

THE DEVELOPMENT, IMPLEMENTATION,
AND EVALUATION OF A COMMUNITY-BASED TUTORIAL-
COUNSELING PROGRAM IN A WEST END COMMU-
NITY IN HOUSTON, TEXAS

A Thesis
Presented to
the Faculty of the Department of Psychology
University of Houston

In Partial Fulfillment
of the Requirements of the Degree
B. S. in Psychology

By
Annette Mazur Zinn

Spring Semester, 1978

DEDICATION

This thesis is dedicated to
two special people in my life-
Tim and Tara Zinn.

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I express my deepest appreciation to all who have given me guidance and support in this endeavor. It has been an experience that we've all shared, and one that I will never forget. Thank you-

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and,

all the others who have
given me support, assistance,
and advice.

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ABSTRACT

Recently, it has become increasingly apparent that human service institutions have failed to provide needed interventions to high-risk and underserved populations, (Rappaport, 1977). The purpose of this current intervention in a West End Community in Houston, Texas, was to supplement an underserved population. The intervention was based on a "strengths approach", (Rappaport, 1977), and attempted to address two primary goals: (1) To provide tutoring-counseling services to area adolescents. (This program aspect was designed to prevent school drop-outs.) (2) To assist with community development by involving the area youths in community projects. In order to assess the accomplishment of these goals, an evaluation was conducted.

At the conclusion of the program, a more effective program evaluation was suggested. Feedback from the parents, teachers, and adolescents in the community, was of a positive nature-i.e. grades had improved, and parent-teacher-child relationships. It is recommended that the community intervention be continued, and that a more effective quantitative evaluation be attempted.

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CHAPTER I

INTRODUCTION

Recently, it has become increasingly apparent that human service institutions have failed to provide needed interventions to high-risk and underserved populations (Rappaport, 1977). This has been evidenced by the current announcement for more social services for those who are described as marginal in our society (Bloom, 1977; Lewis and Lewis, 1977). Community psychologists have identified the failure of providing services to high-risk and underserved populations as a result of inappropriate and inadequate conception of intervention, (Seidman and Rappaport, 1977), because they exclusively address the individual person's involvement in the problem without addressing the impact and responsibility of the larger social system. The approaches are inappropriate because they apply an individual intervention to social problems.

Community psychology has proposed conceptions of intervention which challenge the traditional individual methods of approach. Community psychologists have focused their attention on the necessity of changing social structure, organizational dynamics, as well as interpersonal and individual pathology.

The attempt of community psychology is demonstrated best by exemplifying the human service institution of education. Ryan (1971), had discussed the problem that minority and poor children face in the school system. He points out that rather than addressing the schools inefficiency at creating appropriate environments which the poor and the minority child can learn, the school system blames the minority and the poor for his "inabilities" to read and write well. Refocusing the issues

to the institution itself, in this case the educational system, the view becomes one of the public school's insensitivity to different cultural backgrounds.

One possible outcome of the public schools' not addressing the needs of students is that some children will drop out of the system. The reasons for dropping out are numerous: Individual teacher's attitudes may be negative (i.e., "At least we keep them off the streets!", "What can you expect from a child in THAT neighborhood?"); the schools themselves may be understaffed and ill-equipped; children may become disinterested when the educational institutions they attend focus on "controlling" rather than "educating".

Rather than try to adjust the potential drop-out student to the school, (which is the traditional method), the strategy of a community intervention is to approach the problem at multiple levels. This would necessitate an intervention in the school system, the neighborhood, individual families, and the child. Hence, the community intervention represents an ecological perspective, with a particular emphasis focused on the level and impact of the intervention.

The current text presents the beginnings of community intervention in a high-risk and underserved neighborhood in Houston, Texas. Specifically, the paper will cover the development, implementation, and evaluation of an adolescent drop-out prevention program at St. Mark's Community Center. However, before discussing the particulars of the intervention, a review of specific concerns of adolescence, and development and implementation of a community-based mutual self-help group will be discussed.

Adolescent concerns. The developing adolescent experiences dramatic

physiological, psychological, and social changes during this life period. These transitions are affected by such external factors as: cultural heritage, economic, political, and societal influences, communities, and individual families. Generally, in order to adequately assess the developing adolescent, one must look not only at the individual, but also at the larger societal context in which the individual exists.

In American society, role uncertainty is experienced by the adolescent primarily as a consequence of the lack of clear demarcation between adulthood and childhood. Interpersonal and communicational difficulties arise for the adolescent with respect to parents, and other adult authority figures, due to the lack of role clarity. The consequences manifest themselves in self-concept development, peer relationships, achievement, and personal adjustment of the adolescent.

To better understand adolescent development, it is critical to note the developmental changes that the adolescent period represents in physiological, psychological, and social areas. Physiologically, accelerated hormonal activity causes an increase in body size-height and weight- as well as other physical and secondary sexual characteristic changes. The significant implication of the adolescent period is that the person must incorporate the physiological changes into the developing identity/self-concept. Psychologically, the changes involve creating an integrated sense of self. An integrated sense of self would include the acquisition of a sense of autonomy, security, personal pride, confidence, and self-worth. Socially, the adolescent period involves dealing with identity and role issues, interpersonal relationships, and sexuality.

Physiological, psychological, and social changes within the person

result in some specific adolescent needs: (1) Recognition and acceptance by peers, and others; (2) Attention and affection from intimate relationships; (4) Conformity to the peer group; and (5) Academic achievement, (Horrocks, 1967). Many needs are fulfilled by the adolescent through affiliation with his peers. The peer group supplies the individual with security, opportunities to learn, and promotes emancipation, (Horrocks, 1967).

Due to the adolescent's heavy reliance on his peers, the power of the peer group is phenomenal. Conformity to peer pressure becomes the order of the day. The adolescent usually finds himself under constant appraisal by his peers. He/she will be ridiculed if some degree of peer group conformity is not maintained. It is in this relationship- the individual adolescent and his peers- that the adolescent is likely to develop positive or negative attitudes about him or herself. Adolescent pathology can result from the failure of providing critical needs. This is perpetuated by the fact that the peer group can either be supporting or non-supporting of the adolescent endeavors, (Horrocks, 1967).

When considering the aforementioned aspects of adolescent development, and the resultant consequences, it is essential that consideration be given to the marginal adolescent.¹ Due to the vulnerability of marginal groups, it is suggested that the adolescent members of this population be given special attention.

¹Some have defined "marginals" as those people who are not members of the "mainstream" culture. Due to this position, marginal populations do not have equal access to the resources and power structures in the supra-culture.

The developing adolescent is faced with a series of adjustment hurdles during this life period. Both, intrinsic and extrinsic factors influence these adjustments, and determine the effectiveness of the developing self-concept. Effective coping abilities are of importance in terms of solving the daily crisis faced by the adolescent in the American society. The peer group serves as a support and guidance system for the individual. Peer groups, due to their significant role in adolescent development, can create positive and/or negative behavior adaptations in the individual. When necessary, positive change should be initiated through the peer group. Thus, when devising change programs for adolescents, an effective method would involve working with the peer group. It is suggested that others be aware of transitions experienced by the adolescent and that through this awareness, understanding and assistance can be achieved effectively.

Concerns of development, implementation, and a community-based mutual self-help group. Rappaport (1977; et. al., 1974) maintains that despite the stereotypic appearance of inadequacy in high-risk/underserved populations, unrealized positive strengths do exist. Because of their particular position in society, marginal and mainstream folks, alike, have held that the particular marginal segment had nothing to offer to society or itself. Society was deemed to cure for a group that could not and/or would not maintain self-sufficiency. Contrary to these prevailing beliefs, marginal folks have strengths which have gone unnoticed.

Therefore, central to the concept of community intervention is the idea of enhancing strengths rather than changing weaknesses. Specifically, the weakness approach continues the traditional focus with respect to

what appears to be "wrong" with the child. For example, when a child is not doing well in school, the teacher, parents, and others tend to focus on what is inadequate. Little, if any, consideration is given to other causal factors. The outcome is that tutoring is frequently recommended. The alternative solution advocated by community psychology would be to deemphasize negative aspects, and rechannel energy into the positive aspects and strengths of the child.

An innovative program plan and execution would involve tapping into this human resource in the marginal community and harnessing that resource into effective community action programs. Such constructive use of marginal people's potentiality will ultimately enhance their individual self-esteem, reduce feelings of powerlessness, facilitate their awareness of a sense of community, and ultimately advance society as a whole.

Lewis and Lewis's (1977) basis for the strength approach to community development comes out of the underlying assumption that people working together on a particular crisis will eventually reach a solution. "Historically the helping process has always been a part of community life, with neighbors turning to neighbors in times of stress." (Lewis and Lewis, 1977, p. 17). This statement provides one with the realization that the community strength arises out of sharing in a time of need. This is an adaptive mechanism that occurs in all communities to some degree.

Lewis and Lewis (1977) further point out how self-help provides a positive feedback to those who are helping. "When people have the opportunity to participate with others, their ties to the community are

strengthened. When helping becomes a mutual occupation, each participant becomes aware of his or her value to others." (Lewis and Lewis, 1977, p. 17). Thus, the current program, unlike many past social interventions, will utilize the human resource of the marginal community into a cohesive, mutual, self-help unit toward its own end.

In addition to developing a program that will enhance and utilize the strength of the marginal people, it is necessary to consider needs for effective methods of implementation. Particularly, it is important that the planned program, once executed, preserves the integrity of the particular target group. The planned change within community, neighborhood, institution or individual must be done in such a way that the expected process and results are what the people demand. Involving the target group in the planning and implementation of the intervention, serves not only to enhance and utilize the strength of community, but also supports autonomy and self-reliance.

Purpose. The current community intervention was an attempt to organize marginal adolescents, who are potential high school drop-outs, in a community-based, mutual, self-help group. The assumption of this community effort is that the adolescents, participating in the project, will achieve a higher level of self-actualization. The adolescent group was seen as a central component to the further development of a high-risk/underserved area.

The primary purpose of this program is to establish a demonstration of community intervention. Specifically, the purpose was to develop an adolescent self-help group which would (1) Develop specific community projects, and (2) Prevent school drop-out rates by enhancing their

strengths in a counseling and tutoring session.

CHAPTER II

METHOD

Program Development

Target area. A West End community in Houston, Texas was selected as a site for a community psychological intervention. This decision was based on the following criteria: (1) The community lacked adequate public services, and due to the lack of these services, was defined as an "underserviced population" area. (Underserved meaning those populations who are described as lacking services that are generally available to others in the society.); (2) The area was a low-income area; (3) The area has a high incidence of school drop-out rate as reported by significant community leaders. The key factor is that the drop-outs are "poor" and that this isolates one from the power structures and resources of the mainstream society.

Specific demographics. The West End neighborhood consists primarily of single dwellings. The residents are either unemployed, or underemployed poor. The community is situated within the bounds of a freeway, two main streets, and a railroad track. The streets and street facilities contain large chuckholes filled with water from sewage and broken water mains. There is a lack of street lighting, signals, and signs. The area has no recreational facilities. In general, the West End area is extremely isolated and depressed neighborhood.

Goals of the program. With the consideration of the West End area in mind, specific program goals were derived. These goals are: (1) Assist in the development of a community-based adolescent mutual self-help group who will become involved in several community projects; (2) Plan a commu-

nity field trip for the area adolescents; (3) Repair St. Mark's phonograph; and (4) Install a basketball goal. The sub-goals represented the targeted adolescents concerns with the lack of recreational facilities and activities within the West End area.

The fund-raising events were an important activity for the targeted adolescent. The lack of funds was a critical issue which the adolescents were cognizant of. The two planned fund-raising activities were: (1) Hold a bake sale (occurred on March 26, 1978); and (2) Instigate a hamburger sale (planned for May 12, 1978). The positive results desired from these activities are that the adolescents share group activities; they are able to participate and feel a sense of achievement, the events are visible to the larger community, and the profits can be applied to general and/or specific community needs.

The second major goal of the project involved preventing the community adolescents from dropping out of school. The method of service delivery was designated as a "strengths approach" to individual assistance. The tutor-counselors were instructed to meet with their assigned youths five hours per week. Of this time, one-third was to be spent tutoring, and two-thirds was to be spent counseling. The counseling phase was to include recreational activities, rap sessions, and other points of interest to the adolescent. The tutoring phase was designed for homework completion and discussion of school related events. Flexibility was encouraged to the extent that each tutor-counselor and the respective adolescent could arrange schedules and events relevant to their needs. In addition to meetings with the adolescents, the tutor-counselors were required to communicate with parents and teachers. It was hoped that these meetings

would facilitate the establishment of rapport and information dissemination.

Tutor-counselors met collectively for weekly meetings with the group supervisor. The purpose of the weekly meetings were to: (1) Discuss and plan particular activities with the adolescents; (2) Discuss both positive and negative experiences encountered in the project. Of the tutor-counselors, one was appointed to act as a liaison between the group of tutor-counselors and the staff at the church.

In addition, undergraduates were required to maintain daily logs. These logs were served as a data base for independent program evaluations from each of the students.²

Dependent measures. The Self-Esteem Inventory, a self-report measure of self-esteem, and the Behavior Rating Form, a teacher's evaluation of the individual, was used as a pre-post inventory on the individual's self-esteem, (Coopersmith, 1967) (see appendix). The Self-Esteem Inventory and Behavior Rating Form (Coopersmith, 1967), were completed three weeks after the onset of the program, and during the thirteenth week of the program. The Self-Esteem Inventory and Behavior Rating Form were used for outcome evaluation purposes.³

In addition to the outcome evaluation, a process evaluation was performed for each adolescent as well as the overall community program. For

²These final reports were due at the conclusion of the semester. Consequently, we were unable to include the information in the context of this paper.

³This was the quantifiable portion of the overall evaluation. Contamination occurred in this aspect of data collection due to the ineffective procedures. For example, the pre-post inventories were not completed at the specified times.

each adolescent, a goal attainment form, which establishes specific goals (see appendix) was used. In addition, a goal attainment form was completed for general community goals (see appendix). In conjunction with the goal attainment measure, tutor-counselors completed daily logs.

CHAPTER III

RESULTS

To facilitate the evaluation of program goals for the community, qualitative methods were used. Logs and verbal feedback at weekly meetings provided a basis for analysis. In addition, goal attainment forms were used to specify objectives. (Hence, one could assess whether or not a particular goal was obtained.)

The accomplishment of program goals, not unlike individual adolescent's goals, has been difficult to achieve within the time constraint. Generally, some levels of "community awareness" appears to have been facilitated. This, of course, is difficult to evaluate. With regard to the specific goals of fund-raising, a bake sale was held. The hamburger sale (May 12, 1978) will hopefully provide revenue for a summer field trip, a basketball goal, and repairs for the phonograph.

In the attempt to assess the goal of preventing school drop-outs in the community, an evaluation was conducted on self-esteem. A pre-post inventory of the Behavior Rating Form and Self-Esteem Inventory (Coopersmith, 1967), served as a data base for this evaluation. A statistical t-test was used to determine whether or not there was a significant difference between the means of the pre-post sample. The level of significance was at alpha () equal to .05. After having completed the t-test for both the Behavior Rating Form (BRF) and Self-Esteem Inventory (SEI) it was determined that there was no significant difference between the pre-post measures.

Although information in the logs was not complete, verbal feedback provided insights. The tutor-counselors reported that despite expected

difficulties, generally, the adolescents have improved academically. This outcome was submitted several ways: Parents reported that their children were improving. Teachers mentioned that particular youths were completing their assignments and/or grades were improving. The youths, themselves, reported better exam scores. With respect to accomplishing goals, some were feasible within the context of the semester (i.e., in order to achieve the goal of learning more about photography, one adolescent visited several photographic exhibits). However, a goal of enhancing self-pride might be more difficult to maintain, especially within the constraints of the academic semester.

CHAPTER IV

DISCUSSION

Reflecting on the previously detailed theoretical base and purpose for a community psychological intervention; it can be surmised that the St. Mark's Project has been a fruitful attempt. Although the statistics appear to reflect "no significant change" in the adolescent's self-esteem, comments from the youths have been encouraging. In addition to this positive feedback, other community members have displayed enthusiasm for the project, and have requested that the program remain in the area.

When attempting to establish a community program, an evident dilemma occurs with respect to those affected by the service delivery. Frequently, those involved in the planning and implementing, have cross-purposes. In the case of the St. Mark's project, several interest groups had differing perceptions, values, and demands. For example, although the tutor-counselors hoped to establish a sense of "independence" in the adolescents, the parents desired otherwise.⁴ When the tutor-counselors, and respective adolescents, participated in recreational activities, parents responded with a request for more tutoring. To add to this complexity, each of the tutor-counselors had differing views regarding their roles. Personality differences further complicated group interactions and the resulting program delivery. The recurring theme in this program- not unlike many other service delivery projects- is that diversity and flexibility is essential, and yet, problematic. Constant friction occurs

⁴ Perhaps the parents desired their children to be "independent", however, tutor-counselors and parents might disagree on the degree of "independence".

(diversity) which requires that the program and program personnel be flexible. For example, if a complaint is versed, and this complaint is shared by a significant number of others in the group, original guidelines must be subject to criticism and alteration. The tools of "negotiation" and "shared responsibility" supplement what might otherwise be a restrictive, ineffective program.

The achievement of program goals is another issue that must be considered in the context of situational constraints. Program and individual goals were difficult to fulfill within the restriction of the "action setting". With respect to the program goals of: a group field trip, attainment of a basketball goal, and the repair of the phonograph; and due to the schedule of the church and/or stolen bake-sale money, it was impossible to achieve these goals before the end of the academic semester. Concluding, the predominant characteristic of service delivery is that constant change is occurring both intrinsically and extrinsically. Flexibility and negotiation abilities are essential for all survival of action settings.

Program evaluation (Weiss, 1972), discusses evaluation research issues and articulates a variety of problems encountered when an evaluation attempt is made. Despite the difficulties of assessment, Weiss (1972) and Campbell (1969) contend that evaluation of service delivery programs is essential. The underlying belief is that the provider of services-agency, program- should be held accountable for their influence on the target group. To assume that one's program is achieving a positive outcome is inane. Both short-term and long-term effects must be considered.

Weiss states, "The purpose of evaluation research is to measure the

effects of a program against the goals it set out to accomplish as a means of contributing to subsequent decision-making about the program and improving future programming." (Weiss, 1972, p. 4). The logical process outlined by Weiss seems to be: (1) Deciding on an evaluation, (2) Determining goals, (3) Devising methods to assess accomplishment of these goals, and (4) Use this information as a basis for program improvement. When viewing program evaluation in this manner, it appears rather simplistic. However, as Weiss and others point out, this is not the case.

With respect to the St. Mark's project, two goals were defined:

- (1) Development of a community project and subsequent services, and
- (2) Prevention of school drop-outs by enhancing self-esteem.⁵ Both of these goals are more general and therefore difficult to assess. The sub-goals involved in establishing a community project are easier to operationalize and evaluate. Holding a bake sale and installing a basketball goal are representatives of program sub-goals.

We further attempted to evaluate prevention of drop-outs in terms of heightened self-esteem. The assumption was made that low self-esteem is one of the prime causes of dropping out of school; hence, high self-esteem should cause a reduction in drop-out rates.

Several problems occurred as a result of using the Behavior Rating Form, and the Self-Esteem Inventory, (Coopersmith, 1967). Coopersmith, (1967), tested a group of children whose parents were middle-class, professionals. This creates an obvious bias in terms of average test scores. The question that comes to mind is: "How representative is this sample in

⁵Some research of school drop-out rates should have been conducted.

regard to using the information as a basis of comparison?" Two distinctively different ethnic backgrounds and socio-economic backgrounds will undoubtedly yield varying results-all of which are relevant to the particular group. An assumption is made that lower socio-economic blacks have lower self-esteem due to their marginal position in the larger social context. Additional biases might be: (1) Coopersmith (1967), tested younger youths-those who were not yet in the adolescent phase; (2) The Behavior Rating Form (thirteen items), was correlated with a Self-Esteem Inventory, (fifty items); and (3) Some of the youths complained that they didn't understand the instrument. This may be an indication of cognitive differences.

A difficulty that occurred, in terms of data collection and analysis, was the lack of a control group. A significant aspect of evaluation is the comparison between those who are involved in an action program and those who are not. When testing instruments are administered to both groups, a comparison is facilitated. Hence, some attempt is made to control for contaminating variables. In the St. Mark's project, it was determined subjectively that the adolescents were experiencing positive outcomes with respect to academics and personal growth. However, there was no attempt to control for other intervening variables which may have caused this outcome. A problem in selecting a control group is that those labeled "controls" must not be denied service that others receive. This is obviously an ethical issue that is not in the context of this paper.

Other evaluation problems are that the service delivering participant and the evaluator/supervisor are inherently in conflicting positions. Often, the tutor-counselors did not see the need for the evaluation. To

them, this was but another clog in their system of service delivery. When the evaluation forms were requested, response on the part of the tutor-counselors was minimal.

Suggestions. To facilitate more effective program development and implementation, the program supervisor needs to establish meeting agendas. This structuring maintains optimal functioning at weekly meetings. Generally, if lines of communication are open, and complete honesty prevails, the ensuing program can better affect the community in a positive direction. Clear program objectives, as well as meeting and individual objectives, provides essential guidelines for what might otherwise be a chaotic, ineffective group and program. With consideration given to program evaluation, it is recommended that future evaluators establish some type of control group. In addition, a research of existing literature is suggested to obtain the best possible measurement for self-esteem and other significant characteristics. The administration of the evaluation would be better facilitated if the tutor-counselor and the evaluator both attempt to share the evaluative experience. Involving the tutor-counselor will ultimately enhance the overall program. In summary, cooperation on the part of the program implementors, will serve to improve all aspects of the project. Complete consideration must be given to the community in general, and to the adolescents, specifically.

CHAPTER V

CONCLUSION

Reflecting on the purposes of the St. Mark's Community Program, it can be said that an effective attempt was made to stimulate and involve community inhabitants in this project. Traditional methods of intervention were disregarded for a new paradigm-i.e. Significant power sources exist in underserved population areas. Through the communication of this obvious asset, community members can take control over their own destinies. In addition, despite widely held beliefs that the poor are "inadequate", this population is highly adaptive. When community members band together to share the positive and negative experiences, a sense of community is strengthened. This positive regard benefits all. The community adolescents were allowed to participate in the development of the project. This furthered a sense of self-pride and autonomy.

Generally, this community intervention was an effective attempt to provide services to a typically underserved population. Awareness was heightened in terms of specific groups in the area-adolescents-. Community members became more cognizant of the achievements of the area youth. All involved in the program expressed their appreciation for the program. The evaluation of this intervention was burdened with the typical problems faced by all applied social science settings-i.e. intervening variables, flux within the program, difficulties of goal measurement...

This program needs to continue for two primary reasons: (1) The

community members have expressed appreciation, and have requested that the project remain; and (2) In order that this initial evaluation be improved upon, a continuum of evaluation needs to exist. Further, better instruments need to be devised to make such an evaluation.

Although the project exhibits change in personnel each semester, this change does not negate the continuing impact upon community members. The project has a responsibility to the community to achieve an effective evaluation of the impact.

Given that the St. Mark's Project is successful, rich experiences can be obtained by the community members and undergraduate students. Further, this project will have an impact on the larger social context by affecting change at the community level. Information can be provided to the field of Community Psychology and to education in general.

APPENDIX

Self-Esteem Inventory.....	1
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Letter to Parents.....	11
Evaluation Consent Slip.....	12
Transportation Consent Form.....	13

Self-Esteem Inventory

	Like Me	Unlike Me
1. I spend a lot of time daydreaming.	_____	_____
2. I'm pretty sure of myself.	_____	_____
3. I often wish I were someone else	_____	_____
4. I'm easy to like.	_____	_____
5. My parents and I have a lot of fun together.	_____	_____
6. I never worry about anything.	_____	_____
7. I find it very hard to talk in front of the class.	_____	_____
8. I wish I were younger.	_____	_____
9. There are lots of things about myself I'd change if I could.	_____	_____
10. I can make up my mind without too much trouble.	_____	_____
11. I'm a lot of fun to be with.	_____	_____
12. I get upset easily at home.	_____	_____
13. I always do the right thing.	_____	_____
14. I'm proud of my school work.	_____	_____
15. Someone always has to tell me what to do.	_____	_____
16. It takes me a long time to get used to anything new.	_____	_____
17. I'm often sorry for the things I do.	_____	_____
18. I'm popular with kids my own age.	_____	_____
19. My parents usually consider my feelings.	_____	_____
20. I'm never unhappy.	_____	_____
21. I'm doing the best work that I can.	_____	_____
22. I give in very easily.	_____	_____
23. I can usually take care of myself.	_____	_____
24. I'm pretty happy.	_____	_____
25. I would rather play with children younger than me.	_____	_____
26. My parents expect too much of me.	_____	_____
27. I like everyone I know.	_____	_____
28. I like to be called on in class.	_____	_____
29. I understand myself.	_____	_____
30. It's pretty tough to be me.	_____	_____
31. Things are all mixed up in my life.	_____	_____
32. Kids usually follow my ideas.	_____	_____
33. No one pays much attention to me at home.	_____	_____
34. I never get scolded.	_____	_____
35. I'm not doing as well in school as I'd like to.	_____	_____
36. I can make up my mind and stick to it.	_____	_____
37. I really don't like being a boy-girl.	_____	_____
38. I have a low opinion of myself.	_____	_____
39. I don't like to be with other people.	_____	_____
40. There are many times when I'd like to leave home.	_____	_____
41. I'm never shy.	_____	_____
42. I often feel upset in school.	_____	_____
43. I often feel ashamed of myself.	_____	_____
44. I'm not as nice looking as most people.	_____	_____
45. If I have something to say, I usually say it.	_____	_____
46. Kids pick on me very often.	_____	_____
47. My parents understand me.	_____	_____
48. I always tell the truth.	_____	_____

	Like Me	Unlike Me
49. My teacher makes me feel I'm not good enough.	_____	_____
50. I don't care what happens to me.	_____	_____
51. I'm a failure.	_____	_____
52. I get upset easily when I'm scolded.	_____	_____
53. Most people are better liked than I am.	_____	_____
54. I usually feel as if my parents are pushing me.	_____	_____
55. I always know what to say to people.	_____	_____
56. I often get discouraged in school.	_____	_____
57. Things usually don't bother me.	_____	_____
58. I can't be depended on.	_____	_____

(Coopersmith, 1967)

BEHAVIOR RATING FORM (BSF)

1. Does this child adapt easily to new situations, feel comfortable in new settings, enter easily into new activities?

___ always ___ usually ___ sometimes ___ seldom ___ never

2. Does this child hesitate to express his opinions, as evidenced by extreme caution, failure to contribute, or a subdued manner in speaking situations?

___ always ___ usually ___ sometimes ___ seldom ___ never

3. Does this child become upset by failures or other strong stresses as evidenced by such behaviors as pouting, whining, or withdrawing?

___ always ___ usually ___ sometimes ___ seldom ___ never

4. How often is this child chosen for activities by his classmates? Is his companionship sought for and valued?

___ always ___ usually ___ sometimes ___ seldom ___ never

5. Does this child become alarmed or frightened easily? Does he become very restless or jittery when procedures are changed, exams are scheduled or strange individuals are in the room?

___ always ___ usually ___ sometimes ___ seldom ___ never

6. Does this child seek much support and reassurance from his peers or the teacher, as evidenced by seeking their nearness or frequent inquiries as to whether he is doing well?

___ always ___ usually ___ sometimes ___ seldom ___ never

7. When this child is scolded or criticized, does he become either very aggressive or very sullen and withdraw?

___ always ___ usually ___ sometimes ___ seldom ___ never

8. Does this child deprecate his school work, grades, activities, and work products? Does he indicate he is not doing as well as expected?

___ always ___ usually ___ sometimes ___ seldom ___ never

9. Does this child show confidence and assurance in his actions toward his teachers and classmates?

___ always ___ usually ___ sometimes ___ seldom ___ never

10. To what extent does this child show a sense of self-esteem, self-respect, and appreciation of his own worthiness?

_____ always _____ usually _____ sometimes _____ seldom _____ never
_____ very strong _____ strong _____ medium _____ mild _____ weak

11. Does this child publicly brag or boast about his exploits?

_____ always _____ usually _____ sometimes _____ seldom _____ never

12. Does this child attempt to dominate or bully other children?

_____ always _____ usually _____ sometimes _____ seldom _____ never

13. Does this child continually seek attention, as evidenced by such behaviors as speaking out of turn and making unnecessary noises?

_____ always _____ usually _____ sometimes _____ seldom _____ never

Additional Comments: _____

GOAL ATTAINMENT FORM
(Strengths Approach)

What follows are several steps to help you make explicit the goals and sub-goals for your target.

Having had some experience with your target, you should know in which life domain he or she has strengths that can be accentuated. We have defined six "life domains" in the following way:

1. Emotions and feelings. Emotions pertain to the mood or affective states such as joy, sorrow, fear, hate, etc. Emotions are usually accompanied by physiological changes and/or overt manifestations such as crying, shaking, or laughing. The display of emotions may be appropriate or not, depending on the situation.
2. Family Life. The key aspect of this domain involves how family members interact and get along with one another. This pertains specifically to interpersonal relationships between parents, children, husband and wife, brother and sister or any other person closely related. It may also involve people in a household that are not necessarily related. On the other hand, family life may involve relatives who are not actually dwelling together.
3. Leisure time interests and activities. Pertains to the use of time when one is free from educational or work/chore duties. This domain is characterized by unhurried ease in the pursuit of one's interests such as hobbies, sports, crafts, music, art, etc. It is differentiated from education or work/chores in that it is done for its own sake.
4. Personal habits. Pertains to one's care of self and surroundings. This includes health care, eating and drinking, weight control, sleeping habits, cleanliness of self and living environment, beauty, cosmetic care and dress, as well as daily scheduling of one's activities.
5. Education. Pertains to one's ability to succeed in school, to develop discipline and good study habits. An important aspect of this domain is the child's awareness of his or her status as a member of the school community.
6. Social Life. Pertains to those aspects of one's life having to do with interpersonal relationships between same sex friends and opposite sex friends. Among the concerns in this domain are friendship, positive peer group associations and participation in social activities. Sexual concerns and satisfactions should be included.

Step 1- From the view of both you and your target. Please rate the following life domains as to the degree of confidence or strength possessed by the child in said domain.

A. Within the domain of emotions and feelings.

0	1	2	3	4
No		Moderate		Great
Strength		Strength		Strength

B. Within the domain of family life:

0	1	2	3	4
No Strength		Moderate		Great
		Strength		Strength

C. Within the domain of leisure time interests and activities.

0	1	2	3	4
No Strength		Moderate		Great
		Strength		Strength

D. Within the domain of personal habits:

0	1	2	3	4
No Strength		Moderate		Great
		Strength		Strength

E. Within the domain of school:

0	1	2	3	4
No Strength		Moderate		Great
		Strength		Strength

F. Within the domain of social life:

0	1	2	3	4
No Strength		Moderate		Great
		Strength		Strength

On the left hand side of the attached worksheet, copy the ratings for the three life domains that meet the following criteria:

1. They have the highest score.
2. They have a score of two or more.
3. If there are less than three domains with a score of two or more, use only those domains.
4. If there is a tie for third place, select the domain which you think is most important.

Be sure to list the three selected life domains highest score first under Step II on the worksheet.

Step III- Within each of the selected life domains, list the most im-

portant goal, specifically and objectively defined, that you feel has a reasonable chance of being attained between now and the end of the project. Second, list two specific, objective sub-goals (or steps) that are necessary to accomplish enroute to the attainment of the stated major goal of that domain.

On the next page you will find some specific examples of major goals and sub-goals. These are only meant to be examples and should not dictate your particular selection of goals and sub-goals.

The setting of specific goals and subgoals within each life domain may be done with your target person or with significant others when appropriate. As a charge agent you may simply have to use your own judgment about what kinds of things need to be worked on. An overriding goal might be to help your target to understand the goals you set and why they are important. Then you can work together to achieve them and can judge how much progress has been made. You may have already discussed such goals and subgoals in supervision meetings. If not, you should discuss them in your next supervisory session, before completing this step.

Once you have thoroughly discussed and selected these specific, objective goals and subgoals with your target person and supervisory group, complete Step III in the center column of the worksheet. First, specifically state the major goal, followed by the two subgoals for the first life' domain. Repeat this procedure for the remaining life domains entered on the worksheet.

Examples of Specific Goals and Subgoals

Emotions and feelings

Goal: Within the next three months, help the child to discover more about him/herself and share it.

Subgoal A: Get the child to talk more about the things in his/her past that brought satisfaction to him/her.

Subgoal B: Encourage the child to talk more about the things in his/her past that brought satisfaction to him/her.

Family Life

Goal: Over the next three months, increase the frequency of positive contact between the child and family members.

Subgoal A: Encourage the child to have at least one positive interaction with each member of the family per week.

Subgoal B: Help child see different roles within the family.

Leisure time interests and activities

Goal: Help child increase his/her already self initiated involvements in leisure time activities to one hour per day, within the next four months.

Subgoal A: Get child to attend an activity of his interests with you two weeks in a row.

Subgoal B: Get the child to spend two hours per week working in an area that he or she finds particularly enjoyable.

Step IV - Distance from Goals

Now that you have selected a specific, objective goal and subgoals within each domain, think about where the target is and what he or she is doing right now. Consider how difficult it would be for this person to achieve the major goal of each domain. That is, given his or her life history and current situation, how far is this person from achieving the major goal you have set?

In the last column of the worksheet (Step IV) there are scales that should be used to rate how far your target person is from each goal and subgoal listed.

A rating of zero would indicate the child has already achieved the goal. While a rating of ten would indicate that given your target's life history and current situation, he or she is extremely far away from achieving that goal or subgoal.

Circle the appropriate number on the scale for each goal and subgoal you have described.

Step V

Now that you have selected a specific, objective goal and subgoals within each domain and rated the current proximity of your target(s) toward attaining that goal, consider for a minute what you have done and are going to do in order to help him/her attain each goal. In other words, given what you know about your target as this point and the approach you have learned in supervisory sessions, state specifically what you will do in order to facilitate accomplishing the goals you have established.

On the second page of the worksheet, write in the space allowed for each subgoal specifically what you will do to accomplish the goal (i.e., the steps and actions you plan to take).

Step V: Specification of Techniques

Goal 1:	
Subgoal A:	
Subgoal B:	
Goal 2:	
Subgoal A:	
Subgoal B:	
Goal 3:	
Subgoal A:	
Subgoal B:	

Date: _____

Name: _____

Project: _____

Target's Name: _____

Step II: Life domains with strength
to be accentuated

Step III: Goal & subgoals
within life domain

Step IV: Distance from goals

1. _____
(highest rating in Step I)

Goal: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

Subgoal A: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

Subgoal B: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

2. _____
(second highest rating in Step I)

Goal: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

Subgoal A: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

Subgoal B: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

3. _____
(third highest rating in Step I)

Goal: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

Subgoal A: _____

0 1 2 3 4 5 6 7 8 9 10
at goal extremely close extremely far
away

Subgoal B: _____

0 1 2 3 4 5 6 7 8 9 10

February 15, 1978

Dear Parent (s):

Some of you already know about the project at St. Mark's Community Center. This letter is to give information to the parents whose children are in the project.

St. Mark's Community Project was started in the Fall of 1977. Rev. Greer and Mrs. Pearl Lockett, joined with a group of students from the University of Houston to bring tutoring-counseling services to your children. The program allows the children to bring items of interest to the tutoring-counseling meetings. (This can be school-work, hobbies, or discussions.) We begin by having a dinner. This dinner serves three purposes: (1) To allow the tutor-counselors and the children to become acquainted, (2) To arrange a time for the tutoring sessions, and (3) To have a good time.

During the times the tutor-counselors meet with your children, several activities may occur. Some of these are: sports, walks, games, hobbies, and school work. We are planning some group activities this Spring- perhaps a trip to Galveston.

We would like to assess how effective we are in working with your child. The attached permission slip will enable us to do this evaluation. The evaluation will give us some indication of changes that we may need to make in the program. All information will be kept confidential.

Please feel free to call either Reverend Greer or Mrs. Pearl Lockett, should you have any questions or need any additional information.

Sincerely,

St. Mark's Community Center Project
1615 Patterson
862-2407

I give my permission for my child, _____
to complete an evaluation form for the St. Mark's Community Center project.

Parent's Signature

Signature of Tutor-Counselor

Date

St. Mark's Community Center
1615 Patterson Street
Houston, Texas
862-2407

My child _____ has my permission to go with _____
_____ on field trips. I release this individual
from any liability that may occur. In turn, _____
agrees to exercise what they consider to be reasonable care and caution
in the operation of all activities.

Parent's Signature

Signature of Tutor-Counselor

Date

St. Mark's Community Center Project
1615 Patterson
Houston, Texas
862-2407

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