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Devika Dibya Choudhuri, PhD
Editor

This Fall 2003 issue of the Journal of the Michigan Counseling Association is a historical first as it appears to you as an online issue. Based on the budget constraints, the Michigan Counseling Association General Assembly voted to place the journal as an online edition, to save on printing and postage costs. The layout and content of the journal however still aspire to the same high standards that made this journal a winner two years running in the American Counseling Association Best Journal, large branch award category. Given no restrictions on space and cost, we were also able to publish a fifth manuscript in this issue.

This issue of the journal seeks to cover the research, theory, and practice dimensions of our profession. The lead article, by Dr. Breland-Noble, Wanda Collins, and Jennifer King explores the critical issue of color consciousness and the impact of skin tone for African Americans, using a combination of quantitative and qualitative methods. The former methods testify to the generalizability of the findings, while the latter add depth and richness to the experiences and meanings made of these issues.

The second article, by Drs' John and Cathy Pietrofesa, together with John David Pietrofesa, looks at the changes in the Michigan law regarding expert witness testimony, and offers important ways that counselors can be cognizant of the implications of this law and prepare for a potential role as an expert witness. Given the increasing prevalence of expert witness testimony in all kinds of cases involving custody, divorce, child abuse, sexual assault, domestic violence, or workers compensation, this is a much needed guide.

This issue's third article, by Dr. Abeer Abdo, Dr. Jerome M. Fischer, and Dr. Dan Kmitta describes a research project investigating the use of the Parental Alliance Measure (PAM) with women parenting children with disabilities. The article has implications for counselors in the use of this measure to understand parenting dynamics, develop strategies, and increase involvement in the therapeutic process.

Finally, we conclude with two In the Field articles. The first by Dr. Paul Lavin, a former contributor to this journal, presents a home response-cost behavior modification system that counselors can use with children with ADHD who have not been successful with positive reinforcement programs.

The second article in this section by Dr. Patrick Morrisette and Roberta Graham is an opinion piece on the impact on family dynamics of children's involvement in sports. Using observations, informal interviews, and case vignettes, the authors raise interesting concerns and discussion about triangulation, conflict, parental perspectives, commitments, and roles.

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MANUSCRIPT GUIDELINES

MANUSCRIPT STYLE: All manuscripts should be prepared in accordance with the standards specified by the most recent Publication Manual of the American Psychological Association. Authors are encouraged to use the "Gender Equity Guidelines" available from ACA and to avoid the use of the generic masculine pronoun and other sexist terminology. In addition, authors are encouraged to use terms such as "client, student or participant" rather than "subject."

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Full-Length Articles: These articles should address topics of interest using a standard article format. They may relate theory to practice, provide original synthesis of material, or report on original research studies. These articles should generally not exceed 3,000 words. Lengthier manuscripts may be considered on the basis of content.

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In the Field: These articles report on or describe new practices, programs or techniques and relate practice to theory by citing appropriate literature. They should not exceed 400-600 words.

Reviews: These articles consist of reviews of current books, appraisal instruments and other resources of interest to counselors. They should not exceed 600 words.

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Paper: Use 8.5 x 11 inch white paper.

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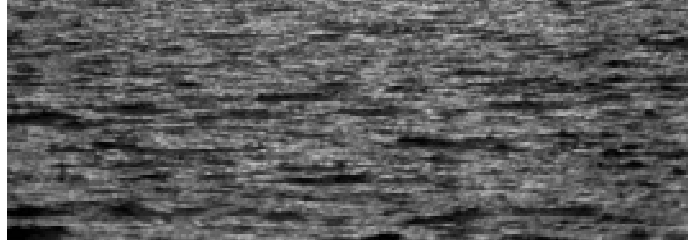
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Color Consciousness and African American Adults: Self Perception, Trait Ascription, and Interpersonal Experiences

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The purpose of the following study was to expand the knowledge base on color consciousness in African American life. The settings included 2 large cities, one in the Midwest and the other in the Southeast. 37 African Americans completed surveys on self-esteem, ethnic identity, intra-racial perceptions of skin color and a demographic sheet to assess color consciousness. Participants then participated in a semi-structured focus group.

*Bivariate regression analysis revealed darker skinned participants' preference for darker skin ($r = .43; p = .01$). Paired *t*-test analyses reflected skin tone biases and correlation analyses suggested relationships between participant education level and ethnic identity and participant education level and parental income. Focus group analyses indicated color consciousness and the significance of skin tone in life experiences. Implications for mental health professionals are discussed.*

Color consciousness is defined as the manners by which people of color differentially attend and respond to shades of skin. This issue is one that has been demonstrated to be a part of many communities of color including the African American (Breland, 1998; Coard, Breland, & Raskin, 2001; Keith & Herring, 1991); Latino/a Hispanic American (Altarriba & Bauer, 1998; Codina & Montalvo, 1994; Telles & Murguia, 1990) and Asian American communities (Sahay & Piran, 1997). Generally however, it is within the African American community that most research has been conducted regarding this topic. Perhaps because of the history of slavery,

reconstruction and the civil rights movement, skin color is an issue that has remained salient for African Americans since they were first transported to America en masse. Of the existing empirical data in color consciousness, most is limited to a few areas, namely, socioeconomic status, ethnic identity, and self-esteem. The following brief review of the literature provides an overview of the aforementioned areas and context for the import of the current study.

Skin Tone and Socioeconomic Status

In the 1999 book, "Our Kind of People," Lawrence Otis Graham, an African American man, describes his childhood as one where he clearly understood, at a very early age, the importance of skin tone and socioeconomic status. He writes, "At age six, I already understood the importance of achieving a better shade of black." (p.1). He then describes the great historical and current distinctions regarding African American skin tone-based class stratification. Prior to the publication of this important book, Breland (1998) provided sociohistorical evidence of the origins of the class distinctions existent among African Americans. During slavery, European American enslavers afforded privileges to lighter skinned African descendants (who were often a product of their forced, coerced and/or consensual 'unions' with African women) that were not offered to the darker skinned "full" Africans (Keith & Herring, 1991; Okazawa-Rey, Robinson, & Ward, 1987; Sandler, 1994; Scales-Trent, 1995). Over time, these descendants came to have considerably lighter complexions than their fully African counterparts and with their European lineage, came to also have more privileges. The privileges were maintained through the abolition of the institution of slavery and provided the lighter skinned African Americans with the property, education, money and means to then establish themselves as members of a distinctly different socioeconomic group (Breland, 1998; Edwards, 1972; Graham, 1999; Hughes & Hertel, 1990; Keith & Herring, 1991; Maddox & Gray, 2002; Seltzer & Smith, 1991).

Ethnic identity, Self Esteem and Skin Tone

Researchers have suggested that African American ethnic identity and self esteem are connected to skin tone. Specifically, Hughes and Hertel (1990) and Keith and

Perhaps because of the history of slavery, reconstruction and the civil rights movement, skin color is an issue that has remained salient for African Americans since they were first transported to America en masse. Of the existing empirical data in color consciousness, most is limited to a few areas, namely, socioeconomic status, ethnic identity, and self-esteem.

Herring (1991) reported that darker skinned African Americans described more intense and frequent experiences of racism and discrimination than their lighter skinned counterparts. Further, their research suggested that lighter skinned African Americans hold weaker ties to their ethnic heritage than darker skinned African Americans. As disturbing as these trends may seem however, one should note that they were based on a few studies and as such should be interpreted with caution.

Coard, Breland and Raskin (2001) reported that a sample of darker skinned African American men who reported satisfaction with their skin tone also reported lower levels of self-esteem. Bond and Cash (1992) reported that for a sample of African American women, a majority believed that, "African American men prefer lighter skinned women" (p. 880). Hunter (1998) extended this research and determined that lighter skinned women were more likely to marry high status African American men than darker skinned African American women. These findings point to a relationship between African American self-esteem and skin tone.

The Current Study

Prior research on color consciousness (including that mentioned above) focused on the reanalysis of census-type data collected in the late 70s and early 80s (Hill, 2002; Hughes & Hertel, 1990; Hunter, 2002; Keith & Herring, 1991). This data was used

to make inferences regarding differences in pre-existing life circumstances among African Americans. Other studies on color consciousness among African Americans addressed physiological and emotional issues such as body image, physical attributes and ethnic identity (Bond & Cash, 1992). The current study incorporates these research ideas while building on them in two unique ways. First, the data included in this study is current and was actively gathered from participants between 1999 and 2000. Second, the research format used in this study differed from previous studies in that the qualitative portion allowed participants to infuse a degree of personal experience into the discussion. The incorporation of qualitative methods for this type of research is supported by the work of other investigators who state that, "qualitative methodologies provide fuller, more detailed descriptions that are more exactly reflective of an individual's experience" (Schwitzer, Griffin, Ancis, & Thomas, 1999). As such, the authors believe that the

qualitative component of the current study facilitated the infusion of new perspectives to the powerful, yet limited empirical data available on the topic of color consciousness.

Based on the previously mentioned ideas, the researchers wanted to extend the literature on the effects of skin tone on African American life circumstances via the following questions:

1. In what ways, if any, does skin tone influence an African American individual's annual income, level of educational attainment, racial identity and self-esteem?
2. Do African Americans prefer certain skin tones over others?
3. What characteristics do African Americans associate with their own and other African Americans' skin tones?
4. How does an African American's skin tone affect individual interpersonal and familial experiences?

Method

Setting and Recruitment

The settings for this study included 2 large cities, one in the Midwest and another in the Southeast. Participants in the Midwest were recruited from a large Midwestern university and the surrounding city via mailings, posted flyers and brief presentations by the principal investigator (PI) and three research assistants. Specifically, flyers were posted in all residence halls and many buildings throughout the campus and mailed to all African American undergraduate and graduate students on the campus. For the mailings, the PI enlisted the assistance of an administrative office on the campus that prepared mailing labels for all identified African American students on the campus. The PI then delivered sealed envelopes with the flyers enclosed to the administrative office. All letters were mailed in this manner to protect the students' confidentiality. In addition, the PI and 3 research assistants recruited participants via word of mouth requests. The PI recruited the participants from the southeast via word of mouth requests both via phone and in person. This recruitment method resulted in completed data for only two participants. Since the n was so small for the southeastern group, these participants were dropped from the analysis. All focus group participants were compensated with a catered dinner upon completion of the focus group.

Participants

Data was analyzed for 37 participants including 11 men (29.7% of sample) and 26 women (70.2% of sample). Age ranged from 19 to 78 (M = 32.74, SD = 12.88) and household incomes ranged from 14,999 to 100,000 (Median = 47,042). Participants were all high school graduates and over 90% (n=34) were college graduates. Regarding occupational status, 62% (n= 23) were graduate students, 5% (n=2) were university faculty, 24% (n=9) were employed in the public sector and 8% (n=3) were employed in the private sector.

Measures

The measures used in the study included, the Skin Color Questionnaire (SCQ) and the Skin Color Assessment Procedure (SCAP), both 3-item standardized measures of African American skin tone and associated attitudes toward skin tone designed by Bond and Cash (1992). The procedure for use of the SCAP was modified slightly for inclusion in this study. Specifically, rather than the original procedure in which participants selected a swatch of paint that most closely resembled their skin tone, participants selected the color that most closely matched their own from a color chart on a single sheet of paper. The color chart included a range of colors from dark (1) to light (9). The remaining portion of the SCAP remained as it was originally designed and included the following procedure. Individual participants were asked to select the color that most resembled their actual facial color; the color they would like to be; and finally, the color that the opposite sex finds most attractive. These ratings revealed participant perceptions of 1) actual skin tone 2) preferred skin tone and 3) opposite sex preferences for skin tone. In addition, the researchers assessed the participants' actual facial color using the color chart and these findings were then subjected to inter-rater reliability tests to determine the convergence between participant and researcher ratings of skin tone. Further, participant self-perceived skin color ratings were compared with the mean of the researcher ratings of participant skin color to determine the accuracy of participant self-ratings and participants' actual skin tone. Participants' SCAP ratings allowed for the calculation of discrepancy scores, which indicated the numerical difference between the selected ideal vs. the self-perceived skin color ratings. In addition, this final procedure was included to assess the accuracy of participants' ratings of personal skin color via a distortion rating.

For the Skin Color Questionnaire, the same color chart was used and participants were asked to answer the following three questions (response items are identified in parentheses): "How satisfied are you with the shade


(lightness or darkness) of your own skin color?" (1 = extremely dissatisfied to 9 = extremely satisfied); "Compared to most Black people, I believe my skin color is ..." (1 = extremely light to 9 = extremely dark) and "If I could change my skin color, I would make it ..." (1 = much lighter, 5 = exactly the same and 9 = much darker). These items allowed the researchers to assess participant skin color satisfaction, self-perceived skin color (light-dark), and ideal skin color. In previous administrations of the SCQ and SCAP, the ranges used to assign respondents to skin tone categories respondents were 1-3 for light; 4-6 for medium and 7-9 for dark.

Two members of the research team developed a brief demographic questionnaire. This was an 8-item measure that identified basic socioeconomic and demographic information on participants and their families. The measure ascertained participant age, race, gender, occupational status, years of completed education, family income, parents' years of completed education and family of origin income during participant's childhood. No questions were included on this form to intentionally reveal participant identities.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is a 10-item Likert scaled that was included to assess self-acceptance aspects of self-esteem. Responses were coded on a scale of 1 to 4 with 1 representing strong disagreement and 4 representing strong agreement. A total score was derived by summing all coded answers of the measure. Higher total scores indicated higher self-esteem. In previous studies employing this measure with African Americans, researchers reported Cronbach alpha reliability estimates ranging from .76 (Breland, Coleman, Coard, & Steward, 2002) to .82 (Wade, 1996). Reliability analysis for this sample yielded a Cronbach's alpha of .78.

The Multigroup Ethnic Identity Measure (MEIM, Phinney, 1992) is a 23-item scale that was included to examine three aspects of ethnic identity including attitudes towards one's own ethnic group, ethnic customs and behaviors, and commitment to one's own ethnic identity (Breland-Noble et al., 2003). In previous studies employing this measure with African American and other participants of color, researchers reported Cronbach alpha reliability estimates ranging from .64 (Longshore, 1999) to .82 (Branch, Tayal, & Triplett, 2000). Reliability analysis for this sample yielded a Cronbach's alpha of .67.

A qualitative research method was also used to collect data. Specifically, the researchers employed a focus group format. "Focus groups are in-depth discussions in which



In this study, African American participants were asked to describe their personal, familial, and community perceptions of and experiences in dealing with color consciousness.

groups of between 8 and 12 people who share a particular set of characteristics or experiences are brought together, under the guidance of a facilitator, to discuss a topic of importance to a particular study" (Murray, 1998, p.313). Focus groups have been demonstrated to be especially useful in identifying problems that quantitative methods might miss such as personal accounts of experiences relevant to a topic or full explanations of ideas that cannot be garnered from closed-ended or multiple choice types of questions. In this study, African American participants were asked to describe their personal, familial, and community perceptions of and experiences in dealing with color consciousness. A semi-structured interview guide format was used which allowed the investigator to gauge participant comfort levels and organize questions accordingly.

Procedure

Data collection occurred in single session 2-hour meetings. During the meetings, participants were briefed about informed consent via the dissemination of instructional letters further explicating the details of the research study. At that time only those participants who signed the consent form were included. The measures were administered during a single time period on one day, in the same sequential order. Upon completion of the measures, participants viewed a 22-minute video of the television program "Nightline" on the topic of color consciousness. Participants then engaged in an open-ended question format discussion that was facilitated by the PI and research assistants (note: the PI and research assistant who led the focus groups were both very dark skinned Black women). The questions included in the focus group discussion protocol are listed in Table 1.

The data obtained from these focus group sessions was audiotaped and transcribed (by an investigator not present for the focus groups). Data analysis was conducted by the PI using the constant comparative method coupled with thematic data analysis. The constant comparative method, "is an inductive process for forming a categorical model to describe the data collected in a study" (Schwitzer et al., 1999 p. 192). The constant comparative approach called for the PI to organize and reorganize the responses of the transcribed sessions until the data fit into the fewest, most meaningful categories possible.

Initially, one of the investigators produced handwritten copies of all audio-taped sessions and converted them into word-processed form. Next, a different investigator

Table 1: Questions for Semi-structured focus groups

| |
|--|
| 1) Tell us your first name and one thing you would like us to know about you. |
| 2) What persuaded you to join the focus group? |
| 3) When you hear the words "color consciousness", "colorism", and "colorstruck", what comes to mind? |
| 4) In general do you agree or disagree with what was said in the show? |
| a) What one thing did you most agree with in the show? |
| b) What one thing did you most disagree with in the show? How has your experience differed from this one idea that you have identified as untrue for you? |
| 5) Do you think the media (TV, Music Videos, and Film) affects the issue of color consciousness with African Americans? If so, in what way? |
| 6) What is your earliest memory of discovering what skin tone/skin color you are? |
| 7) Did your family discuss skin tone/skin color when you were a child? If so, give one example of things that were said. |
| 8) What kinds of things do you remember hearing about your skin tone/skin color or that of your family as an adolescent/teenager? How did you feel when you heard these things? |
| 9) What do you remember from your early adulthood experiences with peers about your skin tone/ skin color? How did you feel when these things happened? |
| 10) In what ways do you think your own skin tone affects your life now (your career, professional/job promotions, educational experiences/opportunities)? |
| 11) Did the skin color of your significant other (husband/wife/partner) have any bearing on why you chose that person? If you do not yet have one, does the skin tone of a potential mate have any bearing on whether or not you choose that person? |

created a master transcript of all focus group sessions in which responses were grouped according to their categorical "fit" with the questions asked. Any data that could not be categorized in this manner (i.e. that which did not directly address the stimulus questions) was organized in separate categories on the basis of categorical similarity. This system was used to code data into similar response categories. Then, the generally categorized data was reorganized into a smaller number of more specific categories. This process of creating smaller categories was replicated until the data could no

longer be reorganized (i.e. no new themes emerged). The use of this method allowed the investigators to, "look for statements and signs of behavior that occur[ed] over time during the study," (Dye, Schatz, Rosenberg, & Coleman, 2000 p. 2) with the goal of generating significant themes. This method generates themes that are, "generalized statements by respondents about beliefs, attitudes, values, and sentiments... [that] are culturally bound" (Murray, 1998, p.315). This model was especially useful given the multicultural focus of the study and the fact that the investigators were not interested in generating theory so much as in understanding an existing phenomenon (i.e. color consciousness) and providing a thematic model for illumination of the associated issues.

The investigators compared participants' self-ratings of skin tone and the mean ratings of the investigators' ratings of participant skin tone to assess the accuracy of the skin tone ratings. The acceptable inter-rater reliability of the researchers' 9-point ratings of participant skin color was indicated by a reliability coefficient of .81.

Bivariate regression analyses were used to identify the effects of skin tone on self-esteem, ethnic identity, personal income and color consciousness. The researchers selected the bivariate regression analysis because the research in the area of skin tone as a power stimulus in African American life circumstances has not been comprehensively addressed in the literature. Therefore this type of basic statistical design was employed to assist in establishing a "baseline" of information on skin tone as a predictor/independent variable. Based on a power analysis, the researchers determined that a sample size of 30 was required to detect large effect sizes at the .05 significance level (Cohen, 1992). Note that a large effect size represents an effect that is noticeably larger than one visible to the naked eye of a careful observer, but not so large as to be trivialized (Cohen, 1992). In addition, paired sample t-tests were conducted to identify any differences among participants in their individually stated preferences for and individually stated perceptions of their own skin tones as measured by the SCAP and SCQ. T-tests were also computed to detect any gender differences in ethnic identity, self-esteem, and preferences for and perceptions of skin tone.

Results

Overall perceptions of skin tone

Table 2 presents the means and standard deviations for all studied variables.

Correlations were examined to answer the questions, "do African Americans prefer certain skin tones over others?" and "what characteristics do African Americans associate with their own and other African Americans' skin tones?"

Table 2
Means and Standard Deviations for Variables Studied

| | MEAN | SD |
|---|--------|--------|
| PHINNEY (Ethnic identity) | 3.64 | .29 |
| MEANST (Raters' judgment) | 6.46 | 1.88 |
| SCQ1 (Satisfaction) | 7.92 | 1.57 |
| SCQ2 (perceived skin tone) | 5.31 | 1.67 |
| SCQ3 (idealized skin tone) | 5.78 | 1.31 |
| SCAP1 (actual skin tone) | 6.41 | 1.87 |
| SCAP2 (preferred skin tone) | 6.72 | 1.81 |
| SCAP3 (opposite sex pref.) | 5.78 | 1.31 |
| MOMEDUC (maternal education level) | 15.77 | 2.94 |
| DADEDUC (paternal education level) | 14.61 | 3.66 |
| EDUCLVL (participant education level) | 17.97 | 2.34 |
| RSES (Self-esteem) | 37.70 | 3.37 |
| INCOME | 44,135 | 28,600 |
| AGE | 31.56 | 12.15 |
| * Note: The ranges for responses on the SCAP and SCQ were 1 - 9 | | |

Regarding skin tone accuracy ratings, the researchers ratings were identical for 41% (n = 15) of the participants; within 1 point for 43% (n=16) of the participants and within 2 points for 11% (n = 4) of the participants. Even though 5% (n = 2) of the participants' ratings were greater than 3 points apart, this finding paralleled that of previous administrations of the SCAP (Bond and Cash, 1992) and suggested that participants viewed their own skin tones in a manner consistent with how others viewed their skin tones. Overall, the accuracy evaluations yielded a moderate positive correlation with participants' SCAP self-ratings (r = .50, p = .002) and participants' SCQ lightness-darkness self-rating ratings (r = .43, p = .009). In addition, participants' self-ratings and lightness-darkness ratings of skin tone were highly positively correlated (r = .73, p = .000).

Regarding the participants' responses on the skin tone variables, results yielded a moderate positive correlation between participants' idealized skin tone and preferred skin tone (r = .50, p = .004) and between participants' self-perceived skin tone and idealized skin tone (r = .38, p = .03). In addition, results revealed a moderate positive correlation between participants' preferred skin tone and self-perceived skin tone (r = .56, p = .000).

Bivariate regression analysis indicated that as participant skin tones became darker, the stated wish to have darker skin also increased (r = .43) p=.01. This bivariate regression analysis indicated that 20% of the variance in personal skin tone preference was accounted for by the participants' skin tone.

The results of paired t-test analyses on the skin tone variables indicated that for all skin tone variables studied, statistically significant differences existed between the following pairs of variables: preferred skin tone and opposite sex preferences for skin tone t(36) = 2.83, p = .008; preferred skin tone and self-perceived (light/dark) skin tone t(36) = 5.17, p = .000; and actual skin tone and self-perceived (light/dark) skin tone t(36) = 5.15, p = .000.

Skin Tone, Ethnic Identity, and Socioeconomic Variables

Regarding the question, "in what ways, if any, does skin tone influence an African American individual's annual income, level of educational attainment, racial identity and self-esteem?" results did not reveal any skin tone specific correlations, but did reveal a moderate positive correlation between participants' ethnic identity and years of completed education (r = .49, p = .002) as well as ethnic identity and mother's completed years of education (r = .34, p = .039). Participant incomes were moderately negatively correlated with their father's years of completed education (r = -.35, p = .002) and their mother's level of completed education (r = -.35, p = .049). It is possible that this sample demonstrates a trend often found in African American families where successive generations strive to improve upon the socioeconomic circumstances of prior generations (McAdoo, 1997; Willie & Reddick, 2003).

T tests were performed to examine any gender effects on self-satisfaction, preferred, idealized or opposite sex preferences for skin tone, ethnic identity and self-esteem. Table 3 presents the results for the significant findings.

The only significant difference found for the men and women was on the variable of self-esteem with women obtaining higher self-esteem scores than the men.

Effects of Skin Tone on Life Circumstances and Experiences

The investigators discovered several emergent themes in examining the question, “how does an African American’s skin tone affect individual interpersonal and familial experiences?”

Overall, focus group members acknowledged that color consciousness exists and they provided data that contributed to generating the following emergent themes: 1) media reinforcement of negative aspects of color consciousness (via assigned /implied attributes) in portrayals of African Americans; 2) negative experiences in childhood and adolescence with color consciousness; 3) within family color consciousness; 4) mixed effects of skin tone on career/education; 5) negative effects of skin tone on romantic relationships 6) extensive nomenclature used in describing African American skin tones; 7) regional differences in color consciousness experiences; and 8) differential treatment by gender based on skin tone.

Media reinforcement of negative aspects of color consciousness. Respondents indicated that the media portrays African Americans in very stereotypical manners often showcasing light skinned women and dark skinned men as the aesthetic ideals. Many respondents shared the sentiments of a woman who said, “I mean I know in terms of like music videos, um entertainment...and I always noticed how all the “pretty girls” were light skinned with long hair.” And another who shared, “ And I think that...when they show Tyson [Beckford, a model] when you look at the black man today, it’s a chocolate hunk and so they’re pushing it now.”

Negative childhood and adolescent experiences with color consciousness. Many respondents reported being

Respondents indicated that the media portrays African Americans in very stereotypical manners often showcasing light skinned women and dark skinned men as the aesthetic ideals.

ostracized by other African Americans because of the lightness or darkness of their skin. Female respondents in particular recalled being teased and not invited to play with other children because they were “too dark” or because they were light and perceived as haughty by their peers. Male respondents reported more teasing (e.g. being called negative names) than ostracism (i.e. having peers who refused to play or associate with them). Most respondents who recalled their first instances of discovering that others attended to their skin tone, reported that the awareness came during adolescence either in jr. high or high school.

Within family color consciousness. Two categories emerged in this area. Almost all respondents shared stories about personally hurtful experiences within their own

families or recounted stories from friends’ families. Others shared feelings of parental concern for children’s present and future experiences. Many of the stories reflecting the former were focused on families enforcing the message that one should find a mate with the “right” (i.e. light) skin tone so that the offspring will be produced with the “right” color. In addition, respondents reported that at times their family members would actively make distinctions and associate attributes with family members of different skin tones. One respondent recounted how the light and dark skinned siblings within one family formed alliances based on skin tone (i.e. light vs. dark) and argued and fought regularly with no parental intervention. Two respondents reported hearing the name “Casper the Ghost” in reference to themselves or their infant children. The reference was used because in one respondent’s words, “...[when] he (a very light skinned infant) put on the white things...he would fade away.” Regarding parental concern, a mother reported that she knew her child might be both helped and harmed by her extremely light skin while other respondents reported that lighter skinned children within families were provided with preferential treatment and praised for being attractive while dark skinned children were routinely neglected.

Effects of skin tone on career/education. Respondents reported some advantages to having a lighter skin tone with regard to careers. A female respondent reported that she could not help but notice that of 5 women selected to earn a prestigious national academic fellowship, 4 of them (including herself) were very light skinned. Another woman echoed these sentiments when she stated, “...but every firm that I’ve been in and these are fairly large environments, most of the African Americans there have been fairly light complected [sic] and if they weren’t light complected they had kind of like you know that

Table 3
Means and t Value from the Rosenberg Self-Esteem Scale

| Rosenberg | Men (11) | Women (26) | t |
|----------------|----------|------------|------|
| Mean | 35.3636 | 38.6923 | 2.22 |
| SD | 4.822 | 1.892 | |
| Note: p = .048 | | | |

questionable well maybe she could be [Black]". Respondents also stated that they perceived light skinned men to reap some benefits from their light skin, yet the skin tone was bolstered by these individuals' abilities and hard work. Specifically, they spoke of the prevalence of color consciousness in the military, citing Colin Powell and other high ranking African American officials, as well as the negative perceptions directed toward dark skinned men in academic and private sector environments. Some of the darker skinned women reported that they believe themselves to be perceived as aloof and non-congenial because of their dark skin. One respondent captured the feelings of some of the participants when she stated, "I always found that as a darker skinned woman I was either expected, I felt like I was expected to be a little tougher." Others reported that they felt as if whites perceived them (dark skinned African American women) as too far outside the White standard to ever be able to assimilate to the norms of the workplace.

Negative affects of skin tone on romantic relationships. Two subcategories emerged within this larger area of color consciousness. Specifically, respondents reported actively selecting mates in an effort to reverse the deleterious effects of having their own skin tones and/or being hurt by others who engaged in this same process (of selecting mates by skin tone). Participants typically described how they had been hurt by a prospective mate's comments that he or she only dated people of a particular "hue" or how they were abandoned by a person of a particular skin tone and consequently chose to find partners at the opposite end of the skin tone spectrum. Overall, most female respondents reported assigning attributes to men based on skin tone with light skinned men being seen as significantly less virile than dark skinned men.

Extensive nomenclature used in describing African American skin tones. Not surprisingly, respondents indicated that an array of names exists for describing African Americans of differing skin tones. Most of the names that group members provided were familiar to all respondents, yet one ("Red-Bone") carried different connotations and was unfamiliar to some of the focus group participants.

Regional differences in color consciousness experiences. Group members strongly supported the idea that color consciousness exists in different forms depending on the region of the country in which one resides. Specifically, certain areas of the south were reported to have much more color consciousness than the north. In addition, respondents who had graduated from HBCUs (Historically Black Colleges and Universities) reported that they believed color consciousness to exist at greater levels than at PWIs (Predominantly White Institutions) where racism was more prevalent.

Differential treatment by gender based on skin tone. Almost all

respondents agreed that the standards for men and women with regard to skin tone are very different. Specifically, many suggested that due to societal tendencies to judge women based on levels of attractiveness, there were fewer opportunities for women to view themselves through a cultural lens other than their attractiveness. Further, since media stereotypes reinforced a light-skinned ideal; lighter skinned women may reap the benefits of being light skinned. One respondent's words aptly capture the sentiments of the participants, "It seems as if... women and even little girls are sort of evaluated by their attractiveness... that you are more likely to run into...being evaluated by your hue more so than young boys [are]..." Other participants recalled that homecoming queens and the more popular girls in school were frequently very light skinned with European hair and facial features. Conversely, respondents reported that perceptions of African American boys were not as polarized and that often sports served as an equalizer such that extremely light or extremely dark skinned boys might be spared any teasing. Another interesting theme that emerged from the groups was associated with the "cycles" that characterize perceptions of African American men. Specifically, many of the men reported that at certain points throughout their development, a certain skin tone was considered "in." In other words, during certain periods in their development, light skinned men might be popular and positively perceived, while in other periods the opposite was true. Many of the male respondents and a few of the female respondents reported that depending on whom the popular media presented as prominent African American males at the time, skin tone preferences for men might move in the same direction. To paraphrase two respondents, "[the light skinned] brothers lost out in the mid 80's," and peers, "... would taunt him [a dark skinned sibling] and tease him and then... after Michael Jordan he was the best thing since cornbread."

Discussion

The findings appear to indicate that skin tone and color consciousness are very real phenomena that African Americans are aware of and can articulate the ways in which such issues affect their lives.

The researchers were interested in assessing African Americans' perceptions of their own and others' skin tones. The findings from this study strongly indicate that overall African Americans prefer their own skin tones to be in the middle range of colors ($M = 6.72$). Further, they believe that members of the opposite sex find mid-range, yet significantly lighter, skin tones to be most attractive ($M = 5.78$). Prior research supports the notion of preferences for mid-range skin tones, since many African Americans believe that those individuals in the middle of the skin tone spectrum do not experience as many

traumas around skin tone as individuals at the polar ends might (Coard et al., 2001).

It appears that participants often stated a preference for moderately darker colors while harboring an ideal preference for a medium color. These findings reflect findings in other studies (Coard et al., 2001; Robinson & Ward, 1995) in which participants indicated that those with medium skin fare better in life in general than African Americans at the poles of the skin tone spectrum. Therefore, it stands to reason that participants would idealize a skin tone that would afford them less opportunity to experience trauma.

As reported in previous work, African Americans do continue to harbor preferences for certain skin tones. Specifically, this sample indicated a self-preference for almost dark skin, yet they idealized a significantly mid-range skin tone. A possible explanation for this finding might be associated with ethnic identity. Specifically, since the participants reported an overall high degree of ethnic identity ($M=3.64$), it is possible that their stated preference for an almost dark color reflects their salient affiliations with being African American. Racial identity theory, as studied by authors like Helms, Carter and Cross, supports this idea of African Americans reporting an affinity for those things noticeably Black, like skin tone and facial features. Further, it is possible that given the generational status of the participants, with most being children of the 50s, 60's and 70s they were reared in the era of the Civil Rights and/or Black Power movements of the 60s and 70s. It was during these movements that African Americans espoused a strong ethnic identity and ties to their roots in Africa. As such, many African Americans witnessed the espousal of a Black beauty aesthetic that included traditionally "African" features such as dark skin and "full" facial features. In other words, it may be that the participants wished to demonstrate their commitment to the ethnic group by professing an almost dark preference while harboring an affinity for a medium skin tone. Leeds (1993) found similar results in her work with African American women, in that participants in her study reported a preference for darker skin and stated that they did not often make distinctions regarding color among their peers, yet upon further discussion revealed an idealization of lighter skin. As stated earlier, it is possible that within the African American community medium skin is preferred over dark skin due to the perceived and

A mother reported that she knew her child might be both helped and harmed by her extremely light skin while other respondents reported that lighter skinned children within families were provided with preferential treatment and praised for being attractive while dark skinned children were routinely neglected.

actual stresses often associated with very dark skin (Blair, Judd, Sadler, & Jenkins, 2002; Breland, 1998; Hughes & Hertel, 1990).

Regarding the effects of skin tone on annual income, acquired education, racial identity and self-esteem, the findings of this sample of African Americans indicated that skin tone alone did not explain current life circumstances. This finding is in stark contrast to other published research in which skin tone was demonstrated to be the power stimulus in predicting socioeconomic outcomes such as household income, job prestige, or marital desirability among African Americans (Hill, 2002; Hunter, 2002; Keith & Herring, 1991). For this group, parental achievement and ethnic identity appeared to be power stimuli for their current socioeconomic status.

Regarding the effects that African Americans report skin tone to have on their life circumstances, Boyd-Franklin (1991) aptly described the pervasive nature of color consciousness within African American families and the current findings support her ideas. It appears that many participants learned about color consciousness via verbal and non-verbal family interactions. They also reported that the media reinforced most of

the stereotypes that they learned from family and friends. Specifically, many participants recalled that light skinned African Americans (particularly women) were misperceived as haughty; dark skinned African American men misperceived as virile; light skinned African American men misperceived as impuissant; and dark skinned African American women misperceived as mean and/or aloof. It is possible that many African Americans in counseling may be aware of these stereotypes and may have or have been negatively impacted by them. Culturally competent counselors and psychologists must be prepared to address color consciousness using a strong knowledge base and a delicate means of acknowledging the pain associated with this particular type of intraracial interaction.

With regard to dating and romantic relationships, an interesting trend emerged. Almost universally when discussing opposite sex preferences for skin tone, the African American male participants in the group stated that men they knew (not they themselves, but friends, family members, etc.) preferred very light skinned women with specific hair textures (i.e. long and Eurocentric). Interestingly though, 2 of the 12 men in the study openly professed an affinity for light skinned women at an earlier point in their development yet

denounced it as a present-day occurrence. Conversely, the African American women in the groups reported self and other (friends, family members, etc.) preferences for very dark skinned men. Many of these women shared that they, "wanted someone who was darker because they associated darker with being stronger, a lot stronger and stuff". These findings are partially supported by the findings on the quantitative skin tone measures. Although the means for the men and women's perceptions of opposite sex preferences were in the medium range and not statistically different, female respondents reported that they perceive African American men to desire women with a lighter color ($M = 5.22$), while men stated that they perceive African American women to like men with a darker color ($M = 6.12$). This finding might speak to the possible correlations between media portrayals of African Americans and internalized preferences for opposite sex partners. Specifically, the participants in this study explained that the media portrayed African American women in such a way that light skinned women were viewed as objects of affection and that dark skinned men were viewed as strong and virile. Many participants shared that popular media representations of African American women include very light skinned women like actresses Halle Berry and Vanessa Williams, while popular media representations of African American men include very dark skinned males like actor Wesley Snipes and model Tyson Beckford. One focus group member's statement that regarding music videos, "...the only dark girls you ever saw were the ones dancing in the background [and] it was never the girl that the guys were chasing," expressed the sentiments of multiple participants. Further, many of the female African American participants shared that they were accustomed to seeing movies, advertisements and television programs that only showcased dark skinned African American men. As one participant put it, "that stereotype was broken in 1984 with Michael Jordan and with Nike and the Madison Avenue going ahead and exposing him to the rest of the world. That's how Tyson was able to get to where he is today." If dark skinned men and light skinned women appear to be sought after as objects of affection, what might this mean for light skinned African American men and dark skinned African American women? Findings from the focus groups revealed that, at least for African American women, dark skinned group members are left with emotional scars based on being overlooked for their lighter skinned counterparts (Hunter, 1998; Thompson & Keith, 2001). Previous research has addressed this population briefly (Boyd-Franklin, 1991), but further research is certainly warranted to understand the effects of these occurrences on dark and light skinned African American women, and dark and light skinned African American men.

It is worth noting that most participants were initially

reluctant to say that color consciousness exists within the African American community. It is possible that the presence of a white research assistant at some of the focus group meetings contributed to apprehension about sharing on this topic. It is also possible that the sample was reluctant to discuss intraracial discrimination when interracial discrimination occurs so frequently in their lives. Indeed, it was often necessary to redirect the participants in this sample to the topic of color consciousness among African Americans as it frequently drifted to racism and discrimination suffered at the hands of European Americans. The investigators hypothesize that some of this tangential discussion may be residue from the powerful and lasting effects of the black solidarity created by the Civil Rights Movement. Indeed, as one-fourth of the sample grew up in this period ($n = 10$) with the remaining participants being the children of people who grew up in this time period, it is possible that they learned the message of racism as a heinous evil and to not "air dirty laundry" by discussing the topic of Black-on-Black discrimination.

Some additional findings that warrant discussion are not necessarily focused on color consciousness, but are more associated with the sample's life experience of being African American. Recall that for all respondents there was a negative moderate correlation between their current incomes and their parents' completed levels of education. Since a majority of the participants were college graduates, and a significant number possessed graduate and professional degrees, it is possible that a message of subsequent generations doing better than those that came before them has been passed down. This notion is frequently discussed in the literature addressing African American families (Boyd-Franklin, 1991; Sue & Sue, 1999). In addition, the moderate relationship that emerged between a participant's ethnic identity strength and a completed level of education speaks to the importance of being rooted in one's own culture as a buffer against racism and discrimination. Indeed, many participants stated during the focus groups that they used their strong sense of who they are as African Americans to help them make sense of and deal with the racism that they experienced regularly. This is an important finding for counselors who work with African Americans in that, given the current zeitgeist regarding the importance of assessing ethnic identity as an integral part of the counseling relationship (Helms & Cook, 1999), it is essential that counselors who encounter African Americans with a strong ethnic identity incorporate this into any racism/discrimination interventions. Finally, it appears that African American mothers, at least for the participants in this sample, have done a good job of transmitting messages of ethnic pride and strength to their children. As noted, the participants in this sample demonstrated strong ethnic identities and these identities were moderately associated with their mothers' levels of

education. Again these findings appear to reiterate previous findings in the literature that speak to the important of education and ethnic pride among African Americans (Sue & Sue, 1999).

Overall, color consciousness appears to remain a prevalent and pervasive issue among African Americans as suggested by this small sample. The findings presented are extremely important and might be addressed by mental health professionals in counseling. It is possible that clinical prevention efforts with African American parents, where they are made aware of the messages about skin tone that can be transmitted to children, may assist in reversing the negative affects of color consciousness. It is also imperative for African Americans families to become aware of the ways in which the media assigns attributes to African Americans based on skin tone so that efforts can be developed to reverse the negative effects that are transmitted to group members. Counselors and psychologists can be helpful in these efforts by training African Americans to recognize, acknowledge and directly address these images both within and across racial groups. Counselors and psychologists who are not familiar with this idea should be aware of its potential to exist within African Americans families. Although it may be a sensitive subject to broach with clients, it can be very helpful for a culturally competent therapist to familiarize him or herself with the issue so that he or she may conduct an informed discussion on the topic with clients.

It also appears that counselors who work with African American adolescents should particularly be aware of the negative experiences that adolescents may have with this issue. Especially with regard to friendships and romantic relationships, it seems that African American children and adolescents may experience discrimination around being excluded as romantic partners or friends based solely on skin tone and conversely may be included as friends or romantic partners based solely on skin tone. Further, children and adolescents may be the objects of ridicule due to skin tone and, as described by multiple participants, such ridicule can be quite painful and have enduring effects. The findings indicate that group work with adolescents can be a very positive means of assisting African American

They also reported that the media reinforced most of the stereotypes that they learned from family and friends. Specifically, many participants recalled that light skinned African Americans (particularly women) were misperceived as haughty; dark skinned African American men misperceived as virile; light skinned African American men misperceived as impuissant; and dark skinned African American women misperceived as mean and/or aloof.

adolescents in the process of coping with the more negative effects of color consciousness.

Limitations and Future Directions

One of the most salient limitations to this study is the volunteer sampling procedure employed. It is possible that those individuals for whom the issue of skin tone is salient were the ones most likely to agree to participate in the focus group. Therefore, this group may have devoted more thought to this topic than other African Americans. As such, their opinions may not be reflective of the general population, but more so of those African Americans who are well versed and educated in this topic in general. A second limitation to the study has to do with the skin tones of the African American investigators and assistants. As both African American data collectors were very dark skinned, it is possible that their presence was an impediment to the participants' ability to speak freely and to answer in an honest manner on the measures. Indeed, it is possible that the participants did not want to offend these researchers by being more frank in their discussions of darker skinned African Americans. Future research might include separating focus groups by gender and skin tone and matching these groups with moderators who reflect the compositions of the groups. Such methods might assist future investigators in eliciting more rich and multi-layered themes of color consciousness.

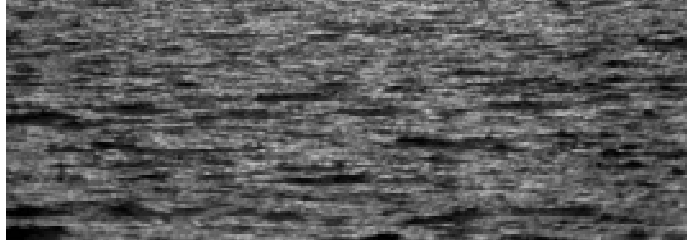
Regarding other future directions for research in this area, it is possible that given the African American women's reported attributions for African American men and African American men's reported overall lower levels of self-esteem, future research may explore the pervasiveness of these ideas separately and as they interact. For example, researchers might examine the nature and extent of African American women's stereotypes of African American men. In addition, future investigators might study the extent to which African American men are aware of the perceptions that African American women have of them and how these perceptions affect their (men's) psychological well being. In addition, it will be important to assess the extent to which skin tone is a factor in differential family treatment. Such research can greatly contribute to the

literature on ameliorative interventions for use with African American families.

Finally the extent to which the media influences African Americans use of skin tone as a factor in selecting friends and romantic partners is an extremely worthwhile research area. This work can be especially useful for children and adolescents who are developing ideas regarding how they perceive themselves and others.

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The Counselor As Expert Witness: Changes in the Michigan Hearsay Rule

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This article discusses the expanding role of the professional counselor as expert witness. The preferred role of the expert witness is one in which the expert informatively presents the facts and does not act as an advocate trying to influence a legal decision. The expert witness in Michigan now has to consider changes in the Michigan Rules of Evidence which disallows any hearsay evidence the counselor may have acquired during counseling. Additionally, supporting documentation for opinions may not simply be cited, but must be placed into evidence. This article concludes with suggestions for counselors in preparing for the role as expert witness in the courts.

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What was once an uneasy alliance between legal and mental health professionals has evolved into the frequent use of counselors, psychologists, social workers, and psychiatrists as expert witnesses. Social changes have contributed considerably to this evolution. Due to the increase in issues such as violence, divorce, custody disputes, and substance use, mental health professionals have been increasingly accepted in the role of expert witness.

There have been several recent examples in the courts where counselors were asked to provide expert opinions. The first situation involved a case in which the custodial parent wanted to move out of the state with her children so that she could be closer to her parents. The father objected because this would impact his parenting time. The counselor was asked to provide an expert opinion as to the emotional and social impact this would have upon the children. The second situation involved a family in

which an adolescent made a false accusation of sexual touching against a step-parent. The court requested the family to undergo individual and family assessments followed by a hearing in which the counselor would offer opinions that would help the court in its rulings. The third situation involved a custodial dispute about parenting time for three children. The counselor was asked to provide an expert opinion as to what was in the children's best interests given the adversarial nature of the parents' relationship.

The role as expert witness is not without its challenges. What often occurs in the courts is an advocacy process in which an expert witness can be viewed as either for or against plaintiff or client. Yet, while the ideal role of the expert witness is one of "a detached, thoroughly neutral individual who simply and informatively presents the true facts as he/she sees them; the undesirable role is that of a partisan seeking to undermine the opponent acting deceptively to present his [sic] case more favorably and behaving in a variety of unethical, inappropriate ways for reasons of greed, maladjustment, or personal aggrandizement" (Brodsky and Robey, 1972, p. 173).

Expert witnesses, many of whom are counselors, participate in a plethora of legal cases. Their testimonies have significant impact since as Faust and Ziskin (1988) say, "based upon an expert's opinion, individuals may be confined to hospitals, obtain or lose custody or guardianship, or be placed in penal institutions or rehabilitation facilities" (p.241). The need for fairness and impartiality is clearly seen in how such testimony will affect the lives of people. The generally accepted standards for clinicians as expert would include: (1) the expert is able to offer opinions with reasonable clinical certainty, and (2) the testimony is offered to help a judge or jury be better able to reach a more informed decision than in the absence of such testimony. Questions are still raised about the accuracy of counseling and clinical judgments and if they indeed help judges and juries arrive at more informed conclusions. As a result, the mental health professional must take the greatest of care in arriving at judgments to be offered in the legal arena.

The Michigan Hearsay Rule Change

The professional counselor is perhaps most likely to be asked to serve as an expert witness in cases that involve custody, divorce, drug and alcohol use, child abuse, domestic abuse, pain and suffering as a result of an

The role as expert witness is not without its challenges. What often occurs in the courts is an advocacy process in which an expert witness can be viewed as either for or against plaintiff or client.

accident, sexual harassment and workers compensation. Traditionally, the counselor as an expert witness has been able to testify not only about facts in evidence, but also about what others have said to them. For example, statements made by an adult or child in a custody case have been admissible as evidence.

On March 25, 2003, the Michigan Supreme Court changed what is to be allowed into evidence, effective as of September 1, 2003. The Michigan Rules of Evidence (MRE) and specifically Rule 703 previously read as follows:

The facts or data in the particular case upon which an expert bases an opinion of inference may be those perceived by or made known to the expert at or before the hearing shall be in evidence. The court may require that underlying facts or data essential to an opinion or inference be in

evidence. This rule does not restrict the discretion of the court to receive expert opinion testimony subject to the condition that the factual bases of the opinion be admitted in evidence thereafter.

With the change that became effective on September, 2003, Rule 703 now reads as follows:

The facts or data in the particular case upon which an expert bases an opinion or inference shall be in evidence.

This change essentially disallows as evidence hearsay information that the counselor may have received during counseling sessions. Additionally, mental health professionals will have to place into evidence supporting documentation for any research cited and the basis upon which recommendations are made. An extreme possibility would be that the person who conducted referenced research would be called to testify. The staff comment (Michigan Supreme Court, 2003) on the modification of MRE 703 specifically states that this "corrects a common misreading of the rule by allowing an expert's opinion only if that opinion is based exclusively on evidence that has been introduced into evidence in some other way than through the expert's hearsay testimony (p.2)." Although there are some exceptions to the new hearsay rule, it is important not to minimize the impact of this change in the MRE. Although opinions can still be rendered under this change, it will considerably curtail the role of all mental health professionals as expert witnesses. Exceptions to this change in the allowance of hearsay testimony might

include a Friend of the Court report that includes evaluations by outside persons or agencies or a brief submitted to the Friend of the Court. Preliminary mental health hearings conducted by a probate judge which included hearsay testimony might also be allowable under the new Rules of Evidence.

Preparation for the Role of the Expert Witness

The role of expert witness will bring new challenges for a counselor and the need for additional training. Huber and Baruth (1987) note that, "The legally naïve therapist will likely experience frustration and embarrassment at the hands of a skilled and well-prepared attorney within the adversarial system of the court (p.125)". Specifically, the counselor would want to be knowledgeable in the rules of evidence that are used in the courtroom. Prior training in providing courtroom testimony is essential to the expert's effectiveness. While nothing is more important for the expert witness than a firm grasp of psychological dynamics and counseling fundamentals, it is important to have legal and forensic training.

With these changes regarding the rules of evidence, counselors as expert witnesses may want to consider several suggestions for their role in court. Fundamentally, the counselor should carefully review the case file and be familiar with the client's previous statements and behaviors. If a video is available of any client interviews with attorneys, watch them carefully and observe behavior and manner of speech. A copy of the opposing expert's report and credentials might also be obtained to prepare the presentation. Clinical records may be subpoenaed. They should be reviewed carefully, but obviously **may not be changed** as falsification of health records is both unethical and illegal.

The counselor will want to consult with the attorney before testifying. There should be some prior understanding of what to expect during direct examination, what aspects should be highlighted and where potential problems may be. It is important to know what legal issues are in dispute and what to anticipate from the opposing attorney. At this time, the counselor as expert witness can point out to the "non-expert" attorney other issues of which the attorney may not be aware.

During testimony the counselor should have available all reports and other information upon which his or her testimony is based. Although some anxiety is to be

Traditionally, the counselor as an expert witness has been able to testify not only about facts in evidence, but also about what others have said to them. For example, statements made by an adult or child in a custody case have been admissible as evidence.

expected, it is helpful for the counselor to maintain eye contact with the jury. It is important to be responsive, but not appear to be playing for the jurors' benefit. The expert should not talk "down" to the "non-expert" attorneys because the judge and jurors are in the same situation.

Psychological terms can be used, but they should also be explained and/or used with specific, well-known examples. It is important to answer the specific question asked but not to expand or volunteer information. Upon cross-examination, the expert will want to maintain appropriate demeanor and continue to provide fair and impartial responses without becoming defensive or argumentative. It is essential not to change the facts of the case during cross-examination. If the facts change, the conclusions drawn will also change.

The expert witness will want to be present during the testimony of the opposing expert. Facts offered by the other expert(s) may be supportive. Similarly, the counselor

will want to review and be familiar with the client's former psychological care and treatment including an understanding of previously prescribed medications.

If tests were administered, the counselor will want to explain the relevance of the protocol and the reasons that other tests, especially if they were used by the opposing experts, were not. The counselor should be prepared to provide some detail about how the tests can detect malingering or deception on the part of the client during the testing and should also be willing to admit to the weaknesses of the tests. It is important to remember that any test, particularly if questions are taken out of context, may be challenged during cross-examination and the expert should therefore be prepared to non-defensively explain the validity and reliability of tests used.

The factors that led to diagnosis and course of treatment should be explained firmly. In offering a DSM IV treatment diagnosis, the counselor should also be prepared to address differential diagnosis issues and why they were ruled out. Although there is a clear explanation of the diagnosis and treatment, some time should also be spent on the possibility of recovery or change.

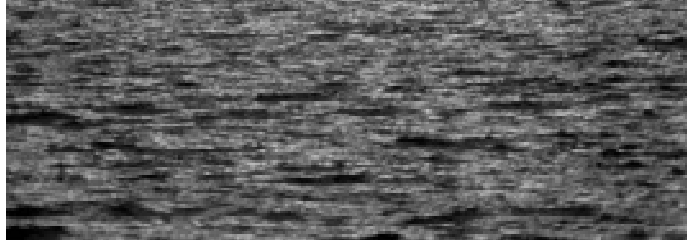
Conclusion

It is important to recognize the expanding role of counselors that now includes potentially being called as an expert witness. The Michigan Supreme Court has issued an order that testimony by experts cannot be based

upon hearsay with limited exceptions. This alteration in the Rules of Evidence will have considerable impact on what expert witnesses might be able to testify to in courts. This will have the greatest impact upon counselors who might testify in Family Court and who can no longer testify about what was said to them during counseling sessions.

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The Use of the Parental Alliance Measure with Women Parenting Children with Disabilities

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This study investigated the use of the Parental Alliance Measure (PAM) with women parenting children with disabilities. A total of 117 women who parent children with disabilities participated in the study. Using factor analysis, the same two factors were identified for this study as the original standardization group for the PAM. Factor 1 for this study was defined by 17 items and was labeled Communication and Teamwork for Mothers. Factor 2 had 3 items and was labeled Feels Respected by the Other Parent. Results suggested the PAM was robust for use with women who parent children with disabilities. The PAM may be used with families to understand parenting dynamics, develop strategies, and increase involvement in the therapeutic process.

Parents' reactions to the birth of a child with a disability and the subsequent care, nurturing, education, and vocational development are complicated (Rolland, 1984; Wood, 1995). The typical parent, while looking ahead to the birth of a child fantasizes about and forms images of the expected infant. The parents' expectations may include achievement such as success in a societal role, a profession, or proficiency at some activity. When the parents are informed that their child has a disability, the loss of the fantasized child and the discrepancy between these expectations and reality precipitate a crisis reaction accompanied with feelings of grief and loss (Marinelli & Dell Orto, 1991). These reactions may have a traumatic effect on the entire family, which may predispose the child and other members of the family to problems of adjustment throughout childhood,

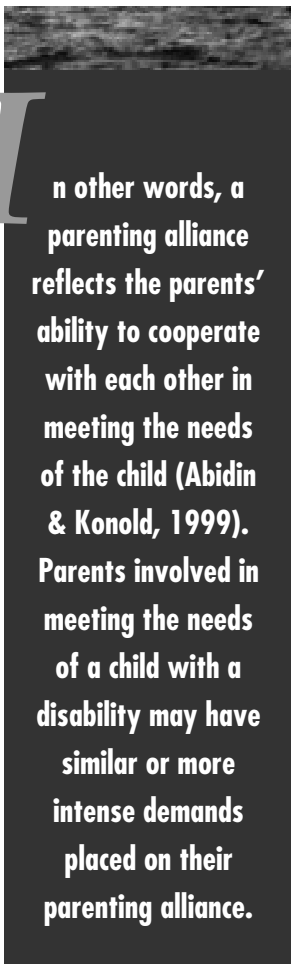
adolescence, young adulthood and beyond in many cases (Ziolko, 1991).

A child's cognitive, behavioral, and emotional abilities affect his or her relationship with each member of the family (Leinbaugh, 1997). In addition, demands of child-care can influence each parent's level of cooperation and involvement to meet the child's needs.

Early research on parent-child interactions focused on both effects of parental behaviors that influence the child and child behaviors that influence parents (Brody, 1956; Broussard & Hartner, 1970; White, 1971; Thomas et al., 1963). Recent research has considered the effect of the parenting alliance and cooperation on the child's behavior (Weissman & Cohen, 1985) as well as the child's behavior on the parental alliance (Abidin & Brunner, 1995).

Many instruments have been developed to measure factors of marital and family functioning including adjustment (Epstein, Baldwin & Bishop, 1983; Spanier, 1976; Spanier & Filsinger, 1983); assets (Olson, Portner & Lavee., 1985); feelings (Lowman, 1980); communication (Bienvenu, 1978); satisfaction (Roach, Frazier & Bowden, 1981; Snyder, 1981); stability (Booth & Edwards, 1983); trust (Larzelere & Huston, 1980); expectancies (Notarius & Vanzetti, 1983); coping strategies (McCubbin, Larsen, & Olson, 1985); strength of family ties (Bardis, 1975); and intimacy (Waring & Reddon, 1983). Whereas these instruments provide a measure of general influences on parenting, they do not provide a specific measure of the parents' working relationship with regard to child rearing.

The concept of parenting alliance was created by Weissman & Cohen (1985) to describe the part of the marital relationship that is concerned with parenthood and child rearing. According to Weissman & Cohen (1985), a parental alliance would be considered constructive when the following conditions are met: "(1) each parent is invested in the child, (2) each parent values the other parent's involvement with the child, (3) each parent respects the judgments of the other parent, and (4) each parent desires to communicate with the other" (Weissman & Cohen, 1985, p.25). In other words, a parenting alliance reflects the parents' ability to cooperate with each other in meeting the needs of the child (Abidin & Konold, 1999). Parents involved in meeting the needs of a child with a disability may have similar or more intense demands placed on their parenting alliance.



In other words, a parenting alliance reflects the parents' ability to cooperate with each other in meeting the needs of the child (Abidin & Konold, 1999). Parents involved in meeting the needs of a child with a disability may have similar or more intense demands placed on their parenting alliance.

A measure of the degree of parental alliance would provide important information for counselors working with children and adolescents with disabilities and their parents. The importance of working with families has been recognized in counseling literature (Kosciulek & Pichette, 1996; Marsh, 1992; Smith & Godfrey, 1995). Counselors need to understand the parental dynamics of families when working with school age clients (Sutton, 1985). Furthermore, family-centered involvement has resulted in increased client participation in counseling programs (Kelly & Lambert, 1992).

Parenting Alliance Measure

This instrument was developed by Abidin & Konold (1999) to assess the working relationship of parents in child rearing. Research on parenting alliance grew out of studies of the effects of conflict in marriage on child outcomes (Emery, 1988). Abidin developed an instrument to focus on those aspects of the marital relationship that relate directly to parenting. He recognized that measures of marital satisfaction or adjustment were not sufficient in measuring parenting behavior. He hypothesized that both parents can be involved in the parenting role and yet not be very satisfied with their personal relationship with each other (Abidin, 1992). PAM originated when the name of the instrument was changed from the Parenting Alliance Inventory (PAI). The PAI contained the identical items, instructions, and scoring as the current PAM; therefore, research results reported for PAI can be generalized to the PAM. PAM has been standardized for use with parents of children ages 1 year to 19 years. The normative sample approximates the 1997 United States census projections with regard to several population characteristics. As a result, the PAM is applicable to parents in a wide variety of demographic contexts (Abidin & Konold, 1999).

Although the normative sample included parents of children with disabilities, there were not sufficient numbers in this category. In addition, current studies have not researched the use of the measure with parents of different types of children's disabilities other than Attention-Deficit/Hyperactivity Disorder, Oppositional-Defiant Disorder and Conduct Disorder (Abidin & Konold, 1999). Therefore, the purpose of this study was to investigate the use of the Parental Alliance Measure (PAM) with parents of children with disabilities. The research question for this study was

1. Is the Parental Alliance Measure a useful instrument for parents of children with disabilities?

Methodology

Participants

Participants in this study were primary caregivers of children with disabilities who were contacted through a parent support groups' coordinator of a Northwest state or attended an annual state conference for parents of children with disabilities. For the purposes of this study, the primary caregivers generally, were those self-identified as biological parent, grandparent, stepparent, adoptive parent, or foster parent. This study used data generated by primary caregivers that provided information about the family demographics and responded to the Parenting Alliance Measure (PAM). Participation was voluntary. Participants of this study were 180 parents of children with disabilities age 1 year to 19 years. Sixty-three participants were contacted through a mailing to coordinators of parents support groups, and 117 were contacted at a state conference.

Of these surveys 23% (n = 41) were unusable because the participants did not have a child with disability, or their child was older than 19 years old or they did not include their gender when completing the surveys. Of the 139 usable surveys, male participants were 16% (n = 22), of the sample and female participants were 84% (n = 117), of the sample. Proportionally, the males were not represented adequately which would make their data insufficient for computing statistics and were not included in this study. Therefore, the study retained the female respondents (n = 117) for reporting results.

Of the participants, 90.6 % reported they were white, 5.1 % Latino, and 4.3 % American Indian. Nineteen percent reported having a disability. Ages of the participants ranged from 21 to 58 with 68% between 26 and 45. A total of 59% had a college degree or higher, 56% lived in a rural area, and 57% had an income of \$25,000 a year or more. Eighty-one percent were living with their parental partner, with the range of years participants were in a parental partnership being between 1 and 36. 51% were in their partnership between 6 and 15 years.

All participants were parents of children with disabilities, and 86% reported being the biological parent of the child with a disability. Thirty-nine percent reported that their first-born child had a disability, and 47% indicated it was their second or the third child that had a disability. A total of 62% of the children with disabilities were male. Forty-nine percent of the children of the participants were between the ages of 4 and 11, and 61% had acquired the disability at birth. Twenty-five percent of the children with disabilities had a primary and a secondary disability.

For primary disabilities, developmental disabilities accounted for 36%, physical disabilities for 35%, and psychological disabilities 29%. For those participants reporting a child with a secondary disability, psychological disabilities accounted for 11%, developmental 10%, and physical 3%. When asked what percentage of the caregiving they provided their child, the average response was 69%. When asked what percentage of caregiving their partner provided, the average response was 34%. The two questions were not linked to allow for caregiving provided by members outside of the parental partnership. However, the combined estimates for both questions exceeded 100%.

Instrumentation

The Parenting Alliance Measure has 20 items measured on a hand-scorable test form (Abin & Konold, 1999). Parents respond to items using a 5-point rating scale where 1 = Strongly Disagree with the statement and 5 = Strongly Agree with the statement. Items contained in PAM measure if each parent: 1) is invested in the child (e.g., "My child's other parent pays a great deal of attention to our child," 2) values the other parent's involvement with the child (e.g., "My child's other parent enjoys being alone with our child," 3) respects the judgments of the other parent (e.g., "I feel good about my child's other parent's judgment about what is right for your child," 4) desires to communicate with the other parent (e.g., "When there is a problem with our child, we work out a good solution together." PAM requires a third-grade reading level and can be completed in less than 10 minutes. The higher the PAM score, the stronger the parenting alliance and the more respectful and coordinated the transactions are between the parenting partners. For interpretation, PAM scores equal to or greater than the twentieth percentile are considered normal, marginal parenting alliance scores would range between the nineteenth and fifteenth percentile, problematic parenting alliance scores would range between the fourteenth and sixth percentile, and dysfunctional parenting alliance would be equal to or less than the fifth percentile.

PAM was standardized on 1,224 parents of children and adolescents in proportion to the 1997 United States Census (Abin & Konold, 1999). A test-retest reliability coefficient of .97 was computed for PAM with a second test administration of 4 to 6 weeks later. An internal consistency coefficient alpha of .95 was computed.

The rational-empirical approach to the development of PAM (Abin & Konold, 1999) provided content validity for the measure using the following steps: 1) a review of the literature to identify the major variables associated with parenting relationships (80 items identified); 2) item refinement based on professional judgments of

knowledgeable clinicians and researchers (five family therapists and five psychologists) as well as suggestions and feedback from parents (reduced to 30 items); and 3) further refinement based on statistical analysis of field tested items (final 20 items).

Criterion-related validity for the PAM was established by correlating the measure with the Stress Index for Parents of Adolescents (Sheras, Abidin, & Konold 1998) with correlations ranging from $-.55$ for mothers and $.68$ for fathers. Correlations with the Family Adaptability and Cohesion Evaluation Scales III (Olson, Portner, & Lavee, 1985) yielded a low of $.35$ with mothers on the Adaptability subscale and high of $.75$ with fathers on the Cohesion subscale. Correlations with the Dyadic Adjustment Scale (Spanier, 1976) yielded a low of $.52$ with mothers and a high of $.75$ with fathers.

Construct validity for the PAM was established by a number of comparisons of known groups. PAM measured significant differences between married and separated/divorced parents, parents from normative and clinical samples, families who have utilized mental health services, and families whose adolescents have had a history or delinquent behavior. Discriminant validity was established by Bearss and Eyberg (1998). The study identified that PAM made a unique contribution to the prediction of children's adjustment over and above the quality of marital relationship (Locke & Wallace, 1959).

Data Analysis

Means and standard deviations of participants' responses to the PAM were computed to determine the range of scores for each item. To determine if the PAM is effective in measuring the parental alliance of parents of children with disabilities, responses to the PAM were analyzed by principle component factorial analysis. A comparison was made between the results of the factor analysis from this study to the factor analysis of the normative group used in the development of the test.

Generally many popular rules for principle component factor analysis state that sample size be determined as a function of the number of variables being analyzed, ranging anywhere from two subjects per variable to 20 subjects per variable. However, Stevens (2002), based on empirical studies, posits that the most important factors are component saturation and absolute sample size rather than the ratio of subjects to variables. Furthermore, he stated that reasonable and reliable conclusions can be drawn from studies with at least three loadings above $.80$, regardless of sample size. The principle component factor analysis of this study met Stevens' criteria.

Table 1
Means and Standard Deviations of PAM Items

| PAM Items | N | Mean | Standard Deviation |
|--|-----|------|--------------------|
| 1. My child's other parent enjoys being alone with our child | 117 | 4.11 | 1.13 |
| 2. During pregnancy, my child's other parent expressed confidence in my ability to be a good parent | 117 | 4.30 | .95 |
| 3. When there is a problem with our child, we work out a good solution together | 117 | 3.80 | 1.17 |
| 4. My child's other parent and I communicate well about our child | 117 | 3.82 | 1.19 |
| 5. My child's other parent is willing to make personal sacrifices to help take care of our child | 117 | 3.91 | 1.25 |
| 6. Talking to my child's other parent about our child is something I look forward to | 117 | 3.70 | 1.15 |
| 7. My child's other parent pays a great deal of attention to our child | 117 | 3.88 | 1.21 |
| 8. My child's other parent and I agree on what our child should and should not be permitted to do | 117 | 3.79 | 1.14 |
| 9. I feel close to my child's other parent when I see him or her play with our child | 117 | 4.21 | 1.07 |
| 10. My child's other parent knows how to handle children well | 117 | 3.80 | 1.23 |
| 11. My child's other parent and I are a good team | 117 | 3.91 | 1.18 |
| 12. My child's other parent makes my job of being a parent easier | 117 | 4.34 | .77 |
| 13. I believe my child's other parent is a good parent | 117 | 4.17 | 1.00 |
| 14. My child's other parent makes my job of being a parent easier | 117 | 3.78 | 1.22 |
| 15. My child's other parent sees our child in the same way I do | 117 | 3.41 | 1.20 |
| 16. My child's other parent and I would basically describe our child in the same way | 117 | 3.54 | 1.18 |
| 17. If our child needs to be punished, my child's other parent and I usually agree on the type of punishment | 117 | 3.58 | 1.10 |
| 18. I feel good about my child's other parent's judgment about what is right for our child | 117 | 3.81 | 1.09 |
| 19. My child's other parent tells me I am a good parent | 117 | 4.14 | .88 |
| 20. My child's other parent and I have the same goals for our child | 117 | 3.93 | 1.11 |

Results

Means and Standard deviations of participant responses to the PAM can be seen in Table 1.

PAM item 12, "my child's other parent believes I am a good parent," had the highest mean ($M = 4.34$, $SD = .77$). Conversely PAM item 15, "my child's other parent sees our child in the same way I do," had the lowest mean ($M = 3.41$, $SD = 1.20$).

A comparison of the results between the factor analysis from this study and the factory analysis of the normative group can be seen in Table 2.

For both groups of the normative group of women and the women participants of this study, a two factor solution was identified: factor 1 for this study was defined by 17 items and was labeled Communication and Teamwork for Mothers; factor 2 had 3 items and was labeled Feels Respected by the Other Parent. Total variance accounted for was very similar for the normative group and current study, 69.9% and 69.05% respectively. Each factor identified the same items.

Discussion

Perhaps the most important result is the PAM is deemed robust for mothers of children with disabilities participating in this study. Previous research focused on marital satisfaction or adjustment and fell short in ascertaining the parental alliance component of parental partnerships, especially, parents of children with disabilities. However, this study demonstrates the viability of the PAM for measuring parental alliance for women with children with disabilities.

Parenting behaviors have been related to developmental deficiencies and childhood problems (Abidin, 1992). The parental alliance as conceptualized by Weissman and Cohen (1985) describes the mutual concern of the parenting partners with the child's well being. This aspect of the alliance is crucial given that research has demonstrated that the ability of partners to work together is a predictor of the quality of caregiving provided the child (Nihira, Mink & Meyers, 1985). Furthermore, the parent alliance is a factor in partner problem-solving and conflict resolution. Partners who value and respect each other have demonstrated an ability to communicate effectively with each other. Consequently, research has shown that parents who work well together to meet challenging obstacles can provide a warm and nurturing environment for their children (Howes & Markman, 1989). Lastly, research has indicated that the parenting alliance affects the self-concept and conflict resolution skills of children (Weissman & Cohen, 1985).

Table 2
A Comparison Between the Normative Group and the Current Study of the Two-Factor Solution for Women: Principal Component Analysis

| PAM item number | * Principal component analysis/ Normative Group | | ** Principal component analysis/ Current study | |
|-----------------|---|------|--|---------|
| | CT-M | FROP | CT-M | FROP |
| 5 | 0.84 | 0.21 | 0.865 | 0.00475 |
| 14 | 0.83 | 0.31 | 0.835 | 0.168 |
| 10 | 0.83 | 0.28 | 0.868 | -0.0862 |
| 13 | 0.82 | 0.36 | 0.826 | 0.203 |
| 18 | 0.81 | 0.34 | 0.88 | -0.131 |
| 11 | 0.81 | 0.33 | 0.865 | 0.0766 |
| 7 | 0.81 | 0.25 | 0.818 | 0.0562 |
| 4 | 0.78 | 0.41 | 0.835 | -0.1979 |
| 6 | 0.76 | 0.33 | 0.839 | -0.1257 |
| 1 | 0.73 | 0.35 | 0.756 | -0.0596 |
| 3 | 0.71 | 0.43 | 0.845 | -0.143 |
| 9 | 0.7 | 0.34 | 0.818 | 0.0985 |
| 17 | 0.66 | 0.41 | 0.77 | -0.244 |
| 15 | 0.65 | 0.47 | 0.854 | -0.179 |
| 8 | 0.64 | 0.46 | 0.715 | -0.244 |
| 20 | 0.62 | 0.45 | 0.741 | -0.0344 |
| 16 | 0.61 | 0.46 | 0.819 | -0.279 |
| 12 | 0.34 | 0.81 | 0.551 | 0.681 |
| 2 | 0.2 | 0.8 | 0.457 | 0.603 |
| 19 | 0.38 | 0.76 | 0.663 | 0.364 |
| Eigenvalue | 12.9 | 1.1 | 12.4 | 1.38 |
| % variance | 64.5 | 5.4 | 62.14 | 6.9 |
| Cum % variance | 64.5 | 69.9 | 62.14 | 69.05 |

Note, * N=879 for the Normative Group and ** N=117 for the current study.

CT-M = Communication and Teamwork=Mothers Scale; FROP= Feels Respected by other Parent. Factor loadings in bold type are $\geq .36$ and indicate items loading on their intended factor.

Emerging from the birth and maturation of a child with a disability within the family system are a number of issues that are significant because they are related to the mental health of the child with a disability (Miller, 1995). The foremost complex developmental process the family undertakes is the adaptation to disability by parents, the child with the disability, siblings, and people significant to the family. Livneh (1986a, 1986b) proposed a model of adaptation with five phases: initial impact, defense mobilization, initial realization, retaliation, and reintegration. Research has shown partial confirmation of the model for family members and other significant people to the family (Antonak & Livneh, 1991). Counselors can impact the process by coaching and assisting the family through the five stages, along with intervening in any impediments to the process. Additionally, this process could be aided by an accurate assessment of parenting obstacles via the PAM.

Another important issue for the family is the successful completion of developmental tasks by the child with a disability (Eisenberg, Sutkin, & Jansen, 1984). Accordingly, adaptation to disability affects the manner in which the child develops. Although all of the tasks are crucial, in particular the tasks related to adolescence may uniquely challenge the family which includes separation from family, identification with peers, and management of independence. These milestones may be affected by the child's functional limitations such as mobility barriers, speech problems, and opportunities for social activities. Parenting discord would compound this stressful time in a family's lifecycle. Hence, the assistance of a counselor may help the family through these trials.

An important use of PAM would be implementing strategies born from its results to meet the challenge of making meaning of separation or divorce within the family. There are differing reports concerning the divorce rates among families with children with disabilities. Studies indicate that there is a higher level of stress among partners with children with disabilities, and this stress is a catalyst for separation and divorce (Ziolko, 1991). The PAM was constructed and validated with the concept that partners do not have to be satisfied with each other but can still come together to continue to provide appropriate parenting. The counselor's task would be to help facilitate the process of separation or divorce and yet maintain the parenting alliance.

Partners who value and respect each other have demonstrated an ability to communicate effectively with each other. Consequently, research has shown that parents who work well together to meet challenging obstacles can provide a warm and nurturing environment for their children (Howes & Markman, 1989).

Participants in this research reported perceiving a high degree of respect from the other parent. On the other hand, they reported to a lesser degree that their parenting partner sees their child with a disability the same way that they do. This suggests a possible discrepancy among the partners in the way that they experience their child with a disability. This discrepancy may result in a conflict of emotions for the partners (Bristol, 1991) and consequently impede the developmental process of the child. Since communication is vital when it comes to parenting a child with a disability given the medical, educational, and vocational issues that may develop, counselors may want to focus on the parents establishing good communication skills.

Traditionally women have been the primary caregivers in families (McGoldrick, Anderson, & Walsh, 1989).

This holds true in the results of this study, with women providing 69% of the caregiving to the child with a disability. This dynamic may contribute to the strength of the parental alliance between partners. However, it may also be a source of distress for the family. If counselors encounter a situation where the inequality in caregiving is distressing a family, they may seek resources from family, friends, and community groups to help provide respite care for the child and assist in lessening the caregiving load of the primary caregiver.

Finding community resources to assist parents of children with disabilities to overcome the challenges they face with their families may be a daunting task for a counselor. Parent educational and support groups may contribute some assistance. However, it is evident that few resources exist for families, and counselors might appreciate a community resource for families that can more fully provide family counseling services. To meet this challenge, counselors may build coalitions among community human service providers who also need counseling and education resources for the families they assist. Community mental health, schools, hospitals, health and welfare programs, developmental disabilities programs, religious organizations, women's centers, and planned parenthood are examples of community agencies who may come together to provide counseling and other services to families. The coalitions could then seek funding for services from state and local governments, civic organizations, or local charities.

The PAM can be used by counselors working with families to facilitate a number of therapeutic interventions. However, further study on these complex issues is warranted. The sample used in this research was limited to women parenting children with disabilities, and respondents resided in a Northwestern state. The unique characteristics of the study participants included their being predominantly white, in a rural setting, with a high level of education. Therefore, caution should be used when generalizing the results of this research to other populations. Before generalized usage, the PAM should be validated for use with parents of adult children with disabilities beyond the age of 19. Given the preponderance of women primary caregivers, it is recommended that future research be conducted with men parenting children with disabilities, as well as with diverse families from different ethnic groups. While Brunner (1991) found that PAM scores were able to significantly predict child behaviors as rated by teachers, implying a relationship between child development and parental alliance, it would be critical to study the relationship comprehensively.

This study suggests that PAM may be used by counselors to facilitate an understanding among partners of their parenting dynamics which may affect the developmental gains of the child or adolescent with a disability. Based on the results of the PAM, counselors could develop specific strategies to increase the communication and teamwork by parents and enhancing feelings of respect by each partner for the other which would achieve a stronger parental alliance. Counselors could use such interventions with the family to facilitate greater therapeutic gains (Kelly & Lambert, 1992). It is important to remember that while assessing the parenting alliance is a part of the process, the primary work where counselors can be significantly helpful is in facilitating the resolution of those issues.

An important use of PAM would be implementing strategies born from its results to meet the challenge of making meaning of separation or divorce within the family.

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Response-cost: A Home System For Modifying The ADHD Child's Behavior

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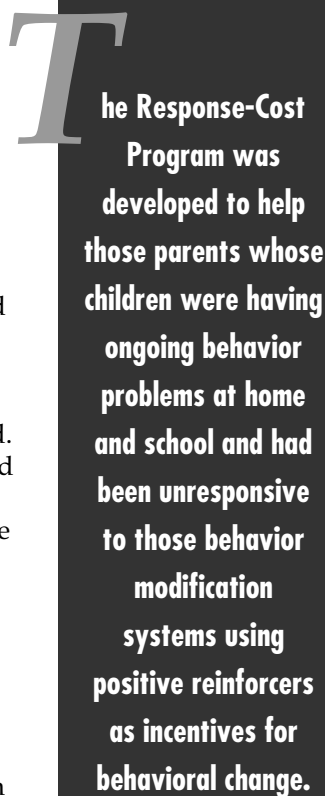
It is estimated that 3% to 5% of children in the United States are diagnosed with Attention Deficit Hyperactivity Disorder (American Psychiatric Association, 1994) or ADHD as it is commonly known. There is also evidence indicating that untreated and under treated children with ADHD are at high risk for long-term academic, social, and psychological problems (Erk, 2000; Schweibert, Sealander, & Dennison, 2002). The role of the school counselor as a consultant to the parents of such children is well documented in the literature (Lavin, 1991; Gomez & Cole, 1991; Kottman, Robert, & Baker, 1995; Lavin, 1997, Lavin, Gold, & Dellarose, 2000).

Due to the counselor's psychological training and knowledge about those dynamics influencing human behavior, he or she would be the most logical school staff member to assist parents in understanding and treating ADHD. This task can be particularly challenging when the counselor is asked to help parents who have been unsuccessful in their attempts to modify their child's behavior. For example, the use of positive reinforcement, a behavior modification system in which points, tangible rewards, and/or privileges are given following appropriate behavior, has clearly been shown to be effective in the treatment of ADHD (Goldstein & Goldstein, 1990; Gomez & Cole, 1991; Lavin, 1991; Barkley, 1998; Lavin, Gold, & Dellarose, 2000). However, there are some children with ADHD who fail to respond to this approach. Despite being given many opportunities to earn valuable rewards, they consistently behave poorly. For parents, who have been unsuccessful with this system, this can be a particularly harrowing experience. The challenge for the school counselor, therefore, is to

help these parents to devise an alternative behavior modification program that can be effective in improving their child's behavior.

The purpose of this article is to present such an alternative approach. The Norbel School Home Response-Cost Behavior Modification Program is an experimental program currently being field tested at Norbel School in Elkridge, Maryland. Norbel is an educational facility that specializes in working with students who have ADHD and are learning disabled. The Response-Cost Program was developed to help those parents whose children were having ongoing behavior problems at home and school and had been unresponsive to those behavior modification systems using positive reinforcers as incentives for behavioral change.

The rationale for the development and use of a response-cost system is based on research results showing that this approach is particularly effective with children with ADHD who have become chronic behavior problems (Kaufman & O'Leary, 1972; Rapport, Murphy, & Bailey, 1980; Rapport, Murphy, & Bailey, 1982; Rapport, 1987; Goldstein & Goldstein, 1990; Carlson, Mann, & Alexander, 2000). Since many children with ADHD have marked difficulty with self-control, they are unable to sustain the needed effort to earn rewards that are contingent on first behaving appropriately. As a result, they often develop a pessimistic attitude, believing that no matter how hard they try, it is unlikely that they will perform successfully (Michenbaum, 1977; Linn & Hodge, 1982; Miranda & Prentacion, 2000). Due to their poor prior reinforcement history, many children with ADHD do better when they are required to behave appropriately to keep their privileges instead of having to earn them. Despite the success of response-cost, however, programs that train parents to put this into practice in the home situation do not appear in the literature. Rather, response-cost has mostly been implemented in various classroom settings (Sprute, Williams, & McLaughlin, 1990; Proctor & Morgan, 1991; Kotlin, 1995; Barkley, 1996; Barkley, 1998). What makes the Norbel School's approach unique is the attempt to use those behavioral principles upon which response-cost is founded and apply them in formulating a program that parents can use in the home setting.



The Response-Cost Program was developed to help those parents whose children were having ongoing behavior problems at home and school and had been unresponsive to those behavior modification systems using positive reinforcers as incentives for behavioral change.

How Response-Cost Works

Response-cost is a behavior modification system that utilizes negative reinforcement and punishment. Both of these have aversive consequences attached to them. With negative reinforcement, the frequency of desirable behavior increases in order to avoid the application of such consequences. In punishment, on the other hand, the aversive consequences are applied in order to stop an ongoing inappropriate behavior. In applying this to response-cost, the child with ADHD is first provided with the full range of privileges without having to earn them. As long as he or she behaves appropriately, the child is allowed to keep these. Should a rule violation occur, however, a punishment would be applied. This would entail taking away all or some privileges, depending on the seriousness of the offense. Hence, we have the system of response-cost put into practice. If the child responds positively, no cost for privileges is incurred. However, if the child's response is inappropriate, then a negative cost or retribution is attached to it.

While an extremely serious offense may incur the temporary loss of all privileges, these are immediately reinstated once restitution has been made. For less serious violations only some, not all, privileges are taken away. Keeping the remaining privileges can, therefore, serve as an incentive for recovering and preventing further deterioration. Because response-cost provides the child with ADHD with the opportunity to quickly regain self-control, he or she is more likely to develop a more positive attitude. A more optimistic outlook increases the likelihood that the child will persist instead of becoming discouraged when challenges arise.

The Benefits of Response-Cost for Parents

For parents, the benefits of response-cost are many. First, response-cost is easy to use (Barkley, 1998). It requires much less record keeping than that of a positive reinforcement program. For working parents who are on a time limited schedule, this can be a major benefit. Second, because inappropriate behavior is disruptive, parents usually more readily attend to it. This, in turn, makes it more likely that immediate and consistent consequences will be applied, and that inappropriate behavior will cease.

Third, response-cost requires that the consequences for violations be determined before these occur. This assures that disciplinary over-reactions, complaints about

Figure 1
Steps in Implementing Home Response-Cost Behavior Modification Program

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|--|
| (1) Explain behavioral principles of response-cost to parents |
| (2) Construct the program |
| (a) Identify daily, weekly, and long-term rewards |
| (b) Identify behavioral violations leading to loss of rewards |
| (c) Categorize violations as extremely serious, very serious, or serious |
| (d) Determine loss of rewards associated with each violation |
| (3) Explain response-cost program to ADHD child |
| (4) Put the program into practice. |

unfairness, power struggles, and family disruptions can be minimized and even avoided. And fourth, response-cost provides immediate, ongoing incentives for motivating the child with ADHD. This increases the likelihood that an improvement in appropriate behavior will occur. More importantly, however, this behavioral improvement proves to the child with ADHD that he or she is capable of performing successfully provided that the child is willing to make the effort to do so. As a result, the youngster is more likely to develop a better self-concept and improved relationships with peers and adults.

Preparing Parents for Response-Cost

In order to help parents to understand the behavioral principles on which the response-cost program is based, explanations are provided by the Norbel School staff. See Figure 2 for a sample explanation.

After, explanations have been provided, it is important to make sure that parents understand the similarities and differences between punishment and negative reinforcement and how to apply these in modifying the child's behavior. We then address any questions that they might have and provide further examples if needed. Once the preceding has been completed, the next step is to explain the basic rudiments of setting up the actual program. Again, parents are given the opportunity to ask questions. A further explanation and more specific examples might be needed to clarify how the system works. Once these have been successfully mastered, the actual construction of the program can begin.

Constructing the Response-cost Program

As noted earlier, the first step is to identify all rewards that might serve as potential incentives for bringing about appropriate behavior. Both parents and the child might work together in constructing this list. The rewards are then placed in one of three categories: daily rewards, weekly rewards, and long-term rewards. Daily rewards are those that are available to the child on each day of the week. Examples are as follows: television viewing, radio, video games, stereo, telephone use, snacks, staying up beyond bedtime, playing a game with parent, ride bike, soft drink, friend over to play, draw, paint, or make crafts. The daily rewards are provided within limitations set by the parents. For instance, the child might be restricted to one soft drink a day or one hour of playing video games. A list of daily, weekly, and long-term privileges should be posted on a bulletin board or in a place in which the child can see them.

Figure 2
Explanation to parents

The purpose of response-cost is to provide you with a program that will help you to improve your child's behavior. There are two principles that you need to understand in implementing this approach. Punishment and negative reinforcement are applied together in a response-cost program. While both punishment and negative reinforcement rely on the use of aversive or unpleasant consequences, negative reinforcement brings about an increase in appropriate behavior. Punishment, on the other hand, stops obnoxious or inappropriate behavior. For example, Johnny enjoys watching his favorite television program with the family. This is a privilege that his parents have given him provided that he behaves appropriately. Unfortunately, on one of the evenings, Johnny behaved poorly while the family was watching television together. Johnny was sent to his room. He missed his favorite television program. Because this was so unpleasant, Johnny stopped behaving inappropriately. Johnny did not want to be sent to his room again. The punishment of being confined to his room stopped his disruptive behavior. Now, while watching television with the family, Johnny behaves quietly and respectfully. He wants to avoid being sent to his room in the future. The threat of being sent to his room (the previous punishment) is now a negative reinforcement. Why? The former punishment is responsible for motivating Johnny to behave appropriately when he is with the family watching television. From this example, you can see how punishment and negative reinforcement work together in order to bring about improved behavior.

If the child commits no violations for the week, a weekly privilege can be made available to him or her. These would be provided on the weekend as long as the child continues to behave appropriately. Examples of weekly privileges are as follows: trip to a fast food restaurant, going to the library, a special desert, visit a friend for the day, allowance for the week, a friend over night, go to friend's house over night, pizza, order a special meal at home, roller skating, ice skating, movie, visit grandparents for the day, stay up late for the weekend. Again, the availability of these would be determined within limitations set by the parents. As an incentive for maintaining appropriate behavior for an extended period of time, it is important to insure that special weekend privileges are available for a week of no violations serves. This leads to the development of better work habits. These then replace the inattention and impulsivity that previously plagued the child with ADHD.

If the child commits no violations for two weeks or longer, even more desirable privileges might be made available. Examples of these are as follows: go to an expensive restaurant, buy a video game, buy a ten dollar toy, go fishing, go to a professional sporting event, go to an amusement park, go on a picnic, camping, buy brand name clothing, take a friend to a ballgame or restaurant, go to an arcade, day trip to a place of the child's choice, go to the zoo. Long term privileges can be discussed in advance with the child. This will teach the child to think and plan ahead. Again, this is the antidote for inattention and impulsivity. No violations for long periods of time require extended effort on the child's part. This is what leads to the development and sustaining of better behavioral habits.

Once the rewards have been determined, then all inappropriate behavior that could result in their loss should be identified and put into one of three categories: extremely serious, very serious, or serious. It is explained to the child that if he or she behaves inappropriately, then one, two, or more of his privileges can be taken away. How many of these that would be lost is determined by the seriousness of the offense.

Extremely Serious Offenses. Extremely serious offenses are those in which the rights of others are violated. These may result in damage to or the loss of property, injury to other persons, or a major inconvenience to those who are

While an extremely serious offense may incur the temporary loss of all privileges, these are immediately reinstated once restitution has been made. For less serious violations only some, not all, privileges are taken away. Keeping the remaining privileges can, therefore, serve as an incentive for recovering and preventing further deterioration.

responsible for caring for the child. Extremely serious violations require that the child does the following: (1) apologize for the violation; (2) make restitution for the loss, damage, or injury; and (3) pay a "fine" or perform community service. With regard to the latter, the child might donate five dollars to a charity or he or she might pick up trash around the school for a week. If an extremely serious violation occurs, all privileges for the day, week, or long term are suspended. Once the preceding restitution is completed, then all privileges are restored. Examples of extremely serious violations and what might be done to rectify them are as follows:

- (1) Stealing from a store, parent, or member of the community:
 - (a) return or pay for the item;
 - (b) apologize for stealing;
 - (c) perform a service for the inconvenience that this caused the victim.
- (2) Destroying property:
 - (a) apologize to the property owner;
 - (b) fix or pay for the damage;
 - (c) perform a service for the institution or person whose property was damaged.
- (3) Hitting or injuring another person:
 - (a) apologize;
 - (b) pay for any medical treatment (e.g. bandage, antiseptic, doctor's visit etc.);
 - (c) perform a service for the person.
- (4) Cheating and lying:
 - (a) apologize to the person affected by the act;
 - (b) go to each person who might have believed the lie or who has been affected by the cheating and tell them the truth;
 - (c) pay back or perform a service to those whose life has been negatively impacted by the lie or cheating.
- (5) School suspension:
 - (a) apologize verbally and in writing for the violation;
 - (b) make restitution to those affected;
 - (c) provide a service to those who have been inconvenienced.

Figure 3 Explanation to child

If I stole something from a store, I would have to show that I was sorry for what I did by apologizing to the store owner. I would also have to pay for or return the stolen item.

Moreover, I would have to go to court. The judge would make me pay a fine, perform community service, or go to jail. Even if I apologized and paid for the item, this would not be enough. I would still have to make restitution for the disruption that I caused to the store owner, the police, and the court. When you break an important rule, the same consequences must apply to you. This is only fair. This is why we are requiring that you do this. Once you complete your obligations, then all of your privileges will be restored.

In order that the child might understand the rationale for the preceding the parents must give clear explanations as demonstrated in Figure 3. Such explanations help the child to see that consequences are sensible and not arbitrarily applied. Moreover, it provides the child with ADHD with specifics as to when his or her privileges will be returned.

Serious Offenses. Serious violations are those in which a child fails to fulfill an obligation, to complete a task, or to comply with a parental request. However, the child, rather than other people, is inconvenienced by his or her inappropriate behavior. With a serious violation, the child is required to correct his or her mistake. Once this occurs, all privileges are immediately restored. As indicated earlier, a persistent failure to correct this behavior could become a very serious or extremely serious violation, depending on the inconvenience or damage to others that might ensue. Some examples of serious violations and the consequences that might be applied are as follows:

- (1) Losing or forgetting homework: The child must make up the work. Then all privileges are restored.
- (2) Pouting or refusing to talk when asked a question or spoken to: Ignore the child until he or she decides to respond. All privileges are restored when the child responds appropriately.
- (3) Fails to clean up room or pick up toys: All privileges on hold until the task is completed. The child could choose to have the parents pick up the toys. However, these then would become

the parent's property to be kept by them and disposed of as they see fit.

- (4) Child picks at food, eats too slowly, or exhibits poor table manners: Set a short time limit (e.g. one minute) to change this behavior. If this is not corrected, take away the food. No food is provided until the next scheduled meal. If this occurs in the evening, this means no food until the next morning.
- (5) Child fails to dress or groom properly: The child is sent to bed early so that he or she can get enough sleep and have the energy and time to attend to these tasks in the morning. Once these tasks are completed, the original bedtime can be returned.

Should a serious violation occur, one or more, but not all, of the child's daily privileges are taken away. If the child discontinues the inappropriate behavior she would still have the right to the remaining privileges. Should the behavior continue, a suitable warning could be given before taking away another privilege. If the child persists in behaving inappropriately, all privileges are suspended for that day. The child's blatant failure to comply then becomes an extremely serious violation. This would require an apology and proper restitution for the offense. Once the child apologizes and makes restitution for the inconvenience that he or she caused, all privileges are restored on the following day. Again, this approach serves as an antidote to discouragement. It makes it more likely that the child will willingly cooperate with the program.

Conclusions

An important part of the school counselor's role is to consult with the parents of children with ADHD. As indicated previously, children with ADHD who are ignored or under treated are at high risk for experiencing academic, social, and psychological problems.

The school counselor's knowledge of the response-cost approach and its application can be particularly helpful to parents whose children with ADHD have failed to respond to the use of positive reinforcement programs and have become chronic behavior problems. The Norbel School response-cost program is currently being offered to parents whose children fall into this category. While no long-term data are yet available, the anecdotal evidence suggests that this is an effective alternative to other behavioral approaches that have been unsuccessful. Thus, a knowledge of response cost would be a significant addition to the school counselor's treatment armamentarium.

It can be of much benefit in helping the school and parents to work together in improving the behavior of the most troubled children. The response-cost approach, as noted earlier, provides an ongoing incentive that encourages the ADHD child to cooperate with his or her parents and teachers. This ultimately leads to improved behavior and the development of better work habits. Moreover, it increases the probability that the ADHD child will receive positive feedback from parents, teachers, and peers. This, in turn, makes it more likely that good work habits and socially appropriate behavior will continue.

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Children, Sports, and Family Dynamics: Are We Having Fun Yet?

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The involvement of children in sports is rarely an individual endeavor and can positively and/or negatively affect the entire family system to varying degrees. However, little has been written about how children's participation in sports impact family dynamics. In working toward filling this void, this paper elaborates on several themes that can emerge when children participate in school or community sports. The themes that will be discussed in this paper include: parent/coach/child triangulation, parent coach-parent conflict, performing a dual role, the family all-star, time, financial commitment, and differing parental perspectives. Based on informal observations and discussions with children, parents, and coaches who are involved in a variety of sports, this paper uses case vignettes to augment the discussion.

Encouraging children to remain physically active and involved in sports is an inspiring theme frequently heard throughout society and the media. Whether school or community based, involvement in athleticism is celebrated and is considered an important component of a child's social, mental, physical, and moral development (e.g., Libman, 1998; Roberts, Treasure, & Hall, 1994; Siegenthaler & Gonzalez, 1997; Stainback & La Marche, 1998).

At first glance, the logic behind this societal trend seems sensible and reasonable. Through participation in sports, youngsters encounter opportunities to meet new friends, experience competition, and maintain a physically healthy lifestyle (Chambers, 1991; Klint & Weiss, 1987;

Passer, 1982; Wankel & Kreisel, 1985). Despite these obvious advantages, however, children's participation in sports is rarely consequence-free and can affect family dynamics and/or taint a child's sporting experience. This paper discusses the potential impact that youth sport participation can have on family dynamics. It should be underlined that the intent of this paper is not to portray parents or coaches as culprits in conflictual interactions. Clearly, the majority of parents and coaches are well intended, work toward an enjoyable sporting experience for children, and are unaware of the impact of their behavior.

The themes discussed in this paper are based on direct observation of various interactions before, during, and after sporting events, as well as informal conversations with parents, children, and coaches. While no formal qualitative study was conducted, this preliminary process provided invaluable information upon which to base a future study. Developing a formal study to enhance the credibility of our initial findings will be the next step (Morrisette, 1999). In any case, the themes that emerged out of these informal observations lay the groundwork for further research and discussion. Specific themes that have been extracted from conversations and observations are discussed below with accompanying case vignettes. Pseudonyms have been used to protect the identity of children, parents, and families.

Theme I: Parent/Coach/Child Triangulation

Although disagreements between parents and coaches are usually resolved through effective communication and negotiation, there are times when conflict persists and children become triangulated between their parents and their coach(es) as depicted in the following vignette. Triangulation involving coach /athlete/ parent has been addressed in the literature (Stainback & La Marche, 1998; Hellstedt, 1995) and occurs when one member of a conflicted dyad attempts to recruit the support of a third party. A consequence of this interaction typically culminates in a problematic coalition pitting two parties against one.

Case Vignette

Ten year-old Robin referred to it as the *long drive home* [italics added]. When his hockey team was doing well, the 15-minute trip home was usually upbeat, cheerful, and uneventful. When his team came up on the losing end of a game, however, the mood in the car would be very different. As one of the better players on his team, Robin would often hear his parents berate his coaches for their poor coaching ability and decision-making when Robin's team would lose. As both parents complained, holding the coaches

responsible for the team's poor faring, they would often turn to Robin and seek ammunition and support for their criticisms. Robin would often be interrogated about team strategies and coaching behavior. Robin tried different strategies to avoid becoming entangled in his parents' anger without success. Sitting silently and not responding would only provoke his parents to pursue him more tenaciously. Feeble attempts to support his coaches would bring about instant parental disapproval and sarcastic remarks (e.g., You must have been playing in a different game than the one we were watching!). Finally, joining his parents in their criticism seemed the most convenient for Robin despite his feelings of disloyalty, dishonesty, and guilt. He learned that assuming a negative attitude and colluding with his parents would free him from his parents' grip.

Unfortunately, it is not uncommon for children to witness verbal disputes (or even physical altercations) between their parents and their coaches. Although appearing innocuous, children who find themselves in this predicament begin to experience the stress associated with divided loyalties (having to choose one over the other). Metaphorically, parents are in one corner, a coach(s) is in the other, and a child has a foot in each. Needing the approval of their parents, as well as their coach, places children in a very stressful and confusing situation. Children who, unlike their parents, may actually like their coach(s) and appreciate his or her efforts, have described additional stress. These children are reprimanded and their family loyalty questioned if they verbally support or protect their coach. When this scenario develops, it becomes a parent agenda and the needs of children are lost by the wayside. The aforementioned escalation commonly erupts when parents perceive their children as talented athletes whose skills and abilities seem to be overlooked or unappreciated by a coach(s). Unfortunately, children who collude with parents against a coach learn passive-aggressive and non-productive social skills and do not witness effective conflict resolution practices among adults.

Theme II: Parent Coach-Parent Conflict

Witnessing one's parent, who is also one's coach, enter into conflicted interaction with teammates and/or parents of teammates can be embarrassing and emotionally troubling for children. Ensuing arguments can frighten and contribute to feelings of insecurity. From these interactions, children observe the inability of adults to appropriately resolve differences as well as hostile behavior, which at its worst, leads to physical threats and/or assault. Siegenthaler and Gonzalez (1997) remarked that children are at the losing end when

violence and angry disputes occur. According to these authors, children begin to focus less on participation, experience anxiety, and imitate the inappropriate behaviors and attitudes of their parents.

Case Vignette

Fifteen-year-old Cindy loved soccer and would frequently gather her friends for a friendly pick-up game. When there was a call for coaches for Cindy's four-team league, she immediately convinced and recruited her father. At first, the prospect of having her father as her coach seemed exciting and convenient. Not only would he be on hand to watch her perform at each game but he too, would become immersed in the game. To Cindy's disappointment, some of her teammate's parents began to make snide remarks toward her father during and after matches. Following games, Cindy would often overhear her father argue with a parent over game strategies or how he was trying to fairly divide playing time among his players. Cindy recalled one conversation, in particular, where a mother complained that her child needed more playing time to improve her conditioning. Unbeknownst to the mother however, the youngster was asking for time off the field to recover and rest. To avoid conflict, the youngster avoided disclosing her physical discomfort to her mother. To ensure the child's well-being Cindy's father accommodated the child. Following the match, what began as a civil conversation between the parent and coach ended in a loud shouting match that frightened and embarrassed Cindy. Because she realized that her father was only trying to accommodate a teammate, she felt compelled to support and rescue her father by entering into the argument. Verbally snapping at the mother from over her father's shoulder contributed to mixed feelings of revenge and sadness. Afterwards, Cindy began to feel responsible for her father's obvious frustration since she actively recruited him as a coach.

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teammates and parents. Although well-intended, these children transgress a generational boundary and become involved in a matter better settled among adults.

Children report how difficult it is to be teased about having their parent as a coach and/or hear criticism directed toward their parent. In defense of their parent, children are at risk of entering into conflictual interactions with peers and other adults, which can erupt into various forms of verbal and/or physical aggression.

Theme III: Performing a Dual Role

It is common for parents to be actively recruited or volunteer to coach their children's sports team. Although many benefits are associated with this practice, problems can easily surface and hinder a parent-child relationship.

Case Vignette

In an effort to fortify an already strong relationship, Mrs. Stevens responded immediately to a call for coaches for her daughter Jane's baseball league. When reading the newspaper ad, she recalled the accolades she received for her athletic prowess as a child and grew increasingly excited about the prospect of contributing to her daughter's success as an athlete. As the season began, Mrs. Stevens looked forward to coaching and enjoyed talking strategy with Jane. To bolster her daughter's skills, Mrs. Stevens began encouraging Jane to "get a jump on the other players" and practice her skills in between team workouts. Before long, Mrs. Stevens had independently designed a rigorous training program organized for Jane and down time after school was converted to skill development. Actual game situations also began to gradually change for Mrs. Stevens and her daughter. With the personalized coaching, Mrs. Steven's expectations and demands on Jane increased. For example, Mrs. Steven's would often remind her daughter that her team was relying on her to "come up big for them" and would be visibly upset when she struck out or made an error on the field. In response to the growing pressure, Jane became fearful of making mistakes and disappointing her mother. To avoid the stress of

playing under pressure, Jane began to report physical injuries that prevented her from participating. The success of her intervention was a mixed blessing. On the one hand, the stress Jane experienced was dissipating. On the other hand, she missed playing a game she once loved.

On the one hand, becoming involved as a coach affords parents more time with their children and demonstrates commitment. On the other hand, unless this dual role of parent and coach is properly processed within the family, parent-child relationships can be strained. Parents, for example, may have increased expectations for their children, inadvertently show favoritism toward their child, or become excessively demanding of the youngster. Because some parents have grandiose dreams for their children or live vicariously through them (e.g., McPherson & Brown, 1988), when expectations are not being met they can become frustrated, angry, and harsh with their children. Some parents personalize their child's accomplishments and failures and perceive their child's performance as a direct reflection of themselves.

Theme IV: The Family All Star

When a child excels at a sport, there is a tendency for parents to encourage continued involvement and skill development. For children who excel, this generally translates into increased practice times, competition, and travel. Although beneficial and enjoyable for one child, siblings often find themselves unwilling supporters required to tag along for yet another event that may not be within their interests.

Case Vignette

Both Alana and her parents were thrilled on learning that she had been selected as a member of the local competitive swim team. Alana had worked very hard to improve her swim times and her efforts were beginning to prove worthwhile. Being on the team meant that Alana would represent her town and travel to tournaments across the country. To celebrate the special occasion, Alana's parents decided to treat her and her younger brother, Matthew, to dinner at their favorite restaurant. While enjoying their dinner, Alana and her parents discussed her accomplishment and spoke with enthusiasm about her elevated status within the community and among her friends. The idea of owning a team jacket and training suit served to heighten Alana's excitement. Although Alana and her parents were elated, Matthew was less than thrilled with the prospect of having to get up early for what he considered boring trips and long days. The notion of watching people swim was not Matthew's idea

of having a good time. As Matthew complained about the sacrifices he would have to make for his sister, Alana became increasingly angry. What began as a celebration dinner soon turned into an unpleasant family outing.

One solution for some parents in this dilemma is to arrange for childcare or appropriate supervision while they are away with the family athlete. There are several consequences associated with this decision. For example, families find themselves frequently apart and disjointed. Second, attention may be focused on one child. Third, family expenses skyrocket when considering the costs associated with travel, accommodations, meals, competition fees, additional child care, and so forth.

Resentment can grow with siblings who feel that their needs or accomplishments are secondary and overlooked. Offspring who receive less attention describe a sense of family abandonment and begin to perceive their accomplishments as inferior and meaningless.

The pressure experienced by children who are recipients of extra attention and family resources can also be overwhelming. Realizing that their family is making major sacrifices on their behalf, these young athletes experience worry, increased anxiety and pressure to perform. Other children who sense elevated status within their families might challenge parental authority, test family boundaries, and become embroiled in family conflict.

Parents also learn that with a child's athletic success comes increased recognition and status within the parental group and community. Seduced by the increased status, parents can push their children to succeed in order to maintain center stage and an elevated sense of self.

Parental Expectations and the Pressure Experienced by Children

The desire to simply have fun is sometimes dashed for children when they discover that their parents are more interested in seeing them win. Dreams of their child as an elite athlete begin to influence how parents participate with their children. Rather than encouraging their child, parents begin to point out mistakes and criticize their effort, commitment, and skills. Some parents, for example, can be heard calling out disparaging remarks to their children as they play or are seen scolding their children for what they perceive to be a lackluster performance (Siegenthaler & Gonzalez, 1997). When this occurs, children have to contend with their own disappointment as well as parental criticism. Rather than appreciating a youngster's willingness to try, parents end up imposing unrealistic expectations on children (Coakley, 1993).

Young athletes may be bribed by their parents. For instance, children may be tantalized with money, a new piece of equipment, or extended privileges if they perform at a certain level. Rather than reinforcing effort, social skills, and life skills, parental focus is placed squarely on a superior performance and winning. At this juncture, it is important to realize that parents who behave in this manner are not necessarily malicious or negligent. Rather, they have succumbed to a competitive force.

Theme V: Time and Financial Commitment

Case Vignette

Sam eagerly anticipated youth karate registration. He wanted to meet new friends and learn exciting moves as observed in action films. Finally registration day arrived and as promised, his father accompanied Sam to his first class. Because Sam's karate lessons overlapped with his sister's piano lessons, Sam's father was responsible for getting both children to and from their respective activities on time. Although Sam's father anticipated a tight schedule he was confident that he could successfully meet the needs of both his children. Although the first couple of weeks went smoothly, Sam was beginning to sense his father's displeasure about having to "race all over town" to accommodate his children's activities. When Sam's father would arrive to pick Sam up from his karate class, he would appear irritated and would holler out commands for Sam to get changed. Embarrassed and unable to properly say good-bye to his friends and coaches, Sam would rush to meet his father. Conversations between Sam and his father initially revolved around the fun he was having with instructors and friends. Over time, however, their conversations drifted toward complaints about becoming a chauffeur to his children's activities. To pacify his father, Sam would sit silently and often regret that he joined karate.

Parents who actively support and attend their children's sporting events frequently remark on the enormous time and financial commitment that is required. Sometimes parents are caught off guard when expenses mount and financial resources dwindle. Coaches and/or other parents are quick to remind them of the value associated

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with extra practice time and competition. Parents reluctantly succumb to feelings of guilt and forge ahead. A covert message some children begin to receive from parents pertains to the expected dividends from their emotional and financial commitment. In concrete terms, parents who devote substantial emotional and financial resources expect their children to progress and perform at high levels.

Impact of Family Lifestyles

Parents and children in pursuit of athletic excellence soon realize that their lives quickly center on the sporting event. To accommodate the activity, daily schedules and routines are adjusted and personal interests are begrudgingly suspended. Because changes in practice and game times are common, families can experience stress when attempting to meet schedule demands. Parents describe their hectic lives as *burning the candle at both ends* [italics added]. This scenario can intensify for families with more than one child participating in athletic activities. As they spend more time travelling between events,

rather than actually watching their children play, parents arrive at events appearing frazzled and disgruntled. To remain on schedule, these parents can be heard barking out orders to their children in the locker room to quickly change and pack their gear. With little time to socialize with their peers, or thank a coach(s) for his or her time and effort, children are swiftly shuffled from the event. Although well-intended, it becomes clear that the stress experienced by these parents contributes to their overall fatigue and strained relationships with their children. Rather than sports being an enjoyable and relaxing family outing, athletic events begin to symbolize chaos and distress.

Theme VI: Differing Parental Perspectives

Case Vignette

The Friday evening Junior High School evening basketball game was a popular event for students, players, and the community. Kevin dreamed of the day when he would represent his school in front of his peers, community, and family. Neither of his parents had played organized sports but nevertheless, encouraged his participation. To Kevin's delight, both his parents began to actively follow his team's standing and would get excited when game night approached. Over dinner they would chat about

the ability of various players and team progress. Initially, the conversations Kevin had with his parents were light and free flowing. In a short period of time, however, the conversational tone changed and an obvious difference of opinion between his parents surfaced. As a way of encouraging his son and his team's success, Kevin's father supported a more aggressive style of play. In contrast to her husband, Kevin's mother openly criticized her husband's position and discouraged aggressive play. What started out as friendly family discussions, soon changed to heated arguments between parents. The situation escalated to a point where Kevin's mother refused to attend his games, fearing injury to her son.

Conflict within family relationships can emerge when there is a disagreement between parents regarding the primary purpose of athletic participation. For example, parents do not always share the same competitive spirit and quarrel over their child's effort or performance. Likewise, not all children and parents agree on the purpose of sport. Some parents perceive sport as a training ground to learn about the harsh realities of the world (e.g., fierce competition, only the fittest survive attitude) (e.g., Sage, 1978) whereas their children simply want to exercise and socialize with friends. One parent may encourage aggressive competition, while the other adamantly opposes this form of behavior. These differing perspectives can create tension between parents and inadvertently triangulate children.

When parents fail to reach a mutual agreement regarding the meaning they personally attribute to their child's participation in sports, they remain locked in disagreement. Unfortunately, in an effort to remain loyal to each parent and avoid the conflict, children can begin to feel pulled in two directions. In an attempt to resolve the situation, some children simply withdraw from the sport.

Role of the Counselor

Counselors can provide direct clinical service, education, and/or consultation when assisting children, families, and athletic organizations. In terms of direct service, counselors can work with children and their families to discuss the impact of sport activity. During this process,

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counselors can remind family members that individual needs may not always be met. Explaining the difficulty of accommodating everyone's preferences and the value of encouraging a sibling during a practice or game becomes necessary for effective family functioning. Working toward establishing reciprocal and caring relationships reduces the potential for competition between siblings and struggles for parental time.

Furthermore, when coaching one's own children, parents must balance supportive parenting and motivational coaching. Performing this dual role requires ongoing communication with one's own child, his or her teammates, and parents. Openly expressing the challenges inherent in this dual role while inviting feedback and support can make the task much easier and enjoyable for everyone involved.

Counselors can also educate parents and athletic organizations regarding potential factors that can impact children, families, and coaches. When fulfilling the role as educator, counselors can encourage parents and coaches to reflect and monitor their

own behavior. Taking time to think about one's underlying intentions and behavior, and their potential implications, can reduce the occurrence of unfortunate situations. This process may be especially useful for adults who are former athletes or who perceive themselves as highly competitive.

Finally, counselors can serve as consultants to athletic organizations and help in developing mission statements, guidelines, and codes of conduct. By assuming a meta-position, counselors can maintain a broader perspective and consider the needs of children, families, coaches, and organizations.

Conclusion

Based on personal observations, informal conversations with children, parents and coaches, it appears that there is no single factor that contributes to a negative family experience regarding youth sport participation. In short, each family situation and experience is unique. Despite ongoing reminders to parents, children, and coaches about the fundamental purpose of sport participation, unanticipated events and interactions have the potential to negatively impact families.

It comes as no surprise that an effective way to prevent or reduce unnecessary conflict is to encourage ongoing

reflection and communication. Jeopardizing relationships with children, spouses, young athletes, parents, and coaches, for the sake of winning is simply a no-win proposition. Only through self-monitoring strategies and effective communication can parents and parent-coaches monitor the process and the relationships affected by their involvement.

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