related to external locus of control, negative
life events, deficits in problem-solving ability, and low socioeconomic status.

On the other hand, Omizo, Cubberly, and Longano (1984) cite research indicating that individuals with an internal locus of control are more perceptive, better able to delay gratification, and typically higher achievers. Further, Brooks (1994) described internal locus of control as an essential ingredient of high self-esteem. He believed that in order to acquire the belief that one has some control over what happens in one's life, children must have opportunities to learn skills that help them make good choices and solve problems. By having opportunities to test these skills, children feel a sense of ownership and empowerment---both important ingredients in building resilience.

In the 1960’s-1970’s, researchers began to recognize the influence of perceived locus of control on children (Kifer, 1975; Rotter, 1966; Seligman, 1975); however, Lefcourt (1972, 1976) was the first to assert that children raised in situations where they were able to exercise little control are likely to develop external locus of control perceptions.

Locus of control has been an attribute of interest for research among several child populations. Dohrn and Bryan (1994) found that students with learning disabilities tend to feel an external locus of control for life successes but an
internal locus of control for failure. Therefore, these children had the propensity to believe that anything that is “bad” or goes wrong is their fault and when good things happen to them, it is “luck” or due to someone else’s intervention. Furthermore, a study of gifted children (age 9) found that internal locus of control is an important component in realizing one’s potential (Herskovits & Gefferth, 1992). Thus, the research has supported that children with an internal locus of control may be more positive and hopeful about the future than those with an external locus of control.

The importance of an internal locus of control in adjusting to a loss such as divorce is documented by Noble (1985) who found that in a study of fifty fourth and fifth graders, an internal locus of control was associated with better adjustment to and understanding of the divorce. Adalbjarnardottir (1995) found that children with internal locus of control had stronger interpersonal negotiating skills than those with external locus of control. An internal locus of control has also been related to improved school performance and self-motivation (Benham, 1995). Given these research results, Benham seems correct in her contention that fostering internal locus of control in the school setting is a worthwhile goal for counseling services.
Other researchers have noted the tendency for resilient children or children who seemed to be able to cope with adversity to have an internal locus of control. Brooks (1994) noted that resilient children seem to maintain a high self-concept, a realistic sense of personal control, and hopefulness. Concomitantly, Levin (1992) found that in a study of 114 fifth graders, there was a very significant relationship between being at-risk and having a greater tendency toward an external locus of control. Fonagy and others (1994) reviewed the research on attributes that characterize resilient children, including the absence of early separation or losses, autonomy or internal locus of control, a high sense of self worth and willingness, and the capacity to plan.

Most emphatically, Werner and Smith (1982) identified that having an internal locus of control or a “confidence that odds can be surmounted” (p. 71) seemed to be a central component in the lives of the resilient subjects in their study. While an internal locus of control does not ascertain resilience, it does seem to be a contributing factor.

4. Sense of purpose and future -- the belief that one can have some degree of control over one’s environment including success orientation, hopefulness and persistence.

Werner and Smith’s paramount study (1982) defined the
resilient child as one who “works well, loves well, and expects well” (p. 207). Positive expectations for the future seemed to help the highly stressed children in their study to overcome difficulty and adversity in their lives. Kazdin, Rodgers, and Colbus (1986) noted that hopelessness or negative future expectations in children have been linked to low self-esteem and diminished prosocial behavior in children. Masten et al. (1988) found that positive expectations appear to enhance socioemotional adjustment and internal locus of control, regardless of the level of stress experienced by the child. Another study (Wyman et al., 1992) concurred and found that children who develop well despite difficulty and adversity are more likely to have positive views of the future. Most recently, Wyman, Cowen, Work and Kerley (1993) showed that positive future expectations facilitate sound adaptation. They concluded from their study of urban children (ages 9-11) exposed to high and multiple levels of stress that positive future expectations predicted better social and emotional adjustment and a more internal locus of control up to 2 1/2 to 3 1/2 years later. Also, it appeared that children are capable of overcoming great odds if they develop, early on, positive expectations of future events and view themselves as competent. Thus, it appears that one characteristic of resilient children is a belief
that things will work out and that, whether good or bad, they have the resources to handle whatever situations they encounter. Mrazek and Mrazek (1987) coined the term positive projective anticipation as the "ability to project oneself into the future and fantasize about how life will be when the difficult times are over" (p. 360). The importance of optimism, hope, and believing in the potential of one’s future seems to be an integral characteristic of the resilient child.

Fostering Resilience. As Werner (1984) noted: “Faith that things will work out can be sustained if children encounter people who give meaning to their lives and a reason for commitment and caring” (p. 71). Winfield (1994) supported the concept of fostering resilience by strengthening protective processes for children who face critical moments in their lives. He identified three characteristics involved in the process of fostering resilience: (1) the process is long-term and developmental; (2) the process views children with strengths rather than with deficits; and (3) the process is nurturing so that children feel successful and believe they can change personal beliefs about their lives.

External resources that foster resilience. Evidence supports the idea that resources outside the family are very
important in developing resilience in children (Garmezy, 1983; Murphy and Moriarty, 1976; Rutter, 1979; Werner & Smith, 1982). Osborn (1990) concluded from his longitudinal study of high achieving socially disadvantaged children that while internal factors may have affected resilience, it was the external and environmental factors that foster and support resilience because these domains are most accessible for intervention. Blocker and Copeland (1994) noted that while an “adequate identification figure” might ideally originate from the family, it does not appear to be required. Other adults, such as a teacher or clergy, can serve as the adequate person with whom the child identifies.

Several researchers have identified role models outside immediate family members as potential buffers for children who are vulnerable to risk (Beardslee & Podorefsky, 1988;, Bolig & Weddle, 1988; Dugan & Coles, 1989; Garmezy, Masten, & Tellegen, 1984; Werner, 1986). Rutter (1985) developed a buffering hypothesis that the availability of support systems outside the family may lessen the impact of stressors and have less damaging results. Brooks (1994) suggested that emotional support and encouragement offered by significant adults in a child’s life are crucial to his/her self-worth and building resilience; however, he noted that such nurturing must also be realistically communicated.
“Resilient children feel optimism, ownership, and personal control. Such feelings are nurtured by ‘charismatic adults’ who believe in them, and who provide experiences that reinforce the children’s islands of competence and feelings of self-worth” (p. 552). Mrazek and Mrazek (1987) concur that the formation and utilization of relationships that are helpful and supportive in times of crisis are a necessary component for childhood resilience.

Resilience and schools. School personnel represent an external source that has been effective in helping children deal with adversity. Several studies by Werner (1990) have supported evidence that the teacher can be a powerful influence in resilience. Cowen et al. (1990) emphasized the need for school-based intervention that provides students with skills and resources that enhance their ability to cope and to feel a sense of efficacy in terms of their personal resources. Most recently, a bulletin published by the National Association of Elementary School Principals (Prothrow-Stith & Quaday, 1995) identified key factors that contribute to a child’s ability to overcome difficulty. One of these key factors is having access to an educational environment that promotes the development of coping skills and helps children understand how they can actively achieve their goals. School counselors can be the facilitators for
this development.

**Resilience and counselors.** Much of the research on resilience and school personnel seems to focus on the role of teachers as resources with children. Rak and Patterson (1996) noted the lack of attention in counseling to enhance childhood resiliency by any specific means and promoted research that indicates how counselors can enhance and foster the buffers against adverse and difficult life events in children's lives. Specifically, a study by Omizo, Cubberly, and Longano (1984) found that group counseling on how to eliminate self-defeating behaviors had a significant positive effect on internal locus of control orientation in children. Rak and Patterson suggested that counselors understand the salutogenesis—origins of health or protective factors—of vulnerable children so that major issues can be addressed and confronted. They also promoted the belief that the “stance of counselors must include a firm commitment both to the principles of salutogenesis—look for strengths rather than weaknesses—and to a sensitive understanding that life may be difficult for children who do not have the advantages of material possessions and a stable home” (p. 371). Brooks (1994) concurred with this concept as he identified the need for specific forms of intervention. He offered interventions aimed at five specific tasks: (1) encouraging contributions
to school and environment, (2) enhancing decision-making skills, (3) providing encouragement and positive feedback, (4) developing self-discipline, and (5) learning to handle mistakes and failure.

Specific to school counseling, Rak and Patterson (1996) developed a Resiliency Questionnaire based on the life history assessment interview developed by Sullivan (1953). The purpose of the questionnaire is to help counselors identify risk factors and buffering factors in the life stories of children.

Resilience and life stories. The significance of having children tell their stories and the relationship to resilience is noted by Werner (1993). She noted the importance of having the Kauai subjects tell their life stories because, through their stories, researchers learned about “individual dispositions, sources of support and protective mechanisms” that helped persons overcome the high risk factors in their lives and deal effectively with them. “When they told their life stories....it was usually without rancor, but with a sense of compassion and, above all, with optimism and hopefulness” (p. 514). McAdams (1993) also noted the need for “our stories to be flexible and resilient. They need to be able to change, grow and develop as we ourselves change” (p. 111).
The Life Book Technique

The next chapter (Methodology) will review the life book and storytelling process, research design, and evaluation procedures.
CHAPTER THREE
DESIGN AND METHODOLOGY

This study measured the effect of the life book counseling technique on two characteristics of resilience—internal locus of control and perceived coping resources/coping effectiveness—of children who have experienced significant loss in their lives. In this chapter, the design and methodology used in this study will be described.

The Setting

The City of Manassas is a suburban community with rural heritage located southwest of the District of Columbia. It is surrounded by Prince William County, the third largest county in the state of Virginia. According to the 1992 census of the City of Manassas Department of Community Development, the population of the city is 32,400. Median household income is $54,548 with median family income slightly higher at $59,657. According to the 1992 census, the ethnic composition of the city of Manassas is as follows: Caucasian - 83.5%; African-American - 10.3%; Native American - 0.3%; Hispanic - 5.7%; Asian - 3.0%; Other 2.9%. Because Manassas is a very transient area due to present and future industry (IBM/Toshiba), planners believe that ethnic composition is rapidly changing. In addition, Manassas is
also home for transient military families because of its proximity to Quantico Naval facility and military affiliates in Washington, D.C.

Manassas City Schools is a small school district that exists inside the Prince William County boundaries. The system contains five elementary schools, a junior high, senior high school, and an alternative education center for secondary students. Two of the five elementary schools were selected to participate in the study.

Population and Participants

The two elementary schools selected to participate in the study have similar population characteristics. These schools were selected because they are representative of the ethnic and socioeconomic status population of the school system as a whole. As of September of the 1996/1997 school year, both schools are predominantly Caucasian (72%); other ethnic representation is as follows: African-American - 18%, Hispanic - 6%, Asian 3% and other - 1%. The number of children participating in the federal free and reduced lunch program in each school is approximately 15 percent. Socioeconomic status of the children at both schools ranges from very low to high with most students falling in the middle- to upper-middle class category. The sample of students used in this study was drawn from this population.
Participant selection. At each of the two schools participating in the study, information pertaining to this study was explained by the counselors to each of the 4th, 5th, and 6th grade classes either during classroom guidance instruction or during a special information session arranged by the counselors. Students were told that in order to be considered for participation, they had to have experienced a significant loss event in their lives. "Loss" could refer to parental divorce, death of a close family member or friend, parental incarceration, multiple moves, or other loss. If a student indicated interest, a letter was sent home inviting parents to consent to their child’s participation in the study (see Appendix A).

In addition, teachers were informed of the study by the researcher and participating counselor(s). Also, as parents contacted the guidance office seeking individual counseling for their children, the counselors informed them of the study and invited them to have their child(ren) participate in the study. Therefore, referral was accepted through self-referral, teacher, and parent referral. While parental consent was mandatory in this study, parental involvement was not a component because the technique is primarily a school intervention. Student assent was also obtained prior to participation (see Appendix B).
Once identified, students were randomly assigned to one of three groups. Sample size depended on the number of participants who were interested and eligible to participate in the study. Initially, fifty-three students returned parental consent forms. Two participants were dropped after interviews revealed that they did not meet the criteria; a third participant was released from the study after three weeks because his parents requested immediate individual counseling services and he was in the delayed treatment control group. Initial intent was to have equal sample sizes in the three groups; however, random assignment had already occurred prior to losing the three students. Therefore, sample sizes were as follows: life book group \((n = 18)\), other counseling group \((n = 17)\), and no counseling group \((n = 15)\). Ultimately, the sample size was 50 participants.

A request was made to the Institutional Review Board/Research Division at Virginia Polytechnic Institute and State University to conduct this study involving human subjects; this request was granted on December 6, 1996 (see Appendix C). Consent was also obtained from the school division superintendent and the building principals of each of the two schools.

**Design**

The study was an experimental design with two dependent
variables (locus of control and perceived coping resources) and one independent variable (the life book treatment). The fifty participants were randomly assigned to one of three groups: (1) the experimental or treatment group who received the life book counseling technique, (2) a control group of students who received individual counseling through techniques other than the life book method, or (3) a control group who received no treatment. Because two counselors worked in one of the schools, participants were divided as they were randomly selected; however, one of the counselors was itinerant, spending two days (40%) of the week at the school so she was given fewer students. Of the students who received either life book or other counseling, one counselor worked with fourteen students (10 from one school and 4 from the other), a second counselor had thirteen students (all from one school), and the itinerant counselor counseled nine students (all from one school). It should be noted that immediately following the experimental period, the students from the two groups other than the experimental group were offered the opportunity to receive the life book method in small group counseling sessions.

**Instrumentation**

Two components that have been related to childhood resilience are internal locus of control and the
effectiveness of coping resources. The relationship of each of these constructs to resilience is documented in Chapter 2. Each of these elements and the instruments used to measure them will be discussed separately.

**Children’s Nowicki-Strickland Internal-External Locus of Control (CNSIE).** In the present study, the Children’s Nowicki-Strickland Internal-External Locus of Control (CNSIE) Scale was used as a measure of perceived control. The scale was developed by Stephen Nowicki and Bonnie Strickland in the early 1970’s and has been used in many studies as a measure of generalized locus of control for children. The scale, which was the first locus of control test that seemed appropriate for use with children ages 9-18, was published by Nowicki and Strickland in 1973.

The measure is a paper-and-pencil 40-item scale that can be answered dichotomously (yes or no) and is designed for students in grades 3-12. The items describe reinforcement situations across interpersonal and motivational areas such as affiliation, achievement, and dependency.

The CNSIE was administered to a sample of 1017 elementary and high school students, mostly Caucasian. Overall, Nowicki and Strickland (1973) found that responses became more internal with age; that is, participants’ responses revealed a greater tendency toward feeling personal
control over life events as they grew older. The means and standard deviations of the CNSIE for males and females in experimental samples in grades 4, 5, and 6 (those relevant to the present study) are indicated in Table 1. These scores represent the number of externally directed responses by the children.

**Table 1: CNSIE: Means and SDs for grades 4-6 (Initial study)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>MALES</th>
<th></th>
<th>FEMALES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>4 (n=59)</td>
<td>18.44</td>
<td>3.58</td>
<td>18.80</td>
</tr>
<tr>
<td>5 (n=40)</td>
<td>18.32</td>
<td>4.38</td>
<td>17.00</td>
</tr>
<tr>
<td>6 (n=45)</td>
<td>13.73</td>
<td>5.16</td>
<td>13.31</td>
</tr>
</tbody>
</table>


Internal consistency using the split-half method, corrected by the Spearman-Brown formula is r=.63 (Grades 3,4,5) and r=.63 for Grade 6. Nowicki and Strickland (1973) noted that because the test is additive and items are not comparable, split-half reliabilities tended to be an underestimate of internal consistency of the scale. Test-retest reliabilities were .63 and .66 for third and seventh grades, respectively.
In the initial review of the scale, Nowicki and Strickland (1973) found negative correlations between locus of control and socioeconomic level and parental education level. There was also a significant negative correlation between external locus of control and achievement, most significant for males. A review of the behavioral correlates of the CNSIE were presented by Strickland and Nowicki (1971) in a paper for the American Psychological Association.

Construct validity was determined to be significant for a sample of African American (n=29) third graders on the Intellectual Achievement Responsibility scale (r = .31, p<.01) and significant correlation with the Bialer-Cromwell (Bialer, 1961) score for a sample n=76 of white children ages 9-11 (r = .41, p<.05).

Nowicki and Strickland (1973) reported the factor structure of the CNSIE items that included items concerning a general feeling of helpless and failure to control things around the person, items dealing with achievement and strength, and items referring to luck. Results of factor analysis indicated that while there is a general factor of locus of control, there are differential factors that may be related to gender at different age levels. Further, factorial validity is also documented by Raine, Roger, and Venables (1981) and Wolk, Sklov, Hunter, and Berenson (1982).
Nowicki and Strickland (1973) concluded that the locus of control “dimension” seems to be a significant variable in relation to children’s behaviors and that the CNSIE appeared to be an appropriate instrument for assessing children’s locus of control across grades 3-12.

Of particular relevance to the present study, Levin (1992) studied the relationship of locus of control to the condition of being at-risk in a sample of 114 fifth grade students. She also studied the relationship of locus of control to gender and ethnicity. Using the CNSIE, results revealed no significant relationship between locus of control and gender or ethnicity. However, findings confirmed a very significant relationship between children identified as “at-risk” and a greater tendency toward an external locus of control. The bibliography of Levin’s study contains references to other studies involving locus of control and achievement, gender, SES, self-concept.

Administering the CNSIE. The CNSIE was administered orally in group format. Students were given the instrument with their identification number on top. Directions were read and the counselor(s) read each item one time allowing a five-second wait between items. Students were told to raise their hands if they needed more time. Administration of the CNSIE was completed in 12-15 minutes.
**Scoring the CNSIE.** For all scales, the score on the CNSIE is the total number of items answered in an external direction. Responses are externally keyed. The chief researcher scored both the pre- and post-tests.

A copy of the Children’s Nowicki-Strickland Internal-External Locus of Control Scale is included in Appendix D. Permission to use the instrument was granted by phone by Dr. Stephen Nowicki on September 10, 1996.

**Coping Resources Inventory Scales for Educational Enhancement (CRISEE).** The Coping Resources Inventory Scales for Educational Enhancement (CRISEE) (Matheny, Curlette, Aycock, Pugh, Taylor, & Canella, 1994) is a measure of a child’s perceived resources for coping. The authors contended that examining student scores on the CRISEE can help in determining a child’s vulnerability to stress and the extent to which children have developed coping resources when adverse life events occur.

The CRISEE is a 99-item pencil-and-paper instrument that contains the dichotomous responses of either TRUE or FALSE. Students respond either “T” for true or “F” for false. The CRISEE may be given in individual or group format. The reading level is at the 1.5 grade level; however, it may be read aloud to students as well as it was in the present study. Estimated time of inventory is 50 minutes.
Five resource scales are measured by the CRISEE: Social Confidence, Academic Confidence, Family Support, Peer Acceptance, and Behavior Control. The instrument was developed over five years and is a nonstandardized instrument that has been field tested. While psychometric data on the CRISEE is still pending, it has been used in two dissertation studies (Thomas, 1993; Thomas, 1993).

Permission to use the instrument was granted by author Dr. James Curlette in a phone conversation on September 3, 1996. A copy of the CRISEE is in Appendix E.

Administration of the CRISEE. Administration of the CRISEE occurred orally in group format. For any participant who was absent, the inventory was given individually or in small groups. Students were given the Scantron sheets with identifying information completed. The counselor(s) read through directions and read each of the ninety-nine items two times. A five-second wait occurred between items. Participants were asked to raise their hand if they needed more time. Administration of the CRISEE ranged from 30-35 minutes. It should be noted that the two instruments were given at the same time during both pre- and post-test administration. The total test time ranged from 40-50 minutes.

Scoring the CRISEE. The latest revision of the CRISEE
was November 1996 and scoring data were provided by Dr. James Curlette, a primary author of the CRISEE. Dr. Curlette computer scored (SCANTRON) both the pre- and post-tests of the participants and provided the data for each of the five subscales as well as an overall Coping Inventory Rating for each participant.

**Procedure**

The three counselors involved in this study are credentialed through accredited school counseling graduate programs. Two of the three counselors were in their seventh year of elementary counseling; a third counselor, in her fourth year as an itinerant elementary school counselor, also participated. The researcher was a participating counselor. The researcher believed that her participation in the study did not affect the study since the life book sessions were detailed and she implemented her regular style of individual counseling with participants in the control group receiving other counseling. Counselors conducting the study were responsible for the administration of the CNSIE and the CRISEE. All three counselors counseled both the life book participants and the other counseling participants. Counselors were trained to implement the life book sessions in two sessions prior to the onset of the experimental period.
The experimental period was a nine-week process although it was initially intended to last eight weeks. Two testing sessions were required, one each for pre- and post-testing using the CNSIE and the CRISEE. The life book counseling and other counseling techniques occurred in six individual counseling sessions for each participant. An extra week was built-in in the event of bad weather or participant absence due to illness. This time period was selected for two reasons: (1) the time limitations of school counseling and (2) the sessions can be conducted within a nine-week grading period as established by the school division. The sessions were conducted during the second and third nine-week grading period of the 36-week school year (mid-January to mid-March). Borden (1992) promoted the use of short-term treatment using narrative means in order to help people cope with the negative impact of adverse life events and to regain a productive level of psychological and sociological function in a short period of time.

Counseling sessions ranged from 25-40 minutes and counselors met with students once weekly unless student illness or inclement weather prevented weekly meetings. All sessions were completed within a nine-week period.

The Life Book Process. As mentioned previously, the life book has typically been used in adoptive and foster care
situations. Some components of the book in this study are based on the Resiliency Questionnaire developed by Rak and Patterson (1996). A copy of the session structure as provided to the counselors conducting the sessions is included in Appendix F.

The following is a description of the sessions as they occurred during the life book process. Two pages in the life book (lifelines) were provided for the children (Appendix G); the other pages of the book were generated by the children themselves as sessions progressed.

**PRE-TESTING SESSION:** The counselors conducted oral administration of the Children's Nowicki-Strickland Internal-External inventory and the Coping Resources Inventory Scale for Educational Enhancement to participants as a group. Each participant was assigned a number which would identify his/her results which for comparison with results following the experimental period.

**COUNSELING SESSIONS ONE AND TWO:** Students completed a lifeline indicating significant life events from birth to the present and emotions associated with those events. In addition, students indicated the control they had over these life events. Rak and Patterson (1996) suggested that counselors examine a child’s historical patterns and identify or teach behaviors that encourage resilience and coping with
The next two sessions focused on identifying resources. Winfield (1994) emphasized "help-seeking" as an adaptive function for children and as a sign of motivation that the child is seeking human resources in attempting to cope with risk factors. Help-seeking also establishes interpersonal contact with another person which, in turn, provides another resource for students to access during difficult times.

COUNSELING SESSION THREE: Students identified the strengths, abilities, and talents that serve as internal resources when overcoming difficult times in their lives. This activity required time because students first generated a list of "strengths/talents/abilities" and then chose how they wished to put those in the book. Some chose one item from each list; others only listed items in each category. These sessions included identifying the people who are available as human resources to the children. Winfield (1994) supported the concept of "fostering" resilience by focusing on strengthening protective processes for children who face critical moments in their lives. These sessions involved focusing on children’s strengths rather than deficits. Rak and Patterson (1996) concluded that counselors can enhance the process of identifying protective factors and help children dealing with loss maximize their own chances of
developing resilient characteristics.

COUNSELING SESSION FOUR: Students had received a camera to photograph family members, places, or objects that were resources they would turn to when life became difficult. Ziller (1990) called this process “auto-photography” and asserted that photographs afford a unique opportunity to discover more about the self. Using photographs, the student discussed the meaning of the pictures with the counselor in terms of self-other relationships. The students placed pictures on pages as they wished and wrote descriptions about the pictures. Students and counselor discussed the significance of each person, place, or object.

The next two sessions focused on the future expectations and goals of students as they plan how their story may continue.

COUNSELING SESSION FIVE: The participant completed another life line that spanned from the present (today) until the end of their story. Students arbitrarily designated an age to begin and completed the lifeline with their death, although many of them placed a question mark (?) at the end of their lifeline. Once the events were completed, student and counselor discussed, “How do I get what I want in my life story?” and focused on the steps the student will need to take to reach their goals. The student discussed which
events that they can control and any that might be out of their control.

COUNSELING SESSION SIX: The end product was a book that was put together by the counselor and the participant. The counselor reviewed all the components of the book with the child and reinforced the following concepts: (1) the way control changes in one’s life over time; (2) the inability to control all the events that happen to oneself; and (3) the internal resources and external coping mechanisms one has available throughout one’s story. Counselors also took a photo for the book cover and presented the book to the participant. Life book participants were asked to evaluate the individual sessions and overall process through written evaluation and oral discussion. A copy of this evaluation is included in Appendix H. These evaluations are discussed in Chapter 4.

POST-TESTING SESSION: Students were administered the CNSIE and the CRISSE in group format. Students who received individual counseling without the life books and those who received no counseling were told they would now have the opportunity to participate in the life book counseling technique.

Once data were collected, the students’ pre- and post-test scores were analyzed and compared. In addition,
evaluations completed by each of the counselors (Appendix I) conducting the sessions were analyzed to determine the impressions of the counselors while conducting the life book sessions.

Analysis

The pre- and post-test scores for each instrument were analyzed using ANOVA. SPSS and STATVIEW statistical programs were used to analyze data. The data were listed for locus of control and coping resources separately.

The research question that guided this analysis was:

To what extent is telling one’s life story through the creation of a life book an effective counseling technique for fostering resilience in children (as measured by instruments assessing locus of control and coping resources)?

In addition, the evaluations of the counselors and participants were used to identify themes for coding and a brief qualitative synopsis was given to acknowledge counselor and participant response to strengths and weaknesses, as well as usefulness, of the technique.

Chapter Summary

A sample of 50 students participated in this study and were randomly assigned to one of three groups: (1) treatment group receiving the life book technique, (2) control group
with alternative counseling method, or (3) control group receiving no counseling. A measure of locus of control (CNSIE) and a measure of perceived coping resources (CRISSE) were administered within one week prior to and one week after individual counseling sessions with the life book technique began for those in the experimental group. Pre- and post-test analysis were completed on each instrument separately using ANOVA statistics. The data were analyzed to answer the three research questions. A qualitative analysis of evaluations by the counselors and the life book participants is included in results. Results are presented in Chapter 4, followed by conclusions and recommendations in Chapter 5.
CHAPTER FOUR

RESULTS

The results of the statistical procedures of the present study are provided in this chapter along with analysis of the results; practical significance of the results is also discussed. Although grade level, race, and gender were not variables that were discriminated in this study, demographic information is also provided for the fifty participants. Quantitative analyses of participant performance on two assessment instruments as well as qualitative results of counselor and participant evaluations of the life book technique are presented.

Demographic Information

Selection of participants is described in detail in Chapter Three. General demographic information about the entire group is described below.

Race. Thirty-nine of the fifty participants (78%) were Caucasian; five were Hispanic (10%); four were African American (8%). Of the two remaining participants, one was Asian American and one was a native of India.

Gender. Twenty (40%) of the fifty participants were male; thirty (60%) were female.
Grade Level. Of the fifty participants, seventeen (34%) were fourth graders, thirteen (26%) were fifth graders, and twenty (40%) were sixth graders.

As described in Chapter 3, students were randomly assigned to groups without regard to race, gender, or grade level/age.

Data Analysis

ANOVA statistics were calculated using SPSS and STATVIEW statistical programs at the .05 level of significance. The independent variable was the life book treatment and the dependent variables were internal locus of control (CNSIE scores) and perceived coping resources (CRISEE scores). These were measured independent of each other. The next section describes the ANOVA analyses of both instruments in isolation.

Analysis of the CNSIE. The Children’s Nowicki-Strickland Internal-External Locus of Control Scale for Children is a measure of locus of control or the degree to which one perceives the amount of control one has over life events. The scale is externally keyed so that the result indicates the number of items the participant scores externally; scores may range from 0-40. On pre-test scores, the life book group had a slightly higher mean (17.9) than either the other counseling treatment or no counseling groups
(17.1 and 16.3 respectively; see Table 2). These are not very different from the means of the initial pilot study (see Table 1, p. 72). The pre-test means indicated that, as a group, the life book participants were slightly but not significantly more external in their perception of control prior to the treatment than were the other groups. However, the standard deviations were also higher for the life book group indicating a greater variation in scores.

A comparison of pre- and post-test means and standard deviations revealed that all groups decreased their external response score; that is, overall, participants in each group made change in a positive direction since the intent was to decrease external locus of control. Table 2 reflects pre- and post-test means and standard deviations of group participants on the CNSIE.

Table 2. Pre- and Post-test Means and SDs for the Three Groups on the CNSIE

<table>
<thead>
<tr>
<th></th>
<th>PRE-TEST</th>
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<th>POST-TEST</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Life Book</td>
<td>17.9</td>
<td>5.9</td>
<td>15.8</td>
<td>6.6</td>
</tr>
<tr>
<td>Other</td>
<td>17.1</td>
<td>4.7</td>
<td>15.6</td>
<td>5.5</td>
</tr>
<tr>
<td>No Counseling</td>
<td>16.3</td>
<td>2.8</td>
<td>15.9</td>
<td>4.1</td>
</tr>
</tbody>
</table>
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<td>4.7</td>
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</tr>
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<td>16.3</td>
<td>2.8</td>
<td>15.9</td>
<td>4.1</td>
<td></td>
</tr>
</tbody>
</table>
While each group decreased their mean external response score, ANOVA analysis of differences (see Table 3) in performance of the three groups on the CNSIE indicated no significant difference between the life book participants and participants receiving other counseling treatment or no counseling \((F = .75, p = .48)\).

Table 3. ANOVA Analysis of Difference Scores between the Three Groups on Pre-/Post-Test of CNSIE

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Signif of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>20.73</td>
<td>2</td>
<td>10.36</td>
<td>.75</td>
<td>.48</td>
</tr>
<tr>
<td>Residual</td>
<td>646.8</td>
<td>47</td>
<td>13.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>667.5</td>
<td>49</td>
<td>13.62</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thus, the CNSIE performance of the group receiving the life book technique was not significantly different than either the other counseling group or the group receiving no counseling.

Analysis of the CRISSEE. Participants were also pre- and post-tested on the Coping Resources Inventory Scales for Educational Enhancement, which is a measure of perceived coping resources. The score produced by the instrument is a coping effectiveness score which is a combined score of participant performance on the five subscales: Social Confidence, Academic Confidence, Family Support, Peer
Acceptance, and Behavior Control. Scores range from 0 – 100.

Table 4 reveals the means and standard deviations of all three groups on pre- and post-test performance on the CRISEE. In general, the control group had a higher mean on the pre-test of the CRISEE (74.4) than either the life book group (67.9) or the other counseling treatment group (67.5). This signifies that as a group, the control group had a slightly higher coping effectiveness mean score prior to the experimental period.

Post-test mean scores increased for all three groups which, as for the CNSIE, indicated change in a positive direction for each group as a whole. A comparison of pre- and post-test scores indicates an increase of 2.9 points for the life book group, 4.6 points for the other counseling group, and 3.2 points for the no counseling group.

Table 4. Pre- and Post-test Means and SDs for the Three Groups on the CRISEE

<table>
<thead>
<tr>
<th>Groups</th>
<th>PRE-TEST</th>
<th>POST-TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Life Book</td>
<td>67.9</td>
<td>15.4</td>
</tr>
<tr>
<td>Other</td>
<td>67.5</td>
<td>14.8</td>
</tr>
<tr>
<td>No Counseling</td>
<td>74.4</td>
<td>13.3</td>
</tr>
</tbody>
</table>
Results of ANOVA analysis of the difference scores (see Table 5) in pre- and post-test scores on the CRISEE reveal a very low F value (F=.13, p=.88) indicating no significant differences between the three groups on the overall coping effectiveness score; that is, there is an 88 percent probability that the groups are relatively the same.

Table 5. ANOVA Analysis of Difference Scores between the Three Groups on Pre-/Post-Test of the CRISEE

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Signif of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>29.054</td>
<td>2</td>
<td>14.527</td>
<td>.13</td>
<td>.88</td>
</tr>
<tr>
<td>Residual</td>
<td>5151.72</td>
<td>47</td>
<td>109.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5180.77</td>
<td>49</td>
<td>105.73</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It should be noted that there was a wide range of scores within the groups (range = -31.64 - +21.64) and the standard deviations were much larger than the mean difference scores. This indicates that there were a few students whose scores deviated significantly from the mean, either positively or negatively.

Because two scores appeared to be outliers, ANOVA procedures were run without the two largest difference scores (-31.6 and -21.7). While this did make a difference in terms of increasing the life book and other counseling group means, the F value was still not significant (F = .85, p = .43).
Consequently, removing the two most extreme outliers did not change the statistical significance of the life book technique in terms of affecting internal coping effectiveness.

From statistical analysis, in terms of internal locus of control and perceived coping resources, the life book technique is no more effective than either other counseling treatments or no counseling. However, there is evidence of practical significance of the life book technique in creating positive change for children.

Practical significance. There has been a recent controversy in social and behavioral science research to replace or, at least, combine statistical significance with practical significance. Kirk (1996) documented the difference between these two concepts: "Statistical significance is concerned with whether a research result is due to chance or sampling variability; practical significance is concerned with whether the result is useful in the real world" (p. 746). Tukey (1991) stated that the effects of any comparison research (A and B) are always different, no matter how large or small the difference. To reject the null hypothesis, Kirk writes, "...simply indicates that the research design had adequate power to detect a true state of affairs, which may or may not be a large effect or even a
useful effect” (p. 747). Cohen’s (1969) *effect size*, or *d* parameter was an attempt to help researchers obtain statistical significance by being able to estimate the sample size necessary to detect small, medium, or large effects. Kirk argues that this information, while helpful, still does not recognize the practical usefulness of some research. He writes: “In fact, focusing on *p* values and rejecting null hypotheses actually distracts us from our real goals: deciding whether data support our scientific hypothesis and are practically significant or useful” (p. 755).

In the present study, it is important to note that most of the life book participants (67%; *n*=18) made improvements in a positive direction on their performance on both instruments. This was higher than either the other counseling group (53%; *n*=17) or the no counseling group (60%; *n*=15). In terms of school counseling practice, a technique that helps any student is “significant” and useful. So, while statistical significance was not reached, one might argue that a technique that helps 13-14 students (out of possible 18) develop skills that promote resilience warrants further research.

**Analysis of Qualitative Evaluations**

While quantitative analysis indicated that the life book technique was not significantly effective, qualitative
analysis of the evaluations of participants and counselors regarding the life book technique indicate an entirely converse perspective.

Student Evaluations. The eighteen students who participated in the life book sessions evaluated each individual session and the sessions as a whole using a Likert Scale (1 being lcw/worst, 5 being the best/excellent; see Appendix H). A synopsis of these evaluations follows.

Enjoyment of sessions: Twelve students (67%) gave a ranking of “5” and six (33%) ranked “4”, indicating an above average rating for enjoyment.

Length of sessions: One (5%) ranked “2”, five (28%) ranked “3”, two (11%) ranked “4”, and ten (56%) ranked “5”. No participant felt six weeks was too long. In fact, eight students (44%) mentioned the need for more time (weeks). Session length (30-45 minutes) seemed acceptable. Two participants (11%) noted that session time length should be longer. No one said session length or time was too long.

Regarding the evaluations of the individual activities/sessions, participants responded as follows:

Lifeline (birth to present): During the first session, students were asked to complete a lifeline that showed the important events that had occurred in their life to date. The second session had the participant describe
the feelings associated with each event and identify who or what may have controlled the event.

**Ratings:** One (5%) ranked "1" (did not like "thinking about the past"); one (5%) ranked "2" because it made her sad; however, she also listed this as the most meaningful session because it "helped her talk about her past." Two (12%) ranked "3", four (22%) ranked "4", and ten (56%) ranked "5". Two participants (11%) said this was the most meaningful session for them; one student wrote it was most meaningful "... because I got to realize how much I have done in my life."

**Strengths/Talents/Abilities:** In this session, participants were asked to identify and illustrate their strengths, talents, and abilities.

**Ratings:** One (5%) ranked "2", three (15%) ranked "3", three (15%) ranked "4", and eleven (65%) ranked "5". Only one said this was the most meaningful session because "I didn’t know I could do all of those things until I wrote them down." Two participants said this session was not valuable because "it was hard to think about" and "couldn’t figure out what to write." This session seemed to have the most disparity in ranking.

**Photograph session:** This session involved bringing in the photographs that each participant had taken of the
people, places, and/or things that helped them cope when bad things happen and deciding how they wanted them displayed in the life book. Also, participants indicated why each photo was significant.

**Ratings:** One (5%) ranked "1" (did not like taking pictures), 2 (12%) ranked "3", 1 (5%) ranked "4", and fourteen (78%) ranked "5". Seven participants (39%) said this session was the most meaningful for them.

**Lifeline (present to end):** Participants completed another lifeline which identified events they would like to have happen in their future. Afterward, participants indicated the feelings that would be associated with each event and identified who was in control of making sure these events happened as planned.

**Ratings:** One (5%) ranked "3", three (15%) ranked "4", and fourteen (80%) ranked "5". Five participants (28%) said this session was the most meaningful for them. One participant wrote: "It was my favorite because it helped stretch my ability to dream."

**OVERALL EVALUATIONS:** Four (22%) ranked "4"; fourteen (78%) ranked "5".

It appears that the most valuable sessions were the photograph session and the future lifeline; however, other participants found different sessions to be valuable. Based
on participant evaluations, the overall combination of sessions was beneficial in that all participants ranked the overall experience as a "4" or "5", indicating excellent or close to excellent. Therefore, while quantitative analysis did not show significant improvements in internal locus of control or coping resources for the group as a whole, qualitative evaluation indicated that the students enjoyed the life book sessions and reported that the sessions helped them.

The next section provides a qualitative analysis of the evaluations of the life book technique by the three counselors who conducted the sessions.

**Counselor Evaluations.** The three counselors participating in the study took notes and completed evaluations (Appendix I) after each week of sessions. The counselors had the opportunity to describe strengths, identify weaknesses, and provide suggestions for improvement for each session. A synopsis of the information shared follows:

**SESSION ONE: Lifeline (Birth to Present)**

**Participant responses:** According to the counselors, student responses ranged from enthusiastic to somewhat resistant. Some students seemed to become sad when reflecting on the losses in their lives; others enjoyed
talking about the things that had happened to them.

**Strengths:** The counselors indicated that the format was easy-to-follow; the lifeline that was provided (Appendix G) was effective. Counselors indicated this session was a good starting point for the overall process and the lifeline was an effective reflective tool for eliciting information about each participant’s story to date.

**Weaknesses:** All counselors noted that an example of a lifeline (perhaps the counselor’s own) should be shared as it took some time to explain how to complete the lifeline. If the participant had not had prior experience with timelines, the lifeline concept was not familiar for him/her and some time was spent explaining the lifeline concept.

**Ideas for improvement:** (1) One counselor suggested ranking the events in terms of significance in their lives because it was hard to know the degree of importance the events had in the child’s life.

(2) Counselors noted that it helped to have students brainstorm past life events on a separate page so that participants could focus on, first, remembering the events and then deciding where they fit on the lifeline. One counselor noted that having the participants reflect on their past was a good way to start the process.

(3) As mentioned previously, an example of a timeline
may be helpful in helping students understand how the lifeline might look.

**OVERALL EFFECTIVENESS RATING BY ALL COUNSELORS:**

All three counselors rated this session “5” (Likert Scale of 1-5, 5 being “highly effective”).

**SESSION TWO: Feelings and Perceived Control over Past Events**

This session involved having students review their lifeline and the events they had placed on the lifeline. Any additions or corrections were made. Students were then asked how they felt about each event and who had control over the event. Responses were indicated on the “Feelings/Control” side of the lifeline.

**Participant responses:** Again, individual participants responded differently to this session. Counselors noted that some were very willing and able to identify the feelings associated with their life events; others had difficulty describing their feelings.

**Strengths:** One counselor noted it was helpful to review the first part of the story from the previous session with the participants. Another counselor noted that through this activity, it was easier to understand the degree of significance that each event had for the participant; the
feelings they described as well as the degree of control the participant felt over the event helped the counselor identify what events may still be affecting the participant.

**Weaknesses:** Some participants had difficulty coming up with feeling words. Also, one counselor noted that some participants had difficulty understanding the concept of control.

**Ideas for Improvement:** (1) One counselor used different colors (black for feelings/red for control). This could be an effective way to differentiate between responses. (2) The counselors agreed about the need to define “control” as “Who was responsible for this event?” so that students understand that many of the events (especially the loss events) were out of their control.

**OVERALL EFFECTIVENESS OF SESSION:** One counselor indicated “3”, one counselor indicated “4”, and the other counselor indicated “5”. Evaluation ratings ranked from “moderately effective” to “highly effective”.

**SESSION THREE: Strengths/Talents/Abilities**

In this session, participants were asked to generate a list of their personal strengths, talents, and abilities that help them cope when they have problems or experience loss. After the list was generated, participants could choose how they wanted to represent the lists in their book; they were
told they could illustrate or write about as many of the things as they wished. Some students chose two or three things; others tried to represent all the items they had generated on their list.

**Participant Responses:** Again, the counselors had varying responses from participants during this session. Some students were open, enthusiastic, and easily generated lists for each category; others struggled to come up with a minimal list. For some, thinking about their personal strengths and their own abilities was not comfortable as it seemed they did not like focusing on themselves.

**Strengths:** The counselors identified two strengths for this session: (1) The session was predominantly student-directed because after the counselor explained the task, there was not much counselor-participant interaction. Students were given complete license to generate and represent their lists in any way they wished; (2) Identification of internal traits that help one cope was a self-awareness activity for many of the participants. One counselor commented that this session created an opportunity for participants to self-evaluate.

**Weaknesses:** All three counselors indicated that this task should have been scheduled for two sessions. One
counselor suggested that participants are allowed to generate the list as a “homework” task so that the session can focus on how to represent the lists in the life book.

All three counselors also mentioned some difficulty explaining the difference between the three categories (strengths/talents/abilities).

**Ideas for Improvement:** Counselors noted the need to establish clearer definitions of strength, talent, and ability. Also, all counselors felt that at least two sessions should be scheduled for this life book task.

**OVERALL EFFECTIVENESS RATING:** One counselor rated “5” while two rated “4”, indicating a highly effective rating for this session. One of the counselors indicated that it was hard to determine the long-term effect of this technique.

**SESSION FOUR: Photographs of Coping Resources**

Students were given a camera after the second session and told to take 9-10 pictures of the people, places, or things that helped them cope when bad things happened to them. Counselors developed the photos and brought them for session four.

Participants were asked to arrange the photos in any way they wished on the pages in their life book. Underneath each
picture, students wrote why the photo was significant in their lives. The purpose of this session was to help students recognize and develop awareness of the coping resources in their lives; ideally, the realization of these resources will help the participants cope with other unfortunate events in their lives.

**Participant Responses:** Unanimously, the counselors felt this was the most informative session for the counselors themselves in terms of gathering the information regarding the effect of the loss events in each child’s life. One counselor wrote: “This session truly gives counselors insight into the child’s world; it literally is a snapshot of their home, their reality.”

All three counselors indicated that participants responded positively to the photography session. Many students took great pride in sharing their photos with the counselors. They also responded positively to freedom of choosing how to arrange the photos for their books.

**Strengths:** Counselors indicated that three strengths emerged from this activity: (1) this session was fun and exciting for the students to share photos; (2) this session was powerful because it fostered awareness of coping sources in each participant’s life; and (3) participants responded
positively when given the responsibility of the camera and taking pictures.

**Weaknesses:** The only weaknesses noted involved the logistics of purchasing the cameras and funding the development of the photos.

**Ideas for Improvement:** In terms of funding for the cameras and development of the photos, counselors may want to approach their Parent-Teacher Organizations within their school. Also, Kodak sometimes provides grant funding for projects using their Instamatic Cameras.

**OVERALL EFFECTIVENESS RATING:** All counselors rated this session "5". This session was rated most highly in terms of effectiveness when compared to the other sessions.

**SESSION FIVE: The Future Lifeline (present to the end of the story)**

Students were asked to indicate on the lifeline the events they would like to have happen in their lives. After identifying the events, the participant and counselor discussed who has control over the events they have chosen for their future.

**Participant Responses:** Participants responded positively to being able to plan their futures. One counselor noted some students had difficulty getting started but once they began, they generated events very expediently.
When participants began to recognize that they are ultimately in control over many of the events in their future, many of them appeared to understand how their control over life events will change as they get older. One student responded: "Oh, I get it!"

**Strengths:** The counselors listed three strengths of this session: (1) giving students the opportunity to plan their futures; (2) giving freedom to any ideas students may have about their futures; and (3) providing a visual impetus for helping participants realize that they have more control over their futures than the loss events in their past.

**Weaknesses:** Students had difficulty determining the "end" of the story for their lifeline. Counselors addressed this by having participants put a question mark. No participant indicated a particular age for their "end."

**Ideas for Improvement:** One counselor noted that this session took more than thirty minutes and suggested that a forty-five minute time length be used. Another counselor suggested that forms be printed for students to use when generating or brainstorming ideas for the future lifeline.

**Overall Effectiveness of This Session:** Two counselors rated "5" and one rated "4", indicating highly effective use
by counselors.

SESSION SIX: Life Book Binding and Closure

In the final session, counselors guided participants through the pages of their life book, emphasizing where they have come from and what they want to have happen in their stories. Also, counselors reviewed with participants their individual strengths, talents, and abilities they possess as well as reminded them of the coping resources available in their lives. Two of the counselors took photos of the students to put on the cover of their "story." Once books were presented, participants were asked to evaluate the life book sessions in writing (Appendix H).

Participant responses: Participants seemed excited to get to take their books home with them. The counselors noted that some students said they were sad that the sessions were over. All participants willingly completed the evaluation forms.

Strengths. All counselors felt that reaching the end of the book was a natural "closure" event for counseling sessions. Because of this natural closure, some of the ambiguity that makes closure difficult using other types of counseling was avoided.

This session reinforced all the previous life book tasks and promoted a feeling of ownership for the participant. One
counselor noted “having a tangible, visual product to keep and share with parents or others may provide more lasting effects (for participants).”

**Weaknesses:** Counselors did not indicate any weaknesses.

**Ideas for Improvement:** One counselor suggested using a binding machine with comb binders to make the life book seem more like a book. The two counselors who took photos of the participants for the book cover felt that putting the child’s photos on the front cover made the life book very personal; it became the “story of their life.”

**OVERALL EFFECTIVENESS RATING:** All counselors rated “5” because seeing the end product seemed rewarding for the participants.

Based on the counselor evaluations, the life book technique was an effective counseling technique for the participants in this study. With improvements, it appears that the life book can be an effective tool for use with children experiencing loss.

**Summary of Results**

Based on the statistical results of this study, the life book technique was no more or less effective in counseling children who have experienced loss. However, given the positive qualitative evaluations of both life book
participants and counselors, the practical significance of the life book technique should be considered and further research is needed.

Chapter V presents conclusions based on these findings in response to the research questions which guided this study. Also, recommendations and suggestions for further study are provided.
CHAPTER FIVE

SUMMARY AND CONCLUSIONS

In this chapter, a summary of and conclusions to the results of this research study are presented in light of the research question. Implications inherent to these conclusions are discussed and recommendations for school counselors are given. Finally, suggestions for further research are provided.

Research Question Response

Research Question: To what extent is telling one’s life story through the creation of a life book an effective counseling technique for fostering resilience in children (as measured by instruments assessing locus of control and coping resources)?

Based on the ANOVA analysis of both instruments, the effectiveness of telling one’s story and creating a life book is not statistically significant; that is, one-way ANOVAs on the CNSIE and CRISEE indicated that the life book technique was no more or no less effective than other individual counseling techniques or no counseling at all in terms of the resilience characteristics of internal locus of control and perceived coping resources. However, positive qualitative evaluations by both participants and counselors provided
support for the potential of life books as a counseling technique with children who have experienced significant loss. In addition, seventy-seven percent of the life book participants made changes in a positive direction on at least one of the instruments.

**Summary**

While most (60%) of the total participants (n=50) in the study did make gains in their pre- and post-test performance on both instruments, these gains were not significantly different for any of the three groups at the .05 level of significance. Non-significant F values were calculated in the difference score analysis on both the Children’s Nowicki-Strickland Internal-External Locus of Control Scale and the Coping Resources Inventory Scales for Educational Enhancement for all three groups.

While statistical significance was not found, consideration should be given to the practical significance of the life book technique. When examining the raw score data of the participants, twelve of the eighteen (67%) of the life book participants stayed the same or increased their scores on both instruments. The improvement in pre- and post-test scores was higher for the life book group than either the other counseling group (53%) or the no counseling group (60%). Perhaps more useful to counseling practitioners
is that 77% of the life book participants improved on at least one of the instruments; 88% of the other counseling participants improved on at least one instrument. Both of these were higher than the no counseling group (67%). Though statistical analysis did not support the life book technique, these percentages provide support of the practical significance for both the life book technique and counseling in general.

Despite the hope that counseling will help all clients improve, research does acknowledge that a few clients get worse. Orlinsky and Howard (1980) and Shapiro and Shapiro (1982) found that these negative effects may occur in a range of 6% to 11.3% of clients. In the present study, the highest percentage of students who “got worse” (as defined by scores indicating change in a negative direction on both instruments) was in the no treatment control group where four of the fifteen (27%) of the participants failed to improve on either instrument.

More support for the life book technique is evident from the unanimously favorable reviews of the counselors conducting the sessions and the eighteen participants in the life book group. Suggestions for improvement by the counselors and participants will be considered for further development of the life book technique.
Conclusions

While results indicated that the life book counseling technique is not a statistically significant method of increasing internal locus of control or perceived coping resources, the results of this study may have been affected by other factors.

1. Both instruments used in this study are experimental in nature and may not be sensitive enough to detect changes in student behavior in short-term treatment.

2. The sample size may not have been large enough to detect any measurable change.

3. The counselors could have been a confounding variable in the results of this study due to inconsistencies in implementation of the life book technique. While precautions were taken to avoid this (i.e., protocol, training, etc.), there may have been some discrepancy that resulted in the range of scores that resulted from the experiment; for example, the researcher (also, a counselor in this study) may have placed more emphasis on a certain task for participants, resulting in a vastly different experience than a participant who did not have the researcher as his/her counselor.

4. A major theme that resounded from both the counselor and participant evaluations was that the treatment period was
too short. Six counseling sessions may not be an appropriate length of time to produce long-term behavior change. This has been documented in psychotherapeutic research and may be relevant to school counseling. Howard, Kopta, Krause, and Orlinsky (1986) quantified their research and found a curvilinear relationship between more sessions and client improvement. In general, they found that 50% of improvement occurred by the eighth session, 75% occurred by the end of 26 sessions (once weekly for 6 months), and 85% of improvement occurred by the end of the first year of counseling. Further, Luborsky, Crits-Christoph, Mintz, and Auerbach (1988) also found that more sessions were related to greater client improvement in their research of psychotherapy and adults. In reality, school counselors often have limited time for individual counseling sessions but, while not conclusive, it appears that long-term counseling could be more effective in fostering positive client change. Regarding the life book technique, the participants and counselors themselves noted that more time and more sessions would be a change for improvement. It may be that more sessions over time would have produced significantly different results.

5. Because participation was voluntary, it was difficult to determine which students were most in need of
counseling services. For example, on the CNSIE, some life book participants were more internally oriented on the pre-test than others in the control groups; therefore, if a participant’s internal locus of control score was relatively high to begin with, it might have been harder to increase his/her internal locus of control than it would be for a participant in crisis who had a low internal locus of control score. This is supportive evidence for counselor assessment of client need prior to treatment.

6. While the life book counseling technique did not seem to significantly improve internal locus of control or coping effectiveness, it may be that the technique might improve other resilience constructs, such as self-concept.

7. The no counseling control group was aware that they would be receiving the life book sessions immediately following the post-test session. The anticipation of getting to “tell their story” may have influenced their responses on the post-test assessment instruments.

While these factors do not totally explain the nonsignificant results of the study, they should be considered in the interpretation of the results.

Despite the statistically nonsignificant results, there are several positive results to be concluded from this study:

1. Most of the life book participants (67%) made
improvements in the direction of positive change on both instruments. Seventy-seven percent made changes in a positive direction on at least one instrument. Hummel (1994) noted: "What happens on the average in a group is important, but it cannot take the place of an assessment of what happens to individuals" (p.4).

2. Participant evaluation indicated a favorable response to the life book technique. Evaluations of the overall technique by all participants were high, which suggest the experience was well-received.

3. Most participants (60%) in the total sample made increases in their scores on both instruments. Being involved in the study itself seemed to have a positive effect on most participants.

4. The counselors who participated in the study noted that the life book technique, overall, was a viable technique for counselors. One counselor wrote: “Having a tangible, visual product to keep and refer to and share with parents or others may provide more lasting effects.... I wish I could do this with every student.”

Though statistical evidence does not support the life book technique as a method for fostering the resilient constructs of internal locus of control and coping effectiveness, there is practical evidence ---positive change
for the majority of participants and positive participant and counselor evaluations --- that should be considered when evaluating the effectiveness of the life book technique.

**Implications & Suggestions for Counselors**

The statistical conclusions drawn from this study do not support the significance of the life book technique for counselors working with children who have experienced loss. However, there are practical implications and suggestions for counselors who may wish to implement the life book technique in their own counseling practices. These practices and/or suggestions are as follows:

1. **Assess student needs prior to beginning life book sessions:** Issues may emerge either through objective assessment (i.e. CNSIE) or through interviews/conversations with the student to determine whether the life book technique may be useful to each student, depending on the student’s level of crisis. This assessment will help counselors guide clients through the process and focus on issues specific to the individual’s needs.

2. **Build rapport or establish familiarity with students prior to implementing the life book technique:** Research recognizes that effective counseling is fostered by a positive, mutually interactive, empathic relationship between counselor and client (Sexton & Whiston, 1991). In a review
of counseling studies, Orlinsky and Howard (1986) found great support for the importance of the counseling relationship in affecting client outcome. They found a significant relationship between the counseling relationship and positive client outcome in up to 80% of the studies they reviewed. In the present study, one counselor went to a school other than her own and counseled four children whom she did not know prior to the study. Interestingly, three of the four students (75%), all life book participants, either stayed the same or had a decrease in scores on both instruments, although they all rated the life book counseling sessions very positively. Therefore, there is some evidence that having some familiarity or relationship with the counselor who is guiding the sessions may have a more positive effect on the empirical outcome of life book counseling. This should be investigated further.

3. Be familiar with and knowledgeable about the life book sessions before implementing the technique: An important component that affects client outcome is the skillfulness of the counselor (Sexton & Whiston, 1991). Counselors who choose to implement the life book technique must be familiar with the protocol of each and all sessions prior to beginning the first session. While the life book sessions are student-focused and, ideally, student-directed, the counselor has an
important role in guiding the student through the process and must keep in mind the ultimate goals of the technique.

4. **Implement “Ideas for Improvement”:** The counselor and participant evaluations included the opportunity to share ideas that might improve specific sessions. These included:

   (a) conducting more sessions and longer time in sessions as needed;
   
   (b) ranking loss events in terms of significance,
   
   (c) brainstorming on paper in the two life line sessions so that students may organize their thoughts before placing their events on the life lines;
   
   (d) providing clear definitions and explanations of each life book task;
   
   (e) securing funding sources and/or financial support for counseling program in order to purchase cameras, film, and film processing;
   
   (f) providing hand-outs as students experience the life book process (see Appendix G); and
   
   (g) creating a “book” appearance by using either a book binding machine or other means to help the finished product resemble a book.

These implications and suggestions were generated from the present (initial) study of the life book technique in the
school setting. There is still much to learn about the
efficacy of the life book technique as a method of practice
for school counselors. The next section discusses the need
for further research in this area.

Further Research

As mentioned previously, the life book concept
originated in the social work/foster care field and was
revised in this study to be applicable to children in the
school setting experiencing loss. As a school counseling
technique, further research may wish to consider one or more
of the following:

(1) Replication of the present study with improvements
to increase sample size and power;
(2) Studies to determine the effects of increasing the
number and length of the life book sessions;
(3) Studies that explore the impact of the life book
technique on other constructs such as self-concept,
academic achievement, or absenteeism;
(4) Studies that explore the effectiveness of the life
book technique in counseling children with issues other
than loss (e.g., poor self-concept);
(5) Longitudinal research exploring how students who
receive the life book method fare over time (long-term
efficacy);
(6) A parent or teacher component to assess the effectiveness of the life book technique in other settings (i.e., home, classroom);

(7) Further exploration of the use of cameras/photographs in counseling due to the positive response of the life book participants;

(8) The effect of the life book technique on students in crisis rather than, like those in this study, students who had experienced loss in the past.

Further research might also want to explore using the life book technique in small group counseling sessions with children who are experiencing the same loss issues (e.g., divorce, multiple moves). In the follow-up small group life book sessions (conducted with the students in the two control groups), the life book technique did not seem to have the same impact that it had on the participants who had individual life book counseling sessions. This may have been because the individuals in the small groups had a variety of loss issues and each one’s “story” was very different from the others. Perhaps small group counseling using the life book with children with similar issues would be effective.

Perhaps the greatest need for further research regarding the life book technique and/or other components of school counseling in general is the need for action-oriented
research. Counselors -- especially school counselors-- must become active researchers in order to improve counselor efficacy and efficiency.

Final Note

The goal of the present study was to add to the knowledge-base of practical techniques that school counselors may implement and, hopefully, find successful in fostering positive client change. It is the challenge of school counselors to listen to and develop each child’s “story” so that he/she may experience that change and proceed in his/her story with resilience and hope.
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Appendix A

Parent Consent Form for Counseling
November 1996

Dear Parent/Guardian:

I am a guidance counselor at Round Elementary and have served in this position for over six years. I am also completing the requirements for my doctorate degree in counselor education from Virginia Tech. As part of my program, I am conducting a study to see how effective an individual counseling technique is with students (4th-6th grade) who have had at least one important loss in their lives in the last five years. Mrs. Orlosky, the full-time counselor at Haydon and Ms. Bartlett, itinerant counselor at Round, have agreed to help me with this project.

This technique is called the life book technique and involves having children tell their "story" including any loss events and discussing the thoughts and feelings associated with the control they have over events in their lives. Students will benefit from his study by becoming more aware of the coping resources they have in their lives to help them deal more effectively with loss in the future. The major benefit of this study is that students will have the opportunity to share their life stories and create a personal life book that will give them a sense of ownership and control of responsibility in their lives. Students receiving individual counseling sessions will meet once weekly for six weeks, thirty minutes each session. Counselors will work with classroom teachers to schedule a time that does not interfere with academic instruction.

We invite your child to participate in this study. If consent is granted, your child will be randomly assigned to one of three groups. One group will receive individual counseling using the life book technique; another group will receive individual counseling using our usual individual techniques; a third group will receive delayed individual counseling after the six week period is completed. IF YOU FEEL YOUR CHILD NEEDS IMMEDIATE COUNSELING SERVICES, WE WILL PROVIDE SERVICES IMMEDIATELY. Also, if during the course of the study, either the child or parent becomes uncomfortable with the sessions, the child will immediately be released from the study. Children may withdraw from the study at any time.

Students will be asked to complete two inventories before and after the sessions. One inventory explores how much control a child feels he/she has over his/her life; the other inventory examines what coping resources the child has in dealing with life difficulties. ALL STUDENT NAMES AND IDENTIFICATION WILL BE KEPT CONFIDENTIAL except to the researcher and the counselor(s) with whom the child is working. Parents may contact the counselor who is working with their child at any time to ask about his/her progress.
If your child has experienced at least one significant loss, either through death of a loved one, parental divorce, parental incarceration, multiple moves, or loss of home, he/she is invited to participate. PARTICIPATION IN THIS STUDY IS TOTALLY VOLUNTARY.

Again, the sole purpose of the study is to determine the effectiveness of the life book technique while continuing to help our child be an effective learner.

Please return the attached permission form by NOVEMBER 25. If you have any questions concerning this study, please call me at 257-750.

I would like to thank you in advance for your cooperation in this endeavor.

Sincerely,

Desiree Davis, MEd. Ed.S
Guidance Counselor
PARENTAL CONSENT FOR PARTICIPATION IN "LIFE BOOK" STUDY

STUDENT: ____________________________

Yes, I give permission for my child to participate in the study involving counseling and loss. I understand that I may withdraw my child from participation in his study at any time. I also understand that my child's identity will be kept nonymous. I recognize that my child's participation in this study is voluntary and will contact the school counselor with any questions or concerns I may have.

PARENT SIGNATURE: ____________________________

DATE: __________________
Appendix B

Student Assent Form
INFORMED STUDENT ASSENT FOR PARTICIPATION IN
STORYTELLING AND CREATING LIFE BOOKS: A COUNSELING
TECHNIQUE FOR FOSTERING RESILIENCE IN CHILDREN

Investigators Tammy Davis (primary), Renee Orlosky, Michelle Bartlett

STUDENT ASSENT TO PARTICIPATE IN THE
LIFE BOOK COUNSELING TECHNIQUE STUDY
The Life Book Counseling project has been explained to me. I have had all my questions answered. I understand that my participation in this project is confidential. Because I am a volunteer for this study, I may drop out of the project at any time. If I have any other questions, I will ask my counselor.

________________________
Student Signature

________________________
Date
Appendix C

Human Subjects Research Approval
MEMORANDUM

TO: Tamara Davis
FROM: Tom Hurd, Director

I have reviewed the changes you have submitted and on behalf of The Institutional Review Board, I have given your request final approval for the above referenced project.

The approval is valid for 12 months. If the involvement with human subjects is not complete within 12 months, the project must be resubmitted for re-approval. We will prompt you about 10 months from now. If there are significant changes in the protocol involving human subjects, those changes must be approved before proceeding.

Best wishes.

HTH/pli
Appendix D

Children's Nowicki-Strickland Internal-External Locus of Control Scale
YES  NO

1. Do you believe that most problems will solve themselves if you just don't fool with them?

2. Do you believe that you can stop yourself from catching a cold?

3. Are some kids just born lucky?

4. Most of the time, do you feel that getting good grades means a great deal to you?

5. Are you often blamed for things that just aren't your fault?

6. Do you believe that if somebody studies hard enough he or she can pass any subject?

7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?

8. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?

9. Do you feel that most of the time parents listen to what their children have to say?

10. Do you believe that wishing can make good things happen?

11. When you get punished, does it usually seem it's for no good reason at all?

12. Most of the time, do you find it hard to change a friend's (mind) opinion?

13. Do you think that chewing more than luck helps a team to win?

14. Do you feel that it's nearly impossible to change your parent's mind about anything?

15. Do you believe that your parents should allow you to make most of your own decisions?

16. Do you feel that when you do something wrong there's very little you can do to make it right?

17. Do you believe that most kids are just born good at sports?

18. Are most of the other kids your age stronger than you are?

19. Do you feel that one of the best ways to handle most problems is just not to think about them?

20. Do you feel that you have a lot of choice in deciding who your friends are?

21. If you find a four leaf clover, do you believe that it might bring you good luck?
22. Do you often feel that whether you do your homework has much to do with what kind of grades you get?

23. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her?

24. Have you ever had a good luck charm?

25. Do you believe that whether or not people like you depends on how you act?

26. Will your parents usually help you if you ask them to?

27. Have you felt that when people were mean to you it was usually for no reason at all?

28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?

29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?

30. Do you think that kids can get their own way if they just keep trying?

31. Most of the time, do you find it useless to try to get your own way at home?

32. Do you feel that when good things happen they happen because of hard work?

33. Do you feel that when somebody your age wants to be your enemy there's little you can do to change matters?

34. Do you feel that it's easy to get friends to do what you want them to?

35. Do you usually feel that you have little to say about what you get to eat at home?

36. Do you feel that when someone doesn't like you there's little you can do about it?

37. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are?

38. Are you the kind of person who believes that planning ahead makes things turn out better?

39. Most of the time, do you feel that you have little to say about what your family decides to do?

40. Do you think it's better to be smart than to be lucky?
Appendix E

Coping Resources Inventory Scales for Educational Enhancement
The Coping Resources Inventory Scales for Educational Enhancement (CRSEE)

Kenneth B. Matheny, Ph.D.
William L. Curlette, Ph.D., David W. Aycock, Ph.D.
James L. Pugh, Ph.D., Harry F. Taylor, Ed.S.,
Kathleen S. Cannella, R.N., Ph.D.

Directions. Answer each statement below either True (T) or False (F). There are no right or wrong answers. The word “parents” in the items below means the adults (or adults) who take care of you. Fill in your name on the answer sheet using a number 2 pencil.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think I am a very good student.</td>
<td>40</td>
</tr>
<tr>
<td>I feel like I really belong in my family.</td>
<td>41</td>
</tr>
<tr>
<td>My parents praise me when I do well.</td>
<td>42</td>
</tr>
<tr>
<td>I misbehave in school.</td>
<td>43</td>
</tr>
<tr>
<td>I do what my parents expect me to do.</td>
<td>44</td>
</tr>
<tr>
<td>I keep my feelings to myself.</td>
<td>45</td>
</tr>
<tr>
<td>My classmates are good to me.</td>
<td>46</td>
</tr>
<tr>
<td>I am smarter than most students.</td>
<td>47</td>
</tr>
<tr>
<td>Students at school like the way I look.</td>
<td>48</td>
</tr>
<tr>
<td>I am afraid to tell others what I think.</td>
<td>49</td>
</tr>
<tr>
<td>When I get angry, I sometimes hit someone.</td>
<td>50</td>
</tr>
<tr>
<td>I hide my true feelings.</td>
<td>51</td>
</tr>
<tr>
<td>I often tell lies.</td>
<td>52</td>
</tr>
<tr>
<td>I use my time better than most students do.</td>
<td>53</td>
</tr>
<tr>
<td>Most students at school like to talk with me.</td>
<td>54</td>
</tr>
<tr>
<td>My parents and I often do fun things together.</td>
<td>55</td>
</tr>
<tr>
<td>I do what my teachers expect me to do.</td>
<td>56</td>
</tr>
<tr>
<td>My parents spend a lot of time with me.</td>
<td>57</td>
</tr>
<tr>
<td>I get into fights.</td>
<td>58</td>
</tr>
<tr>
<td>Most students are smarter than I am.</td>
<td>59</td>
</tr>
<tr>
<td>I am shy.</td>
<td>60</td>
</tr>
<tr>
<td>I often get angry.</td>
<td>61</td>
</tr>
<tr>
<td>I can talk to my family about most things.</td>
<td>62</td>
</tr>
<tr>
<td>Often I am afraid that I will say the wrong thing.</td>
<td>63</td>
</tr>
<tr>
<td>I often behave badly.</td>
<td>64</td>
</tr>
<tr>
<td>I plan my work well.</td>
<td>65</td>
</tr>
<tr>
<td>I feel very safe at home.</td>
<td>66</td>
</tr>
<tr>
<td>When I get angry, I throw things.</td>
<td>67</td>
</tr>
<tr>
<td>Other students tease me about the way I look.</td>
<td>68</td>
</tr>
<tr>
<td>I am one of the first to get my work done.</td>
<td>69</td>
</tr>
<tr>
<td>It bothers me to tell my true feelings to others.</td>
<td>70</td>
</tr>
<tr>
<td>I try very hard to do what my teachers tell me.</td>
<td>71</td>
</tr>
<tr>
<td>My parents help me with my homework.</td>
<td>72</td>
</tr>
<tr>
<td>I turn my school work in on time.</td>
<td>73</td>
</tr>
<tr>
<td>I wish my family loved me more.</td>
<td>74</td>
</tr>
<tr>
<td>I get things done on time.</td>
<td>75</td>
</tr>
<tr>
<td>I have trouble talking about my true feelings.</td>
<td>76</td>
</tr>
<tr>
<td>I often break rules.</td>
<td>77</td>
</tr>
<tr>
<td>I cannot keep my mind on my school work.</td>
<td>78</td>
</tr>
<tr>
<td>I have temper tantrums.</td>
<td>79</td>
</tr>
<tr>
<td>I worry a lot that people will be angry at me.</td>
<td>80</td>
</tr>
<tr>
<td>I have problems at home.</td>
<td>81</td>
</tr>
<tr>
<td>I do not have many friends.</td>
<td>82</td>
</tr>
<tr>
<td>I do my school work very well.</td>
<td>83</td>
</tr>
<tr>
<td>When I am upset, I lose control.</td>
<td>84</td>
</tr>
<tr>
<td>I am afraid to ask others for what I want.</td>
<td>85</td>
</tr>
<tr>
<td>I go back and correct my mistakes.</td>
<td>86</td>
</tr>
<tr>
<td>I get my class work done on time.</td>
<td>87</td>
</tr>
<tr>
<td>Sometimes I talk back to teachers.</td>
<td>88</td>
</tr>
<tr>
<td>I am afraid to try new things because I usually fail.</td>
<td>89</td>
</tr>
<tr>
<td>Other people think I look good.</td>
<td>90</td>
</tr>
<tr>
<td>I am afraid I will not pass this grade.</td>
<td>91</td>
</tr>
<tr>
<td>My mother or father often read to me when I was young.</td>
<td>92</td>
</tr>
<tr>
<td>I wish I had more friends at school.</td>
<td>93</td>
</tr>
<tr>
<td>I do the work I am told to do.</td>
<td>94</td>
</tr>
<tr>
<td>I almost anything to get people to like me.</td>
<td>95</td>
</tr>
<tr>
<td>My parents really listen to me when I am worried about things.</td>
<td>96</td>
</tr>
<tr>
<td>When I get angry, I yell at people.</td>
<td>97</td>
</tr>
<tr>
<td>Most students at school like me.</td>
<td>98</td>
</tr>
<tr>
<td>I wish my family would help me more.</td>
<td>99</td>
</tr>
<tr>
<td>I try very hard to do what my parents tell me.</td>
<td>100</td>
</tr>
<tr>
<td>I am more than five years old.</td>
<td>101</td>
</tr>
<tr>
<td>I stay nervous at school.</td>
<td>102</td>
</tr>
<tr>
<td>Other students treat me fairly.</td>
<td>103</td>
</tr>
<tr>
<td>I have passed the first grade.</td>
<td>104</td>
</tr>
<tr>
<td>It is hard for me to make friends.</td>
<td>105</td>
</tr>
<tr>
<td>I watch television or play when I should do my homework.</td>
<td>106</td>
</tr>
<tr>
<td>I get into a lot of trouble.</td>
<td>107</td>
</tr>
<tr>
<td>I often want to run away from home.</td>
<td>108</td>
</tr>
<tr>
<td>The popular students at school like me.</td>
<td>109</td>
</tr>
<tr>
<td>I talk to my parents about my problems.</td>
<td>110</td>
</tr>
<tr>
<td>I know the answer when my teacher calls on me.</td>
<td>111</td>
</tr>
</tbody>
</table>

WilHam L. Curlette, Ph.D. • David J. Aycock, Ph.D.
Kathleen S. Cannella, R.N., Ph.D.
| 73. | I choose to do my homework rather than watch television. | 87. | There is a lot of crime in my neighborhood. |
| 74. | I pick on other students. | 88. | I moved within the last year. |
| 75. | I try to get out of doing work around home. | 89. | Often I am picked last on a team. |
| 76. | I keep my thoughts to myself. | 90. | I am left alone a lot. |
| 77. | Other students make fun of me. | 91. | I live with both my mother and father. |
| 78. | I often feel nervous. | 92. | People often hit me. |
| 79. | I usually get good grades on my homework. | 93. | People yell at me a lot. |
| 80. | I get along very well with others. | 94. | There are a lot of fights in my neighborhood. |
| 81. | I try very hard to get my work done. | 95. | Other students tease me. |
| 82. | My classroom is too crowded. | 96. | I have scary dreams. |
| 83. | I lose at games or sports often. | 97. | I was held back a grade. |
| 84. | Other students take things that belong to me. | 98. | I am often sent to the principal for breaking rules. |
| 85. | There is a lot of fighting in my school. | 99. | I often get lost. |
| 86. | Other students try to hurt me. | | |
Appendix F

Guide for Life Book Counseling Sessions
PROTOCOL GUIDE FOR COUNSELING SESSIONS FORMAT

PRE-TESTING SESSION:

Administer both instruments to all participants individually. Projected time needed = 30-45 minutes. At the end of administration, assign a number to each student (10-18).

COUNSELING SESSIONS #1 and #2:

1. Give student the life line and begin to identify significant life events from birth until present.

2. List all events first; then begin to discuss the feelings associated with each event. Write these feelings horizontally beneath each event. Deal only with feelings throughout the life line.

3. Go back and discuss: "Who had control over this event?" Write who had control over each event (e.g. a divorce at age 3: "Who made the decision about getting divorced? Was there anything you could have done that would have changed things?"

At the end of the second session, you will give students a camera to take home for the week. Students will have 10 photographs to take. Tell them to take pictures of family members, places, or objects that are important to them. Example: "Who might you go to when something bad happens? Where might you go? Is there an object you cling to when things go badly?"

COUNSELING SESSION #3:

1. Ask student to illustrate his/her unique talents, strengths, and abilities. Leading questions: "What are some things you do well? What things about you make you a strong person? How are some ways you handle problems in your life?"

2. You may need to suggest some things to get student started. Discuss anything they list and ask how this strength/resource might help them later in their lives.
COUNSELING SESSION FORMAT (cont.)

COUNSELING SESSION #4:

1. Help students arrange their photos on pages for their books.

2. Talk about each person/place/thing and discuss the importance of each in the child's life. Students may write or label photos any way they wish.

COUNSELING SESSION #5:

1. Student will complete another life line that will span from the present until the "end" of their story (let them decide where they want it to end). Have them indicate at what ages they would like for future events to occur.

2. Student will identify how they will feel when these life events have occurred.

3. Student will identify who has control of making these future events come true. Discuss the goals and ways the student can achieve these goals.

COUNSELING SESSION #6:

CLOSURE---Bind the book with the student and discuss how they may refer to this book as their "story" and that by completing this book, they have made a life plan for their own happy ending.

2. Have student evaluate the life book process (see student evaluation).

3. Present books to students to take home.

POST-TESTING SESSION: Administer both test instruments in group format as instructed in Pre-testing Session. Be sure that students are given the same identification number as in the first testing session.

SUMMARY POINTS:

(1) Explain that the student has identified things about themselves on the inside (strengths, talents, abilities) and on the outside (photos) that will help them when they have
COUNSELING SESSION FORMAT (cont.)

problems. Use the word “internal” when talking about the inner strengths and the word “coping resources” when talking about the outside stuff.

(2) Discuss how “control” changes as the students get older. Note how they become much more in control of their lives, especially in the future. Also, remind them that many of the losses or bad things that have happened have not been in their control, but they CAN control how they react to them. Point out that they use the internal strengths, talents, and abilities to do so.

(3) Place photos on the front of books (unless they do not want them there). Refer to the “story” of their life being uniquely their own.
Appendix G

Lifeline
WHAT'S YOUR STORY?
My lifeline
Appendix H

Life Book Participant Evaluation Form
PARTICIPANT EVALUATION OF LIFE BOOK SESSIONS

Ident name: ____________________

Participant number: ______________

Please rate the following on a scale of 1 - 5, (5 being the best).

Joyment of sessions 1 2 3 4 5

Length of sessions (6 weeks) 1 2 3 4 5 Too long? Too short?

SESSIONS: Life line (birth to present) 1 2 3 4 5

Photograph sessions 1 2 3 4 5

Strengths/Talents/Abilities Session 1 2 3 4 5

Life line (present to end of story) 1 2 3 4 5

Which of the sessions was most meaningful for you? Why? ____________________

______________________________

Was there any session that you did not like or thought was not valuable? If so,

Which one(s) and why? ________________________________

______________________________

Do you think of any way to improve these sessions (make them more meaningful to

children)? ________________________________

______________________________

On a scale of 1 to 5 (5 being highest), how would you rank the life book project?

1 2 3 4 5
Appendix I

Life Book Counselor Evaluation
To be completed by counselors after each life book session.

EVALUATION OF LIFE BOOK SESSION #______

Please indicate the following about this session:

**Strengths:**


**Weaknesses:**


Was there anything about this session that you thought was particularly effective?

Describe how the participant responded to this session.

Do you have any ideas for improving this particular session?

In a scale of 1 to 5 (5 being the highest), how would you rate the overall effectiveness of this session? Explain your response.