STUDENT SELF-CONCEPT, ANXIETY, TEACHER PERCEPTION, AND THE REFERRAL PROCESS IN ELEMENTARY SCHOOL COUNSELLING

by

ALISTER MACRAE

B.A., The University of Alberta, 1974

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

(Department of Counselling Psychology)

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

August, 1992

© Alister MacRae
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling Psychology

The University of British Columbia
Vancouver, Canada

Date Sept. 29, 92
ABSTRACT

The research problem in this study was to discover whether or not certain students were being overlooked in the counselling referral process as it functioned in an urban elementary school.

The correlations between two self-concept measures, two anxiety measures, and teacher perception of students' need for counselling were examined. A comparison was made between students perceived as needing counselling and students actually receiving counselling. The study also involved an examination of the male to female ratio with regard to teacher perception of student need for counselling.

Two measures of self-concept and two measures of anxiety were administered to 35 intermediate students. The teachers in the five involved classrooms were asked to rate all of their students as to whether or not they needed counselling.

Results indicated that there appear to be students who are being overlooked in the present counselling referral process which is based on teacher perception of student need. A negative correlation was found to exist between self-concept and anxiety measures. Male students were disproportionately perceived, in each of the five classes, as being in need of counselling.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>v</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>vi</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>3</td>
</tr>
<tr>
<td>Delimitations, Assumptions</td>
<td>4</td>
</tr>
<tr>
<td>Definitions</td>
<td>5</td>
</tr>
<tr>
<td>2. REVIEW OF THE LITERATURE</td>
<td></td>
</tr>
<tr>
<td>The Referral Process</td>
<td>7</td>
</tr>
<tr>
<td>Self-concept</td>
<td>9</td>
</tr>
<tr>
<td>Anxiety</td>
<td>13</td>
</tr>
<tr>
<td>Summary</td>
<td>14</td>
</tr>
<tr>
<td>3. METHOD</td>
<td></td>
</tr>
<tr>
<td>Description of Subjects</td>
<td>16</td>
</tr>
<tr>
<td>Research Design</td>
<td>17</td>
</tr>
<tr>
<td>Measuring Instruments</td>
<td>18</td>
</tr>
<tr>
<td>Data Collection Procedures</td>
<td>20</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>23</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ratio of Number of Males to Females per Classroom</td>
<td>17</td>
</tr>
<tr>
<td>2. Frequencies and Percentages of Males and Females in Total and</td>
<td>28</td>
</tr>
<tr>
<td>Males and Females Perceived as Needing Counselling per Classroom</td>
<td></td>
</tr>
<tr>
<td>3. Composite Measures' Standard Deviation From Mean and Need Of</td>
<td>30</td>
</tr>
<tr>
<td>Counselling in Comparison to Teacher Perceived Need of Counselling</td>
<td></td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

I would like to thank John Allan for his support, guidance, and enthusiasm throughout the writing of this project. He has been a source of inspiration and served as an invaluable resource in the area of elementary school counselling.

I extend great appreciation to Walter Boldt for his patience and expert assistance in the statistical analysis of the project.

I would like to acknowledge the Vancouver School Board for allowing me to conduct the research and the teachers and students involved in the study for their consent and cooperation.

A special thanks to my family whose constant love, faith, and encouragement have helped me to fulfill many dreams.
CHAPTER 1
INTRODUCTION

The purpose of this investigation is to explore the relationships between the counselling referral process and student self-concept, anxiety, and teacher perception. The study will attempt to show that self-concept, anxiety measures, and teacher perception ratings can be effectively used to identify elementary school students who are in need of counselling but not receiving it.

Statement of the Problem

An important issue in elementary schools is the successful referral of students to counselling services. Many school counsellors experience increasing work loads with ratios sometimes approaching 700 to 1 (Weinrach, 1984). Surveys have indicated that, in a typical classroom, 1 out of every 10 children suffers from moderate to severe emotional problems (Bower, 1969). The average school counsellor, therefore, has great demands placed on his/her services and may not be able to meet the counselling needs of all students.

Preventative and developmental interventions are efficient means of providing counselling service to more students. Administrators view the classroom teacher as best able to provide this type of counselling as a supplement to individual intervention (Newcomer, 1980). Although these programs are adequate for the affective development of many students, they
do not address the needs of children with hidden, unique, and pressing concerns (Park & Williams, 1986). Individual counselling is indicated for these types of children.

Students who do not exhibit acting-out or withdrawal behaviors are less likely to be identified and referred for counselling. If these individuals are reluctant to disclose information about their personal lives, they will probably be obligated to face their anxieties, losses, and conflicts without support (Park & Williams, 1986).

This study seeks to identify these students who tend to be overlooked in the elementary counselling referral process. The identification will hopefully come about by administering appropriate standardized measures, examining ratings of teachers' perceptions of students' need for counselling and by comparing the results of these data to a tabulation of whether or not these children are actually receiving counselling.

The first two instruments measure student self-concept. The individual's self-perception affects his/her attitude toward school (Padwel, 1984) and the ability to get along with peers (Zeichner, 1978). Battle (1987) found significant correlation between depression and self-concept of students in fourth through ninth grades.

The second two instruments measure student anxiety. One factor that negatively affects self-concept is anxiety (Cowles, 1984). In relation to children in fourth through sixth grades, Sousa (1981) found significantly negative correlations
between measures of self-concept and anxiety. Students in this study will therefore be viewed as needing counselling if they score low in self-concept and high in anxiety measures.

Significance of the Study

This study is relevant in that it attempts to demonstrate that there are students who are overlooked in the counselling referral process, as it presently functions. An improvement in the counselling process is implied by the identification of these students through the use of self-concept, anxiety measures, and teacher perception ratings.

Hypotheses

1. That there is a negative relationship between the two measures of self-concept and two measures of anxiety.

2. That canonical correlation analysis of the results of the administration of the measures of self-concept and anxiety can be used to create new weighted linear composites which are statistically significant.

3. That the males in each classroom are disproportionately perceived as being in need of counselling.

4. That there are students who score one-half to two standard deviations below the mean in the self-concept and anxiety composite scales (indicating a moderate to high need of counselling) but are not perceived by their teacher as needing counselling.
5. That there are students who score less than one-half standard deviation below the mean to two standard deviations above the mean in the self-concept and anxiety composite scales (indicating a low need of counselling) but are, nonetheless, perceived by their teacher as needing counselling.

6. That most students perceived by their teachers as needing counselling are receiving or have received counselling over the past school year.

7. That there are students who are receiving counselling but are not perceived by their teacher as being in need of counselling.

Delimitations, Assumptions

The study was conducted with boys and girls, in grades four to seven only. The students in these grades were selected as the reading level for both self-concept and anxiety measures are appropriate for this age range. The majority of studies in the literature involved subjects within these grades. The four classrooms are part of a moderately-sized "inner-city" school.

It is assumed that students who score one-half to one standard deviation below the mean in both the self-concept and anxiety composite scales are in moderate need of counselling. Those who score less than one-half standard deviation below the mean on one of the two composite scales
and more than one standard deviation below the mean on the other composite scale are also assumed to be in moderate need of counselling.

Students who score more than one standard deviation below the mean in one of the composite scales and one-half or more standard deviations below the mean on the other composite scale are assumed to be in high need of counselling. Piers and Harris (1984) indicate that "by convention, a deviation of one standard deviation unit or more below the mean should be regarded as a serious indicator of low self-concept" (p.37).

Those who score less than one-half standard deviation below the mean to two standard deviations above the mean in the self-concept and anxiety composite scales are considered to be in low need of counselling. Those who score less than one-half standard deviation below the mean on one of the composite scales and one-half to one standard deviation below the mean on the other composite scale are also considered to be in low need of counselling.

Definitions
Self-concept

Shaffer (1985) defines self concept as "one's sense of oneself as a separate individual who possesses a unique set of characteristics" (p. 469).
Trait Anxiety
Trait anxiety is considered to be "general anxiety; the inborn predisposition to be easily upset" (Matthews & Odin, 1989, p. 158).

State Anxiety
State anxiety is "situational, with the degree of anxiety being dependent on the perceptions of a person regarding a given occurrence" (Matthews & Odin, 1989, p. 158).
CHAPTER 2
REVIEW OF THE LITERATURE

This chapter reviews the literature relevant to the present study. The sections included deal with the referral process, self-concept, and anxiety. The review concludes with a summary of the literature.

The Referral Process

Studies dealing with referral to counseling focus primarily on how the referral process can be made more effective. This implies that there is a need for improvement in this process. Researchers recommend that referrals be made in a systematic, collaborative manner.

Downing (1985) states that the referral process is negatively affected by limited counselor time. School district budget cost-saving measures often bring about a reduction in counseling services. It is therefore often necessary for the school counselor to refer clients to outside agencies. Appointments to these agencies are not always kept and there is often a lack of effective communication between agencies. Unsuccessful referrals waste school resources.

In order to make effective referrals, Downing (1985) suggests that counselors need to establish inventories of referral sources, both inside and outside the school. They should be aware of their own attitudes about referral and be willing to work with their clients as teammates in looking for possible solutions.
Cooney (1985) states that the referral process needs to be systematic and formalized in order to lessen the likelihood of children being overlooked or referred capriciously. A systematic referral process involves collaboration among the adults concerned about the child. She states that most elementary students who partake in counselling are referred by a teacher, parent, or both. The referral procedure needs to be brief and uncomplicated and involve ongoing counsellor-teacher conferencing, counsellor classroom observations of the child, and written parental consent.

School counsellors' academic preparation rarely includes the provision of information or training about the referral process (Weinrach, 1984). Bobele and Conran (1988) posit that this lack of training contributes to referrals being done in an unsuccessful manner. They view referral as a very important component in the role of the school counsellor. Weekly communication between the counsellor and the referral source is suggested as the counsellor is considered to be in the position to evaluate the ongoing effects of therapy.

Drabman, Tarnowski, and Kelly (1987) found that younger children and boys in a classroom were disproportionately referred for child psychology clinic services. A replication and extension of this study was conducted by Tarnowski, Drabman, Anderson, and Kelly (1990). Their sample consisted of 222 children referred to school psychology consultation services. The mean age of the children was 8.34 and they
ranged from kindergarten to grade 8 placement. Results indicated that significantly more of the younger children in each class (i.e., those born in July, August, and September) were referred for service \( \chi^2 (3, N = 222) = 11.06, p < .025 \). Approximately twice as many boys as girls were referred for services \( \chi^2 (1, N = 222) = 16.91, p < .001 \). The referral pattern remained constant across every grade and could not be explained by the children's competencies. The youngest children who were referred had the lowest rate of qualification for special services. The authors suggest that teacher bias may account for these results.

Self-concept

Much has been written regarding the influences of self-concept and anxiety in counselling but the literature is seldom directly related to the referral process. "At risk" students (those who come from dysfunctional homes, have low socio-economic status, are underachievers, and/or grade repeaters) tend to have more negative self-concepts; making this attribute one which interferes with the development of a positive image of primary concern to the school counsellor (Matthews, 1988).

Schappi (1985) found that students in elementary schools who were experiencing stress could change their perceptions of school and self through counsellor-led guidance. Ziegler, Scott, and Taylor (1991) based their research on this previous
study and examined 20 fifth-grade girls enrolled in a gifted program; of which 10 girls were identified by their teachers as experiencing stress. The subjects were randomly assigned to control or structured counsellor-led intervention groups. The treated students' mean for personal self-concept was significantly higher at post-test ($E = 7.79, p < .01$) in comparison to pre-test ($E = 1.02$). Teachers also perceived a decrease in acting out behavior and an increase in compliance to school rules for the treated group. The study is limited by the very small sample size and the fact that only gifted girls of one age group were examined. Additional research is indicated in order to discover if these results would generalize to a more heterogeneous group of both sexes and varying age ranges.

The child's peer group plays a crucial role in his/her social adjustment and development of self-concept (Schmuck & Schmuck, 1971). Sorsdahl and Sanche (1985) investigated the effects of classroom meetings on children's self-concepts. The study involved 91 fourth graders in four intact classes. All subjects completed the Piers-Harris Children's Self-Concept Scale and were rated by their teachers on a classroom meeting self-concept scale developed for the study. Two classes served as experimental groups and participated in general discussion and problem-solving classroom meetings, twice a week for 20 weeks. There was no significant difference in the experimental and control groups on post-test Piers-Harris
self-concept scores. The experimental group did, however, show significant improvement on pretest to posttest for the classroom meeting self-concept scale developed for the study. These results are limited by the lack of age range of the subjects involved and by the fact that no information was provided regarding the reliability and validity of the created classroom meeting self-concept scale.

Shulman and Klein (1983) examined 33 families with adolescents, ages 12 to 18, who were referred to psychotherapy. They sought to explore family dynamics in order to discover why these particular adolescents were referred. Families were sorted into two categories: the distance-sensitive who demonstrate control, lack of dependence, and unwillingness to accept others' opinions; and the consensus-sensitive who work cooperatively against perceived threats, are sensitive to the opinions of others, and maintain only superficial relationships with others outside the family. Both categories are considered to reveal pathological systems. The Tennessee Self-Concept Scale was used to measure the referred adolescents' self-concept. Results indicate that in distance-sensitive families the referred adolescent has a lower self-concept than siblings who are not referred. No such difference exists, however, between referred adolescents and their siblings in consensus-sensitive families. Although these results are considered to be significant for distance-sensitive families, specific
statistical representation is lacking in this study. Findings obtained for consensus-sensitive families are on the borderline of significance thus necessitating further research in this area.

Boys tend to be referred for mental health services much more frequently than girls (Tarnowski et al., 1990). This phenomenon is attributed to learning and behavioral problems exhibited in elementary school (Achenbach, 1982). The relationship between school adjustment and the extent to which self-concepts relates to stereotypic gender roles was studied by Silvern and Katz (1986). Subjects included 60 mainstream boys, 29 special-class boys, and 70 mainstream girls. More stereotypic self-concepts for boys were associated with high levels of externalizing behaviors. Stereotypy for girls was associated with high levels of internalizing. The argument that the masculine role is associated with poor school adjustment is supported by the finding that a significant relationships exists between teacher ratings of externalized symptomatology and scores from the gender-role scales: Bipolar Adjective Measure, and Children's Personal Attitudes Questionnaire. Stereotypically masculine boys tend to exhibit conduct disorders and are more likely to be referred to counselling than stereotypically feminine girls who are high internalizers. There is, therefore, a need to further explore whether children who internalize are overlooked in the referral process.
Anxiety

Teachers most frequently recognize students who display "nervous behavior and personality dynamics" as those students with learning or behavioral difficulties (Lambert, 1986). Ysseldyke (1983) found that teachers tend to refer students who engage in behaviors which are disturbing to them. It is therefore relevant to examine teachers' perceptions of their students' emotional status in relationship to the referral process. Argulewicz and Miller (1985) sought to explore the relationship between teachers' perceptions of their students' anxiety and students' self reported anxiety. Students in five first-grade classes (N=97) from a large suburban school district in the southwestern United States participated in the study. Subjects were administered two self-report measures: the Revised Children's Manifest Anxiety Scale and the Children's Anxiety Scale. The results indicated significant coefficients for two of the five classrooms studied, with correlations approaching significance for a third classroom (r=.53, p<.03). The authors conclude that there are students who report feelings of anxiety who may not be identified by their teachers as having serious problems. They caution that anxiety left unidentified and untreated could lead to academic difficulties, physical ailments, substance abuse, and in more extreme cases, possible suicides or homicides.
Studies involving children in fourth through eighth grades revealed significant negative relationships between self-concept and measures of trait anxiety (Cowles, 1984) and state anxiety (Lewis & Adank, 1975). Damon (1983) states that low self-concept has an association with anxiety, depression, and maladjustment. Matthews and Odin (1989) sought to further investigate the relationship between anxiety and self-esteem by studying a group of 53 sixth and seventh grade students. The State-Trait Anxiety Inventory for Children and the Coopersmith Self-Esteem Inventory were administered to all subjects. The results revealed significant relationships between state anxiety and total self-concept scores ($r = -.36, p<.05$). All coefficients were negative, indicating that high levels of self-concept were associated with low levels of anxiety, both state and trait. The authors suggest that counsellors use this information when working with at risk students and that they inform teachers about the socio-emotional implications of the relationship between anxiety and self-esteem.

**Summary**

Improvements need to be made in the referral process. Referrals should be made in a systematic, formalized manner and involve consultation with parents, teachers, and counsellors. Teacher bias may account for the fact that the male students in classrooms tend to be disproportionately referred to counselling.
At risk students tend to have low self-concepts which negatively affect their development in school. Self-concept can be improved through counsellor-led intervention groups and classroom meetings. Referred adolescents from "distance sensitive" families, on the whole, have lower self-concepts than their non-referred siblings. The literature appears to indicate that individuals with low self-concepts tend to be in need of counselling.

Students who display behaviors which are disturbing to teachers are usually those who are referred to counselling. There are students who report a high degree of anxiety (as indicated in anxiety measures) but are, nonetheless, not perceived by teachers as needing counselling. This suggests that the use of standardized measures may be useful in identifying those students who are in need of counselling but have been overlooked through the teacher referral process. There appears to be a negative relationship between measures of self-concept and state and trait anxiety. Counsellors need to inform teachers about this relationship in order to help them better understand the social-emotional needs of at risk students.
CHAPTER 3

METHOD

This chapter describes the research procedures in five sections: description of subjects, research design, measuring instruments, data collection procedures, and data analysis.

Subjects

The study involved students attending an "inner city" elementary school in the Vancouver area. A "First Nations" cultural program for Native Indian children was an integral part of this school. A counsellor and child care worker were part of the First Nations' staff. The other children in the school also had access to an area counsellor and second child care worker. There was therefore a greater provision of counselling services in this school in comparison to most elementary schools in the district.

All intermediate students (grades four through seven) were used for the tabulation of teachers' perception for need of counselling and whether or not students received counselling. A total of 112 students were taken into consideration. The ratio of males to females per classroom is found in Table 1. 19 out of the above 112 students were of Native Indian racial origin.

A total of 35 students served as subjects in the administration of the self-concept and anxiety measures. These students were part of five intact classrooms: grades four, four/five (split), five, six, and six/seven (split). 2 out of
the above 35 students were of Native Indian racial origin. All students came from mainstream classrooms and ranged in academic ability from below to above average.

Table 1

Ratio of Number of Males to Females per Classroom

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>B</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>C</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>D</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>E</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
<td><strong>61</strong></td>
</tr>
</tbody>
</table>

Research Design

As the study explored the relationship between more than three variables, a multivariate correlational research design was used. The analytic technique was a canonical correlation in which a combination of several predictor variables was examined to predict a combination of several criterion variables. This method was similar to multivariate analysis of variance but, because two or more variables are included simultaneously, differences on one or more canonical variates were considered rather than differences between means on a
single variable. This analysis was done by using T scores of the four measures for the 35 students involved. These scores were entered into the University of British Columbia BMDP canonical analysis computer program. The results of this analysis is discussed in the next chapter.

The design involved four dependent variables: the two measures of self-concept and the two measures of anxiety. The three independent variables included: whether or not student is receiving counselling, teachers' perceptions of student need for counselling, and the sex of those students perceived by teachers as needing counselling.

Measuring Instruments

The first measure of self-concept was the Piers-Harris Children's Self-Concept Scale (Piers & Harris, 1984). It is a self-report inventory, consists of 80, first-person declarative statements, and is intended for use with students in grades 4 through 12. The instrument is highly reliable with test-retest reliability averaging .73 and internal consistency ranging from .88 to .93 on the total score. Empirical studies on the content, criterion-related, and construct validity reveal acceptable standards.

The second measure of self-concept was the Coopersmith Self-Esteem Inventory (Coopersmith, 1981). It is a standardized self-report instrument, appropriate for students aged 8 through 15. The measure consists of 58 short statements which respondents classify as "like me" or "unlike me."
Internal consistency, split-half and test-retest reliability are very high and the construct validity is impressive (Kokenes, 1978). Internal consistency co-efficients, by KR 20, ranged for .87 to .92 for grades 4 to 8. Split-half reliability was .87 for 104 students in grades 5 and 6.

The first measure of anxiety was the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985) which is a 37-item self report instrument. It is intended for use with students between the ages of 6 and 19. Reliability estimates of internal consistency for the total anxiety score range from .79 to .85. Test-retest reliabilities are excellent over a 3-week period (.98) and reasonable over a nine-month period (.68). In terms of construct validity, this measure correlates significantly with the Trait scale of the State-Trait Anxiety Inventory for Children (.85) but not the State scale (.24).

The second measure of anxiety was the State-Trait Anxiety Inventory for Children (Spielberger, 1973). It is a 40-item self-administered scale with 20 items measuring state anxiety and 20 items measuring trait anxiety. This instrument is a downward extension of the State-Trait Anxiety Inventory and was designed for use with students in elementary schools. The alpha reliability internal consistency coefficients range from .78 to .87. Test-retest reliability coefficients for trait anxiety are .65 for males and .71 for females; coefficients for state anxiety are low at .31 for males and .47 for females. There is only moderate evidence for the construct validity of
the state scale. Concurrent validity of the Trait scale is indicated by a high correlation with the Revised Children's Manifest Anxiety Scale (.85). As test-retest reliability is low and construct validity is moderate for the state anxiety scale, this study limited itself to the use of the trait anxiety scale only.

**Data Collection Procedures**

Written permission to conduct the study was received from both the University of British Columbia Behavioural Sciences Screening Committee for Research and the Student Assessment and Research department of the Vancouver School Board. Parental consent forms were collected prior to the administration of any measures.

Teachers, in the five involved classes, were informed about the study and teacher consent forms were also collected. The teachers were asked to rate each of their students as to whether or not they need counselling. They were requested to give a rationale for their selection of the particular students chosen as needing counselling.

Only those students whose parents or guardians provided written consent participated in the completion of the self-concept and anxiety measures. The Piers-Harris Children's Self-Concept Scale and the Revised Children's Manifest Anxiety Scale were administered in the first session. The teachers felt that 30 minutes may be a maximum time for the completion of such measures by younger intermediate students.
and both scales took approximately 25 minutes to administer. The 35 students from all five classrooms involved completed the measures together in one common location. Two days later the Coopersmith Self-Esteem Inventory and the State-Trait Anxiety Inventory for Children were administered in the same manner. Every attempt was made to carefully follow the instructions for administration as laid out by the manuals of each measure.

The results of the canonical correlation between two self-concept and two anxiety measures were tabulated. Weighted linear composite scales of the two constructs: self-concept and anxiety, created by the canonical analysis, were then examined for each subject.

Those students who scored one-half to one standard deviation below the mean in both the self-concept and anxiety composite scales were considered to be in moderate need of counselling. Those who scored less than one-half standard deviation below the mean on one of the two composite scales and more than one standard deviation below the mean on the other composite scale were also assumed to be in moderate need of counselling.

Students who scored more than one standard deviation below the mean in one of the composite scales and one-half or more standard deviations below the mean on the other composite scale were assumed to be in high need of counselling.
Those students who scored less than one-half standard deviation below the mean to two standard deviations above the mean in the self-concept and anxiety composite scales were considered to be in low need of counselling. Those who scored less than one-half standard deviation below the mean on one of the composite scales and one-half to one standard deviation below the mean on the other composite scale were also considered to be in low need of counselling.

The relationship between teacher's perception of students' need for counselling and the students' sex was tabulated next. Comparisons were made between the number of males and females needing counselling and the total number of males and females in each classroom. This tabulation relates to hypothesis #3.

The relationship comparing students' need for counselling [from the canonical variate composite scales] with teachers' perceptions of need for counselling were then be presented. This tabulation relates to hypotheses #4 and #5.

Correlations were tabulated between students' need for counselling [from the canonical variate composite scales] and those students actually receiving counselling (relating to hypothesis #6 and #7). Students were categorized as "receiving counselling" if they were working with a counsellor during the period of the study or had received counselling, individually or in a group, sometime during the present school year (i.e. since September, 1991). For those students who
were tabulated as receiving counselling but not perceived by their teachers as needing counselling, the particular counsellors involved were asked to provide the source of and reason for the student referral.

**Data Analysis**

Results of the two self-concept measures and two anxiety measures were analyzed by a canonical correlational technique. Canonical variates represent constructs and are artificial variables generated from the data, similar to factors in factor analysis. They are described in terms of the dependent variables through loadings: correlation coefficients between a canonical variate and the dependent variables. High scores on the dependent variable relate to high scores on the canonical variate and would indicate that a loading between the two is high and positive.

The correlation ($R^2c$) between an $x$-set and a $y$-set was examined. The $x$-set consisted of the variables resulting from the scores of the two self-concept measures. The $y$-set consisted of the variables resulting from the scores of the two anxiety measures. High and positive loadings of the $x$-set and $y$-set variables would represent the new constructs: $x^*$ and $y^*$, respectively.

Frequency counts and percentages were used to analyze the comparison of the numbers of males to females in each class to the numbers of males and females in each class perceived
as needing counselling. Frequency counts and percentages were also reported to indicate the number of students who were:

1. in moderate to high need of counselling but not perceived by their teachers as needing counselling in comparison to the total number of students who completed the measures.

2. in low need of counselling but were perceived by their teachers as needing counselling in comparison to the total number of students who completed the measures.

3. perceived by their teachers as needing counselling and who were receiving or had received counselling over the past school year in comparison to the total number of students in the intermediate classes.

4. receiving or had received counselling over the past school but were not perceived by their teacher as being in need of counselling in comparison to the total number of students in the intermediate classes.
CHAPTER 4
RESULTS

This chapter provides a description of the research findings. These findings are reported in relationship to each hypothesis.

Hypothesis No. 1

That there was a negative relationship between the two measures of self-concept and two measures of anxiety.

The following results confirm the first hypothesis. From the intercorrelation of the canonical analysis, it appears that there is a relationship of -.325 between self-concept measure: A1 (Piers-Harris Children's Self-Concept Scale) and anxiety measure: B1 (Revised Children's Manifest Anxiety Scale). The relationship between self-concept measure: A1 and anxiety measure: B2 (State-Trait Anxiety Inventory for Children) appears to be -.258. Evidence seems to indicate a relationship of -.446 between self-concept measure: A2 (Coopersmith Self-Esteem Inventory) and anxiety measure: B1. There appears to be a relationship of -.470 between self-concept measure: A2 and anxiety measure: B2.

Hypothesis No. 2

That canonical correlation analysis of the results of the administration of the measures of self-concept and anxiety could be used to create new weighted linear composites which are statistically significant.
The following results partially confirm the second hypothesis. The canonical analysis appeared to indicate that the two constructs: self-concept and anxiety were interrelated. These results support that 27% of the variance of self-concept is accounted for by anxiety.

The possibility of there being two dimensions underlying the two sets of variables was tested. The first dimension appeared to indicate a maximum correlation of .52 which is statistically significant ($x^2 = 10.33, 4\text{df}, p<.05$). The second dimension was not statistically significant at the .05 level. The first dimension created two weighted linear composites which were significant at the .05 level: CNVR F1 and CNVR S1.

The first linear composite: CNVR F1 is made up of the self-concept measures: A1 and A2. The second linear composite: CNVR S1 is made up of the anxiety measures: B1 and B2.

The self-concept measure: A1 correlated with the weighted linear composite: CNVR F1 with a loading of .619. The self-concept measure: A2 correlated with the weighted linear composite: CNVR F1 with a loading of .994. These results appear to indicate that the self-concept measure: A2 is very strongly a part of the first linear composite: CNVR F1.

The anxiety measure: B1 correlated with the weighted linear composite: CNVR S1 with a loading of .852. The anxiety measure: B2 correlated with the weighted linear composite: CNVR S1 with a loading of .922. It seems that both anxiety measures: B1 and B2 play almost an equally strong part in the
composition of the second linear composite: CNVR S1. Standard deviation scores from the mean of the newly created linear composites were used to decide whether each of the subjects were in low, moderate, or high need of counselling. **Hypothesis No. 3**

That the males in each classroom were disproportionately perceived as being in need of counselling.

The following results confirm the third hypothesis. As shown in table 2, each classroom had a higher percentage of males perceived as needing counselling: 40, 45, 30, 100, and 33% as opposed to females perceived as needing counselling: 8, 5, 25, 44, and 18%, respectively.
Table 2
Frequencies and Percentages of Males and Females in Total and Males and Females Perceived as Needing Counselling Per Classroom

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Males Frequency</th>
<th>% of Total</th>
<th>Those Perceived as Needing Counselling</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10 44</td>
<td>4</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females 13 56</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>11 55</td>
<td>5</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females 9 45</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>10 45</td>
<td>3</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females 12 55</td>
<td>3</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>5 24</td>
<td>5</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females 16 76</td>
<td>7</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>15 58</td>
<td>5</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females 11 42</td>
<td>2</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Total Males</td>
<td>51 45</td>
<td>22</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Females 61 55</td>
<td>14</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>
Hypothesis No. 4

That there were students who scored one-half to two standard deviations below the mean in the self-concept and anxiety composite scales (indicating a moderate to high need of counselling) but were not perceived by their teacher as needing counselling.

The following results confirm the fourth hypothesis. As can be established from Table 3, 6 subjects out of 35 indicated a moderate to high need for counselling (according to the composite measures of self-concept and anxiety) but this need was not recognized by their classroom teachers. This represents 17% of the total sample. This finding implies that these students are in need of counselling but have been overlooked by the traditional referral process. These subjects are indicated by the single asterisk: * in Table 3.

Hypothesis No. 5

That there were students who scored less than one-half standard deviation below the mean to two standard deviations above the mean in the self-concept and anxiety composite scales (indicating a low need of counselling) but were, nonetheless, perceived by their teacher as needing counselling.

The following results confirm the fifth hypothesis. As shown in table 3, 3 out of 35 subjects indicated a low need of counselling but were perceived by their teachers, nonetheless, as needing counselling. This represents nine percent of the total sample. These subjects are indicated by the double
asterisk: ** in Table 3. This finding implies that administering self-concept and anxiety measures is not the only effective means of identifying students' need for counselling.

Table 3

Composite Measures' Standard Deviation From Mean and Need of Counselling in Comparison To Teacher Perceived Need of Counselling

<table>
<thead>
<tr>
<th>Subject</th>
<th>SD from X (Self-Concept)</th>
<th>SD from X (Anxiety Composite: CNVR F1)</th>
<th>Need of Teacher CN.(from preceding Composites) Cn.</th>
<th>Teacher Perceived Need of Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-1.39</td>
<td>-1.38</td>
<td>high</td>
<td>yes</td>
</tr>
<tr>
<td>2</td>
<td>+0.29</td>
<td>+1.29</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>3</td>
<td>-0.08</td>
<td>-0.05</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>4</td>
<td>-1.04</td>
<td>-0.75</td>
<td>high</td>
<td>no *</td>
</tr>
<tr>
<td>5</td>
<td>-0.54</td>
<td>+1.14</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>6</td>
<td>-0.27</td>
<td>-0.82</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>7</td>
<td>+0.01</td>
<td>-1.33</td>
<td>moderate</td>
<td>no *</td>
</tr>
<tr>
<td>8</td>
<td>+0.51</td>
<td>+1.64</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>9</td>
<td>-0.08</td>
<td>-0.32</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>10</td>
<td>-0.80</td>
<td>-1.23</td>
<td>high</td>
<td>no *</td>
</tr>
<tr>
<td>11</td>
<td>+0.96</td>
<td>-0.53</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>12</td>
<td>+0.91</td>
<td>-0.74</td>
<td>low</td>
<td>no</td>
</tr>
</tbody>
</table>
Table 3 (continued)

Composite Measures' Standard Deviation From Mean and Need of Counselling in Comparison To Teacher Perceived Need of Counselling

<table>
<thead>
<tr>
<th>Subject</th>
<th>SD from X (Self-Concept Composite: CNVR F1)</th>
<th>SD from X (Anxiety Composite: CNVR S1)</th>
<th>Need of Cn.(from preceding Composites)</th>
<th>Teacher Perceived Need of Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>+0.01</td>
<td>+0.15</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>14</td>
<td>+1.05</td>
<td>+0.78</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>15</td>
<td>+0.43</td>
<td>-0.68</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>16</td>
<td>+0.43</td>
<td>-0.68</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>17</td>
<td>+1.40</td>
<td>+0.62</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>18</td>
<td>+0.68</td>
<td>+0.85</td>
<td>low</td>
<td>yes **</td>
</tr>
<tr>
<td>19</td>
<td>-0.64</td>
<td>-0.95</td>
<td>moderate</td>
<td>yes</td>
</tr>
<tr>
<td>20</td>
<td>-0.63</td>
<td>-2.36</td>
<td>high</td>
<td>no *</td>
</tr>
<tr>
<td>21</td>
<td>-0.90</td>
<td>+0.47</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>22</td>
<td>+1.42</td>
<td>+0.88</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>23</td>
<td>-1.09</td>
<td>-1.69</td>
<td>high</td>
<td>no *</td>
</tr>
<tr>
<td>24</td>
<td>-2.19</td>
<td>-0.82</td>
<td>high</td>
<td>yes</td>
</tr>
<tr>
<td>25</td>
<td>+1.01</td>
<td>+0.27</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>26</td>
<td>-0.90</td>
<td>-0.09</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>27</td>
<td>+0.81</td>
<td>+0.53</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>28</td>
<td>+1.09</td>
<td>+1.81</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>29</td>
<td>-2.27</td>
<td>+0.09</td>
<td>moderate</td>
<td>no *</td>
</tr>
</tbody>
</table>
Table 3 (continued)

Composite Measures' Standard Deviation From Mean and Need of Counselling in Comparison To Teacher Perceived Need of Counselling

<table>
<thead>
<tr>
<th>Subject</th>
<th>SD from X (Self-Concept)</th>
<th>SD from X (Anxiety Composite: CNVR F1)</th>
<th>Need of Composite: CNVR S1) Composites</th>
<th>Teacher Need of Cn.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>-0.13</td>
<td>-0.34</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>31</td>
<td>-0.88</td>
<td>+0.47</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>32</td>
<td>+0.98</td>
<td>+0.95</td>
<td>low</td>
<td>no</td>
</tr>
<tr>
<td>33</td>
<td>-0.31</td>
<td>+0.37</td>
<td>low</td>
<td>yes **</td>
</tr>
<tr>
<td>34</td>
<td>-0.20</td>
<td>-0.42</td>
<td>low</td>
<td>yes **</td>
</tr>
<tr>
<td>35</td>
<td>+1.45</td>
<td>+1.55</td>
<td>low</td>
<td>no</td>
</tr>
</tbody>
</table>

Note. SD = standard deviation; X = mean; CNVR = canonical variate; Cn. = counselling.
* = in moderate or high need of counselling, according to composite measures, but not perceived by teachers as needing counselling.
** = in low need of counselling, according to composite measures, but are, nonetheless, perceived by teachers as needing counselling.
Hypothesis No. 6

That most students perceived by their teachers as needing counselling were receiving or had received counselling over the past school year.

The following results confirm the sixth hypothesis. Of the 112 students in the intermediate grades, 36 were considered as receiving or having received counselling over the past school year (i.e. since September, 1991). This makes up 32% of the total intermediate population. 36 students were also perceived by their teachers as needing counselling. These students were not necessarily the same students as those who had received counselling over the school year. Of these 36 students, 30 had received counselling over the school year. This means that 83% of those students deemed as needing counselling actually received counselling. A total of 6 students, therefore, out of a possible 36 were perceived, by their teachers, as needing counselling but had received no counselling. This means that 17% of those students deemed as needing counselling did not receive counselling over the school year.
Hypothesis No. 7

That there were students who were receiving counselling but were not perceived by their teacher as being in need of counselling.

The following results confirm the seventh hypothesis. Of the 36 students receiving counselling, 6 students were not perceived by their teachers as needing counselling. This represents 17% of all intermediate students receiving counselling.
CHAPTER 5
DISCUSSION

This final chapter involves a discussion of the research findings. It includes a summary, interpretation of results, limitations of the study, implications for future research, and a conclusion.

The research problem in this study was to discover whether or not certain students were being overlooked in the counselling referral process as it functioned in an urban elementary school.

The correlations between two self-concept measures, two anxiety measures, and teacher perception of students' need for counselling were examined. A comparison was made between students perceived as needing counselling and students actually receiving counselling. The study also involved an examination of the male to female ratio with regard to teacher perception of student need for counselling.

The measures: Piers-Harris Children's Self-Concept Scale, Coopersmith Self-Esteem Inventory, Revised Children's Manifest Anxiety Scale, and State-Trait Anxiety Inventory for Children were administered to 35 intermediate students whose parents/guardians provided consent. The teachers in the five involved classrooms were asked to rate all of their students as to whether or not they needed counselling. Four members of the school personnel who offer counselling
services were asked to provide a comprehensive list of all the students they had counselled since September, 1991 and/or the students they were presently counselling.

**Interpretation of Results**

The results appear to indicate that:

1. There was a negative relationship between the two measures of self-concept and two measures of anxiety.

The finding of negative correlations between each of the two self-concept measures and the two anxiety measures supports previous research. Cowles (1984) study involving children in fourth through eighth grades revealed a significantly negative relationships between self-concept and measures of trait anxiety. This finding appears to indicate that as self-concept decreases, anxiety increases and, conversely, as self-concept increases, anxiety decreases. The Matthews and Odin (1989) study indicated that high levels of self-concept were associated with low levels of anxiety, both state and trait. As was suggested in the Matthews and Odin (1989) study, counsellors need to inform teachers about this negative relationship between self-concept and anxiety.

Although the relationship between self-concept and anxiety is primarily negative, there appears to be some commonality between the two constructs. The results of this study support that 27% of the variance of self-concept can be accounted for
by anxiety. This appears to indicate that the two constructs are not mutually exclusive and that some degree of anxiety might be healthy.

2. Canonical correlation analysis of the results of the administration of the measures of self-concept and anxiety could be used to create new weighted linear composites which are statistically significant. Canonical correlational analysis could be used to create two linear composites which were statistically significant at the .05 level. The first linear composite: CNVR F1 was made mostly of of the self-concept measure: the Coopersmith Self-Esteem Inventory. This favoring of one self-concept measures over another may indicate a need to further examine empirical studies on the validity and reliability of the Piers-Harris Children's Self-Concept Scale. The second linear composite: CNVR S1 was made up, almost equally, of the two anxiety measures: the Revised Children's Manifest Anxiety Scale and the State-Trait Anxiety Inventory for Children. Both measures, therefore, played an equally important part in creating the second linear composite. This may indicate that the two anxiety scales measure more closely the construct of anxiety than the two self-concept scales measure the construct of self-concept. The two newly created linear composites were useful in determining whether students in the study were in low, moderate, or high need of counselling.
3. The males in each classroom were disproportionately perceived as being in need of counselling.

A greater percentage of males in each of the five classrooms were perceived by their teachers as needing counselling. This finding supports the Drabman et al. (1987) and the Tarnowski et al. (1990) studies which indicate that boys tend to be referred for mental health services much more frequently than girls. Teacher bias may account for this disproportionate referral pattern. Ysseldyke’s (1983) finding that teachers tend to refer students who engage in behaviors which are disturbing to them may have some influence on the greater proportion of male referrals to counselling. It may be that male students are more disturbing to teachers and are, hence, perceived as needing counselling more frequently than less disruptive females.

4. There were students who scored one-half to two standard deviations below the mean in the self-concept and anxiety composite scales (indicating a moderate to high need of counselling) but were not perceived by their teacher as needing counselling.
There were 6 out of a total of 35 subjects (17%) who scored one-half to two standard deviations below the mean in the self-concept and anxiety composite scales (indicating a moderate to high need of counselling) but were not perceived by their teacher as needing counselling. If we accept the hypothesis that scoring at least one-half standard deviation below the mean on the self-concept and anxiety composite scales indicates a moderate to high need for counselling, as this study suggests, then these six students can be viewed as being overlooked in the counselling referral process. This process, as it functioned at the time of the study, was primarily a result of the classroom teacher's perception for student's need for counselling.

5. There were students who scored less than one-half standard deviation below the mean to two standard deviations above the mean in the self-concept and anxiety composite scales (indicating a low need of counselling) but were, nonetheless, perceived by their teacher as needing counselling.

Three subjects out of a total of 35 (nine percent) scored less than one-half standard deviation below the mean to two standard deviations above the mean in the self-concept and anxiety composite scales (indicating a low need of counselling) but were, nonetheless, perceived by their teacher as needing counselling. This suggests that it is possible for a student to still need counselling although this need is not
revealed by self-concept and anxiety measures. These data suggest that the more effective way to identify students' need for counselling is to use teacher perception information in tandem with results from self-concept and anxiety measures.

6. Most students perceived by their teachers as needing counselling were receiving or had received counselling over the past school year.

Eighty-three percent of the total intermediate population of students who teachers perceived as needing counselling had actually received counselling sometime over the present school year (i.e. since September, 1991). This appears to indicate that teacher referral is a highly effective means of having students' counselling needs met. It must be noted here that the school involved in this study is exceptional in that a total of four professionals provide counselling service. In many similar elementary schools, only one person would be available to provide counselling service. Despite the fact the counselling services are plentiful in this school, 17% of the total intermediate population were deemed as needing counselling but had not received counselling over the school year. This implies a need for improvement in the counselling referral process.

7. There were students who were receiving counselling but were not perceived by their teacher as being in need of counselling.
Seventeen percent of the intermediate students who received counselling were not perceived by their teachers as needing counselling. This phenomenon was explored by asking each of the significant counsellors why each of these clients had received counselling and who had referred these clients to counselling. Reasons for counselling referral included: self-disclosure for sexual abuse, peer conflicts, and dysfunctional home setting. The counsellors viewed everyone of these clients as being in need of counselling. Referral sources, for these cases, included: parent, last year's teacher, counsellor, and the client, him or herself. This information indicates that the present school year's teacher is not the only source for counselling referral.

Limitations of the Study

This study is limited by the fact that an elementary school with such a wealth of counselling services was used. A First Nations cultural and educational program functions as an integral part of this school. The focus of this program is to meet the needs of the Native Canadian students in the school. This program includes a full-time counsellor and a full-time child care worker. The school also has the full-time services of another child care worker and a part-time area counsellor. It is typical for many elementary schools to only have the counselling services of one part-time counsellor. This school was, therefore, exceptional in that four professionals provided counselling services.
Another limitation involves the size of the sample of students whose parents/guardians gave consent for them to complete the self-concept and anxiety measures. This represented 35 out of a possible 112 students. Parents/guardians who give consent, generally, may possess specific characteristics which are not possessed by parents/guardians who are reluctant to give consent. The sample would, therefore, be biased by this factor.

Implications for Future Research

It would be significant to examine whether or not these results could be replicated in a variety of elementary school settings. For example, would a high percentage of students deemed as needing counselling actually receive counselling if only one or two school personnel provided counselling services in a particular school? Schools with differing socio-economic and racial strata also need to be be examined and compared.

The effectiveness of a variety of appraisal techniques for assessing self-concept and anxiety needs to be examined. Standardized measures other than the ones used in this study could be administered to a larger sample of subjects. It would be worthwhile to examine and compare the effectiveness of alternate appraisal techniques such as teacher perception of student self-concept and anxiety and student self-perception of need for counselling.
Conclusion

Although teacher perception of students' need for counselling appears to be highly effective, it is by no means infallible. There seem to be certain students who are overlooked in this counselling referral process which is based on teacher perception of need. One effective way of identifying these overlooked students is the use of standardized measures of self-concept and anxiety. It is important that a qualified individual administer, interpret, and share the results of these measures with parents/guardians and significant school personnel. The elementary school counsellor, with a thorough background in assessment, may be the most appropriate individual to fulfill such a role.
REFERENCES


APPENDICES
Appendix A

Parent/Guardian Contact Letter

THE UNIVERSITY OF BRITISH COLUMBIA
Department of Counselling Psychology
Faculty of Education
5780 Toronto Road
Vancouver, B. C. Canada V6T 1L2

Faculty Advisor: Dr. John Allan, Tel.: 822-4625

PARENTAL CONSENT INFORMATION

Dear Parent or Guardian,

I am a candidate for the Masters of Arts degree in Counselling Psychology at U.B.C. doing a study under the professional supervision of Dr. John Allan, of the department of Counselling Psychology at U.B.C.

I have been working with children at ______________ Elementary School, under the supervision of Dr. Allan, over the past school year. My masters thesis involves a study of the counselling referral process at ______________ School. This study has been approved by the principal, ____________, and by the teachers involved. It is entitled: "Student Self-Concept, Anxiety, Teacher Perception and the Referral Process in Elementary School Counselling."
The project involves examining the effectiveness of how children are referred to counselling. I am interested in finding out whether children who have low self-concept and high anxiety are recognized by their teachers as needing counselling.

If you consent, your child will complete two brief tests that will assess his/her attitudes about self and two tests which will assess his/her anxiety towards school. The testing will be administered to a group of class students during school time and will take two sessions of approximately one-half hour duration. The classroom teacher will be asked to rate the students as to whether and why they may need counselling.

The study will conclude with a write-up of the analysis of the test results and no identifying details about your child will be included. Confidentiality and complete anonymity of your child will be ensured by destroying the test data after the study has been completed. You have the right to refuse to participate or withdraw your child from the study without any jeopardy to your child's class standing.

If you have any questions, please do not hesitate to contact me at ____________ School at: _______________. A written summary of the study will be available to you on request.
Please have your child return to school the second consent form (last page) by this Friday, May 1, 1992 and keep this letter and the first consent form for your records.
Thank-you very much.

Sincerely,

Mr. Alister MacRae, B.A.

consent form attached
Appendix B

Parent/Guardian Consent Form

_____ I give consent
_____ I do not give consent

for my child _____________________________ to take two tests of self-concept and two tests of anxiety. These tests will require two one-half sessions and will be administered to a group of classroom students during school time. The classroom teacher will rate the students as to whether and why they may need counselling. The information in this study will be used to examine the counselling referral process at ___________ Elementary School.

I understand that my child's confidentiality and anonymity are ensured in the study and that my child will not be identified in the final write-up of the project.

__________________________
Signature of Parent or Guardian

__________________________
Date
Appendix C

Teacher Contact Letter

April 21, 1992

To: Teachers

From: Alister MacRae, Counselling Psychology, U.B.C.

Dear Colleagues,

As discussed in a staff meeting in January, I would like to conduct my master's thesis using your classroom students as subjects. The title of the project is "Student Self-Concept, Anxiety, Teacher Perception and the Referral Process in Elementary School Counselling." The project involves examining the effectiveness of how children are referred to counselling. I have received approval from U.B.C. and the Vancouver School Board and, from our discussion in January, understand that you would be willing for me to conduct this project with your classroom.

Upon your consent, your students will complete two brief tests that will assess their attitudes about self and two tests which will assess their anxiety. The testing will be
administered to a group of your students during school time and will take two sessions of approximately one-half hour duration. I will orient your students to the project and administer all the tests. You will then be asked to rate your students as to whether and why they may need counselling. This will require about ten minutes of your time.
Confidentiality and complete anonymity of you and your students will be ensured by destruction of the test data after the study has been completed.
I am required by U.B.C. to receive written consent from you and from the parents/guardians involved. I will distribute parental consent forms during orientation which I hope to conduct at a time convenient to you, during the week of April 27 to May 1. Could you please complete the attached teacher consent form and place it in the First Nation Counsellor’s mailbox by April 27? If you have any questions, please do not hesitate to contact me.

Thank-you very much for your cooperation.

Sincerely,

Alister MacRae

consent form attached
Appendix D

Teacher Consent Form

THE UNIVERSITY OF BRITISH COLUMBIA
Department of Counselling Psychology
Faculty of Education
5780 Toronto Road
Vancouver, B. C. Canada V6T 1L2

Faculty Advisor: Dr. John Allan, Tel.: 822-4625

(Please check ONE line)

_____ I give consent
_____ I do not give consent

for Alister MacRae, Master’s student in counselling psychology, to administer two tests of self-concept and two tests of anxiety to the students in my classroom (upon written parental consent). These tests will require two one-half hour sessions and will be administered to a group of classroom students during school time. I will be asked to rank the participating students as to whether and why they may need counselling. This will require about ten minutes of my time. The data gathered will be used to examine the counselling referral process at _______________ Elementary School. I may refuse to participate or withdraw at any time without jeopardy.
I understand that confidentiality and anonymity are ensured in the study as there will be no identification of teachers or students in the final write-up of the project. I acknowledge that I have received a copy of this consent form.

__________________________________________
Signature of Teacher

__________________________________________
Date