Social Maladjustment

A Guide to Differential Diagnosis and Educational Options

Wayne County Regional Educational Service Agency

Revised 2004
Board of Education

James Beri
Kenneth E. Berliinn
Mary E. Blackmon
Lynda S. Jackson
James Petrie

Marlene E. Davis, Ph.D., Superintendent
FORWARD

During the 2000 – 2001 school year, the Wayne County Coordinating Council raised concerns relative to the increased number of students who exhibit symptoms as being socially maladjusted and were being referred for Special Education services. Based on these concerns, the Social Maladjustment Committee was formed in 2001 to address the differential diagnosis of social maladjustment. Through this work, a Social Maladjustment Educational Options Sub-Committee was then formed to review current research concerning three educational options for students who exhibit symptoms of social maladjustment. In 2004, this document was revised to include Appendix B which is entitled, Survey of Common Characteristics: Emotionally Impaired vs Socially Maladjusted.

The research reports highlight three educational options, which can be used with students. Strengths and weaknesses of each option are included. This information was compiled to provide school districts with a starting point to discuss best practice options for students who exhibit symptoms of social maladjustment.

In recognition of the significant effort of the Social Maladjustment Committee and the Social Maladjustment Educational Options Sub-Committee, participants are recognized as follows:

Karrie St. Pierre Facilitator, Wayne RESA
Beverly Baroni-Yeglic Southgate Community Schools
Barbara Brish Lincoln Park Public Schools
Bill Camp Wayne-Westland Community Schools
Susan Fell Grosse Pointe Public Schools
Janice Gandleman Hamtramck School District
Cindy Grams Beacon Day Treatment Program
Linda Hubert Livonia Public Schools
Tom Kage Wayne RESA
Al Kevwitch Lincoln Park Schools
Mike McLean Taylor Public Schools
Gail Milburn Dearborn Public Schools
Anne Mixer Beacon Day Treatment Program
Deloris Nicholas Detroit Public Schools
Chris Powers Romulus Community Schools
Walter Pytlak Wayne-Westland Community Schools
Linda Quain Beacon Day Treatment Program
Ken Rausch Lincoln Park Schools
Robert Redden Lincoln Park Public Schools
Adean Solomon Highland Park Schools
Larry Stemple Wayne RESA
Neil Thomas Redford Union Schools
Dr. Andrea Witkowski Garden City Public Schools

Our intent is to provide practitioners with information, which they can utilize in making eligibility determinations for students who exhibit symptoms of social maladjustment and/or emotional impairment.
# TABLE OF CONTENTS

Forward ........................................................................................................................................... i
Definition ......................................................................................................................................... 1
Differential Diagnosis ...................................................................................................................... 3
Common Characteristics ................................................................................................................... 5
Social Maladjustment Flow Chart .................................................................................................. 9
Recommended Pre-referral Procedures ........................................................................................ 11
Alternative Education Setting ......................................................................................................... 15
Prevention and Early Intervention Programs ................................................................................. 21
Suspension Programs ....................................................................................................................... 31
Appendix A: Stages of Social-Emotional Development in Children and Teenagers ......................... 35
Appendix B: Survey of Common Characteristics: Emotionally Impaired vs Socially Maladjusted .......................................................... 39
References for Differential Diagnosis ............................................................................................. 43
OVERVIEW

Educators face a significant challenge in defining social maladjustment. The concept of social maladjustment has not been fully defined on a federal or state level. A limited clarification from the Michigan Revised Administrative Rules for Special Education (1997) is given below:

“The term emotionally impaired does not include persons who are socially maladjusted unless it is determined that such persons are emotionally impaired.” R.340.1706(2)

Consequently, further refinement of this definition has been relegated to individual intermediate school districts or local education agencies.

It is recognized that students who are socially maladjusted present significant challenges in school because of their antisocial behavior. They are not to be considered eligible under the law for the purposes of special education unless it is determined that there are some aspects of emotional impairment separate from the social maladjustment.

Social maladjustment is an educational concept. Features of social maladjustment are identified in certain psychiatric/psychological conditions. Consequently, the definition of social maladjustment is derived from a combination of educational and clinical literature and practice. Patterson, DeBaryshe, and Ramsey (1989) describe the process of antisocial behavior as beginning with a lack of positive family interaction, leading to school failure and social rejection, then leading to membership in a deviant peer group.

Every child faces emotional difficulties from time to time, as do adults. Feelings of sadness or loss and extremes of emotions are part of growing up. Conflicts between parents and children are also inevitable as children struggle from the “terrible two’s” through adolescence to develop their own identities. These are normal changes in behavior due to growth and development. Such problems can be more common in times of change for the family – the death of a grandparent or family member, a new child, and a move to a new home. Generally, these kinds of problems tend to fade on their own or with limited visits to a counselor or other mental health professional as children adjust to the changes in their lives (Appendix A).
Social maladjustment is conceptualized as a conduct problem, whereby maladjusted students choose not to conform to socially acceptable rules and norms. Socially maladjusted students demonstrate knowledge of school/social norms and expectations and consistently demonstrate a pattern of intentionally choosing to break rules and violate norms of acceptable behavior. Maladjusted youth perceive themselves as “normal.” Although these students are capable of behaving appropriately, they choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. Thus, intentionality is the distinguishing feature between social maladjustment and emotional impairment.

Socially maladjustment tends to be an educational term which is frequently interchanged with the term conduct disorder in the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) conduct disorder is defined as:

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past twelve months, with at least one criteria present in the past six months:
   1. aggression to people and animals,
   2. destruction of property,
   3. deceitfulness or theft,
   4. serious violations of rules.

B. The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.

C. If the individual is age eighteen years or older, criteria are not met for Antisocial Personality Disorder.

Behavior for the socially maladjusted student is motivated by self-gain and strong survival skills. Most of these students demonstrate a lack of age appropriate concern for their behavior and its effects on others. In addition, socially maladjusted youth display behavior which may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behavior. Socialized or unsocialized forms of aggression may be a feature of social maladjustment. Anxiety is generally not related to the misbehavior of socially maladjusted youth, unless it is due to the fear of being caught. The intensity and duration of behavior demonstrated by socially maladjusted youth differs markedly from the prevailing behaviors typically associated with their peer group.

In a clinical view, social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are most commonly referred to as conduct disorders, oppositional disorders or antisocial disorders. Social maladjustment is manifested through actions that demonstrate little remorse for
misbehavior, blaming others for their own problems and may have a concomitant character or personality disorder (Clarizio, 1987, 1992).
DIFFERENTIAL DIAGNOSIS

Differential diagnosis is a complex process. The most prominent characteristics of social maladjustment are:

- underdeveloped conscience,
- lack of empathy,
- failure to take responsibility for behavior,
- intentionality - characterized by the violation of socially acceptable rules and norms.

In the school setting, students who may be so classified rebel against school rules and regulations while demonstrating knowledge of such rules, and have the intellectual ability to conform to them. They may show a lack of interest in school programs through high levels of truancy, tardiness and/or low school achievement.

In making a differential diagnosis for social maladjustment, clinical criteria may be taken into consideration. Disorders typically viewed as internalizing, e.g. affective disorders, elective mutism, separation anxiety disorder, may qualify as Emotional Impairment (EI), whereas, disorders viewed as externalizing, e.g. conduct disorders, oppositional disorder or antisocial personality disorder, may indicate Social Maladjustment (SM). It is extremely important, however, when making a differential diagnosis to remember that the external behavior may look the same but the underlying reason, etiology and intent of the behavior may be very different. Therefore, a comprehensive evaluation by the MET team is in order.

Educational options for Emotionally Impaired and Socially Maladjusted students often parallel. Both groups require small class size that is focused on individualized programming with a modified curriculum to meet the needs of students. Programming should consider such options as: work study, adjusted school hours, vocational programming, shortened academic periods and alternative school placement.

A major difference can be seen in the effectiveness of the interventions used. Strategies used to discipline emotionally impaired students often fail when attempted with socially maladjusted students.

The primary argument used to support the exclusion of socially maladjusted students from placement in emotionally impaired programs is that students with social maladjustment are not truly disabled. These children are believed to engage in deliberate acts of self-interest to gain attention or to intimidate others, while experiencing no distress or self-devaluation about their own internalized distress about their behavior (Clarizio, 1992; Kelly, 1993; Slenkovitch, 1986). In contrast, children with emotional
impairment are believed to engage in involuntary patterns of behavior and experience internalized distress about their behavior (Clarizio, 1992; Kelly, 1993). Thus, there are two distinctive behavioral disorders, socially maladjustment and emotional impairment. However, it is possible for a student to exhibit behaviors characteristic of both disorders and then appropriately be certified as emotionally impaired. On the other hand, if a student only displays socially maladjusted behaviors and does not exhibit behaviors commonly seen in the emotionally impaired student, then the student would not be certified as emotionally impaired.

The following guidelines include common characteristics that may be used in differential diagnosis. Remember, these characteristics may be developmental stress reactions. They are not mutually exclusive; a student would not need to present with all of the listed characteristics to be considered either socially maladjusted or emotionally impaired (Skiba & Grizzle, 1992).
### COMMON CHARACTERISTICS

†The guidelines listed below can also be used as a rating scale by marking each item on the continuum provided.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>EMOTIONALLY IMPAIRED</th>
<th>SOCIALLY MALADJUSTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>School behavior</td>
<td>Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help.</td>
<td>Seen as unwilling to comply; generally low achievement; excessive absences; rejects help, callous disregard for rights/needs of others.</td>
</tr>
<tr>
<td>Attitude toward school</td>
<td>School is a source of confusion and anxiety; often responds to structure.</td>
<td>Tends to dislike school except as a place for social contacts, rebels against rules and structure.</td>
</tr>
<tr>
<td>School attendance</td>
<td>Misses school due to emotional issues or psychosomatic issues.</td>
<td>Chooses to go truant.</td>
</tr>
<tr>
<td>Educational performance</td>
<td>School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotional base.</td>
<td>Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structures; frequently avoids school achievement, even in areas of competence.</td>
</tr>
<tr>
<td>Peer relations</td>
<td>Ignored or rejected.</td>
<td>Generally accepted by sociocultural group.</td>
</tr>
<tr>
<td>Type of friends</td>
<td>Younger or no real friends.</td>
<td>Companions may be part of delinquent sub-culture, same age or older; may be liked by peers.</td>
</tr>
<tr>
<td>Social skills</td>
<td>Poorly developed; difficulty reading social cues.</td>
<td>Well attuned, well developed.</td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td>Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can’t seem to maintain.</td>
<td>Extensive peer relationship within a select peer group; exploitative and manipulative; lack of honesty in relationships, frequent lying; may be able to exploit others with charm in order to achieve ends.</td>
</tr>
<tr>
<td>CHARACTERISTIC</td>
<td>EMOTIONALLY IMPAIRED</td>
<td>SOCALLY MALADJUSTED</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Physical presence</td>
<td>Awkward, “goofy”, clumsy, may be uncomfortable with physicality.</td>
<td>Smooth, agile; could also be clumsy, uncomfortable with physicality.</td>
</tr>
<tr>
<td>Group participation</td>
<td>Withdrawn, unhappy.</td>
<td>Out-going</td>
</tr>
<tr>
<td>Interpersonal dynamics</td>
<td>Often is characterized by a pervasively poor self-concept;</td>
<td>Often shows ego strength in school situations. Tends to be independent and appears</td>
</tr>
<tr>
<td></td>
<td>often overly dependent or impulsively defiant; is generally anxious, fearful;</td>
<td>self-assured; generally reacts toward situations with appropriate affect but lacks</td>
</tr>
<tr>
<td></td>
<td>mood swings from depression to high activity; frequent inappropriate affect;</td>
<td>appropriate guilt</td>
</tr>
<tr>
<td></td>
<td>frequent denial and confusion; often distorts reality without regard to self-interest.</td>
<td>(underdeveloped conscience); may show courage, even responsibility and imagination,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>but toward socially undesirable ends; often blames others for his/her problems, but</td>
</tr>
<tr>
<td></td>
<td></td>
<td>otherwise is reality oriented; demonstrates knowledge of social expectations in school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and chooses not to conform to those expectations.</td>
</tr>
<tr>
<td>Domain</td>
<td>Affective disorder.</td>
<td>Character disorder.</td>
</tr>
<tr>
<td>Aggression</td>
<td>Hurts self or others as an end.</td>
<td>Hurts others as a means to an end.</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Tense; fearful.</td>
<td>Appears relaxed; “cool”.</td>
</tr>
<tr>
<td>Emotional well-being</td>
<td>Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may</td>
<td>Generally inflated positive self-concept.</td>
</tr>
<tr>
<td></td>
<td>experience depression, suicide ideation, self-mutilation and the like.</td>
<td></td>
</tr>
<tr>
<td>Affect domain</td>
<td>Emotional reaction disproportionate but not under student’s control.</td>
<td>Intentional with features of anger and rage.</td>
</tr>
<tr>
<td>CHARACTERISTIC</td>
<td>EMOTIONALLY IMPAIRED</td>
<td>SOCIALLY MALADJUSTED</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Conscience development</td>
<td>Self-critical; unable to have fun; guilty and remorseful.</td>
<td>Little remorse; pleasure seeking; lack of empathy; knows right from wrong but chooses wrong.</td>
</tr>
<tr>
<td>Reality orientation</td>
<td>Fantasy; naïve, gullible; may have thought disorder, hallucinations and the like.</td>
<td>“Street-wise”.</td>
</tr>
<tr>
<td>Development appropriateness</td>
<td>Inappropriate for age.</td>
<td>Appropriate for age or above e.g., “more socially mature”.</td>
</tr>
<tr>
<td>Risk taking</td>
<td>Avoids risks.</td>
<td>Prone to thrill seeking behavior.</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>May use individually.</td>
<td>More apt to see substance use/abuse with peer group, reasons vary.</td>
</tr>
<tr>
<td>Consequences</td>
<td>Consequences appropriate, consistent, structured.</td>
<td>Ability to ignore anyone who tries to alter socially unacceptable behavior.</td>
</tr>
<tr>
<td>Locus of control</td>
<td>Internalizing, inward control of choices.</td>
<td>Externalizing, is in control of choice.</td>
</tr>
<tr>
<td>Rules</td>
<td>“Don’t get it”</td>
<td>Gets it, but chooses to violate; violates the law deliberately.</td>
</tr>
<tr>
<td>Motivation for behavior</td>
<td>Fear and flight; anxiety.</td>
<td>Power and control.</td>
</tr>
</tbody>
</table>

An adaptation of this section can be located in Appendix B.
SOCIAL MALADJUSTMENT

FLOW CHART

Child Study Team - PreReferral
(Principal/Administrator (In Building Resources)
Classroom Teacher
Special Education Staff)

↓

Analyze Problem(s), Recommend Interventions/Strategies

Problem(s) Solved through Interventions/Strategies

↓

Evaluation Review Meeting

↓

Evaluation/ Diagnostics

↓

MET/ IEPT

↓

Socially Maladjusted but Not Eligible for Special Education Services

↓

Interventions

↓

Eligible for Special Education Services

↓

Least Restrictive Environment/Interventions determined by IEPT
RECOMMENDED PREREFFERAL PROCEDURES

An important step prior to the formal referral process is the gathering of vital academic, social, emotional and historical information. This involves the educational team, family members and if available, outside agencies coming together to share their observations, experiences and understanding regarding the student.

Listed below is a suggested format that can be used by a team to collect this data. Completion of this process assists the team in developing strategies and interventions to manage behavior.

I. Information Gathering

A. Contributing Factors

1. Social history
   a. family structure
   b. residences
   c. guardianship
   d. parenting style
   e. siblings
   f. supervision
   g. genetic links to AD/HD, mental illness, substance abuse, or school difficulty

2. Medical history
   a. developmental milestones
   b. hospitalizations
   c. medications
   d. nutritional deficits
   e. injuries
   f. neurological conditions

3. Academic history
   a. review of school file
   b. past academic performance
   c. learning style
   d. attendance record
   e. previous schools attended
   f. after school activity involvement
   g. any prior special education referral(s)
   h. referral to “at risk programs”
   i. interventions tried
j. preschool and elementary school performance
k. nature and response to discipline referrals
4. Outside Agency/Community Interaction
   a. police interaction
   b. relationship with neighborhood peers
   c. history with child protective services
   d. outside counseling/assessment
   e. clubs, organization, group affiliation
   f. gang involvement

B. School Functioning
   1. Academic performance
   2. Discipline referrals
   3. Relationship with peers
   4. Relationship with adults
   5. Performance in structured/unstructured situations

C. Present Level of Performance
   1. Academic strengths and non-strengths
   2. Organizational ability
   3. Problem solving
   4. Learning modalities perceived
   5. Cognitive ability
   6. Level of anxiety/depression
   7. Interaction with peers and adults

D. Other Relevant Information

II. Intervention/Strategy Development

Below are listed common difficulties and possible interventions:

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Referral to physician</td>
</tr>
<tr>
<td>Hearing/visual difficulties</td>
<td>Referral to physician</td>
</tr>
<tr>
<td>Attention</td>
<td>Preferential seating</td>
</tr>
<tr>
<td></td>
<td>Multi-sensory classroom tasks</td>
</tr>
<tr>
<td></td>
<td>Shortened/modified assignment</td>
</tr>
<tr>
<td></td>
<td>Work breaks</td>
</tr>
<tr>
<td>Organization</td>
<td>Assignment Planner or notebook</td>
</tr>
<tr>
<td></td>
<td>Extra books/supplies kept in class/or home</td>
</tr>
<tr>
<td></td>
<td>Regular e-mail contact with home</td>
</tr>
<tr>
<td></td>
<td>Fax assignments</td>
</tr>
</tbody>
</table>
Study skills training
<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Daily schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transition time</td>
</tr>
<tr>
<td></td>
<td>Familiar and consistent assignment format</td>
</tr>
<tr>
<td></td>
<td>Home base</td>
</tr>
<tr>
<td>Aggression</td>
<td>Individual anger management training</td>
</tr>
<tr>
<td></td>
<td>Positive Behavior Support</td>
</tr>
<tr>
<td></td>
<td>Crisis prevention training for staff</td>
</tr>
<tr>
<td>Social Interaction</td>
<td>Teacher/student contract</td>
</tr>
<tr>
<td></td>
<td>Peer Mediation</td>
</tr>
<tr>
<td></td>
<td>Behavior plan</td>
</tr>
<tr>
<td></td>
<td>Classroom management system</td>
</tr>
<tr>
<td></td>
<td>Social skills training</td>
</tr>
<tr>
<td></td>
<td>Anger management group</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Ability level assignments</td>
</tr>
<tr>
<td></td>
<td>Tutor</td>
</tr>
<tr>
<td></td>
<td>Assistive technology to complete assignments</td>
</tr>
<tr>
<td></td>
<td>Cooperative learning</td>
</tr>
<tr>
<td></td>
<td>Academic assistance</td>
</tr>
<tr>
<td></td>
<td>Hands on assignments</td>
</tr>
</tbody>
</table>

A variety of educational options have proven successful in working with socially maladjusted students. Several educational options for socially maladjusted students are listed below.

III. **Best Practices**

A. Alternative Education settings  
B. Asset Building Model  
C. Cooperative Discipline  
D. Early Intervention Programs  
E. Full-Service Schools  
F. Positive Behavior Supports  
G. Prevention Programs  
H. Social Skill Training  
I. Systemic Training for Effective Parenting (STEP)
Research question: What evidence demonstrates that socially maladjusted students can be successful in an alternative education setting?

Sources of Information

- Educational Services for At-Risk Adolescents: A Program Evaluation Report, Christine Beach and Bret Halverson, 1981.
- The First Decade of Public School Alternatives, Mary Anne Raywid, 1981.
- Up the Up Staircase: A Place to Unlearn the Lessons of the Street, Kay S. Hymowitz. 1994.
- Project Adventure, Inc.: At Work in Schools (Since 1971), Nichole Jackson, Beverly, MA.
SUMMARY OF FINDINGS

Alternative programs are found in 80% of the nation’s larger school districts and they have begun to appear in the smallest districts. One out of every five districts enrolling fewer than 600 students now claims one or more alternatives. An estimated three million U.S. youngsters are currently enrolled in alternative programs (Raywid). A need for alternatives in education appears present and growing.

Alternative schools tend to focus on that part of the student population that is considered to be disadvantaged, marginal, or at-risk. For purposes of this paper, at-risk applies to youth that have serious personal and/or academic problems. These youth are at-risk of dropping out of school, taking part in truant behavior, exhibiting other disciplinary problems, often demonstrate low school achievement, course failure, drug or alcohol dependency, or pregnancy. This is not an all-inclusive list. Most of the alternative education literature reviewed identified their population as at-risk. However, the characteristics of the at-risk behavior seem consistent and possibly interchangeable with the characteristics of the socially maladjusted population. Not all at-risk students are socially maladjusted. However, socially maladjusted students seem very at-risk for demonstrating behavioral problems, dropping out of school, failing school, and engaging in high-risk behavior that may include drug/alcohol usage, sexual promiscuity, or other legal indiscretions. For purposes of this paper, this sub-committee considered socially maladjusted students to, in fact, be “at risk.” Most of the reviewed literature termed their population at their alternative school to be “at risk.”

Some of the typical criteria that are used to judge the efficacy of alternative programs included some of these factors: students stay in school; students improve their grades; students are promoted to the next grade; students reduce tardiness, suspensions, and behavior problems. One of the programs that had such criteria for their alternative education setting was in Durham Public Schools, the CIS Academy. Durham’s CIS Academy met these three goals: 90% of their students stayed in school, 60% improved their grade, each student increased their attendance by 5 days. CIS partially met other goals like: 80% of their students would be promoted to the next grade, and 54% were actually promoted. It is interesting to note that only 9% of the students at CIS dropped out of school. The national average is 15 to 30%. Students’ suspensions decreased. Grade Point Average and credits earned increased at CIS. Only 4% of CIS students eligible to return to their home schools did so. This last statistic seems typical of the other studies we have reviewed.

Similar results were reported throughout the literature reviewed. Specifically, the Michigan Alternative Education Organization (MAEO) reported that their research
showed the alternative students’ involvement in delinquent activities declined over the course of the year. Further, these positive improvements in the students’ behavior patterns persisted for most of these students even when they re-entered a conventional program.

Looking specifically at attendance, Mary Anne Raywid of Project on Alternatives in Education compiled data from 1,200 alternative programs nationwide. She cites that 81% claimed increases in attendance, with 38% reporting attendance greatly increased.

Programs aimed at recapturing dropouts and truants reported even higher percentages of improvement: 89% of such schools report attendance increases and 46% show sharp increases. The Wildcat Academy of New York cited an attendance rate of 88% versus 81% in the city’s traditional academic high schools.

In addition to increased attendance, reduced dropout rates and improved academics, successful alternative education programs also seem to improve such things as self-esteem, self-regulation and motivation in students who completed their program. These findings were cited in a 1997 study done by Joe Nichols and Betty Steffy. They also noted that 87% of students who completed the alternative education program were successful after they returned to their home school. Moreover, students in several of the articles reviewed noted that they were much more satisfied with how well their schools were meeting their needs than were students in the conventional schools. Program flexibility was a common recurring theme of one of the positive aspects mentioned by students.

In terms of rating overall success of alternative education programs in Michigan, the Michigan Alternative Education Advisory Committee reported to the Michigan State Superintendent that formal evaluations utilized by 2/3 of alternative programs in Michigan yielded “favorable” results. Indicators used were students attendance, test scores, student behavioral data, graduation, retention, and drop out rates. On these measures, 62% of the programs were rated “very successful” and 30% of the programs were rated “somewhat successful.

Alternative education programs efficacy rates vary based on sundry features. Some of the known factors increasing efficacy are:

- Alternative education programs are allowed to deviate from standard district operating procedure.
- Staff can choose to be there, rather than be assigned.
- Students’ feel a sense of ownership and have a say in the program.
- The alternative represents a genuine, continuing education option, as opposed to a “send ‘em back” or “warehouse them” mentality.
- The program is designed by those who will operate it including teaching staff.
- Operators have a say in modifying the program as conditions warrant.
The program starts small, with perhaps fewer than 100 students.
Low student-teacher ratios. 1 to 10 had the lowest dropout rates.
Students are given individualized attention and programming.
Parents are involved in the program.
Many successful programs incorporate some form of hands-on learning: vocational training, service learning, participation in experiments, etc.

Some of the factors that may decrease efficacy are:

- Administrators, not staff, design the program.
- The program is imported from somewhere else and set into operation, as it worked somewhere else.
- It is a program to which students are assigned.
- It is a last chance program.
- It is a punitive program in orientation.
- It is a single-based program, built around one theory or deviation from standard procedure as opposed to incorporating several alternative strategies.
- The alternative program is held strictly to all existing regulations, standards, and procedures.
- Staff is assigned to the program.

Based on our subcommittee’s literature review, it appears safe to say that socially maladjusted youth can enjoy measurable success in an alternative school setting. In fact, the literature indicates that some of the students who have earned the right to return to their traditional schools, opt to graduate from their alternative program instead.

In conclusion, it is important to note that success rates vary from program to program. Some estimates of particular programs’ overall success rate were as low as 39%. At first glance this may be perceived as program failure. But this statistic should be viewed in context. Would these students be in school at all had it not been for this program? In fact, several of the reviewed articles gave students’ personal testimonials in which students stated that they would not be attending if the traditional school were the only option. Consider that the national drop out rate is somewhere between 15 and 30%, with some urban districts approaching rates near 50% with some specific populations. Consider the political, social, and economic implications to the school districts and the community of not having alternatives. Further, consider the breadth and depth of the issues and challenges that these socially maladjusted youth, their parents, and their educators face today. A 39% success rate may be reasonable in some cases given the circumstances.

There is also research to suggest that alternative programs for young students can positively affect not only current student achievement but also school success in secondary schools and beyond. Although the bulk of alternative schools are secondary,
there is a growing trend toward earlier intervention. Please refer to Mark Glaser’s work entitled “After the Alternative Elementary Program: A Promise of Continued Student Success?” This committee wonders whether earlier intervention might help to minimize the extent, prevalence, intensity and duration of presenting problems at the secondary level when students are at-risk of dropping-out.

Topics for future committees might include a review of the literature pertaining specifically to best practices in alternative education. This would maximize the benefits to socially maladjusted youth while maximizing program dollars. Although these programs are often perceived as being major burdens to school budgets, they may, in fact, be moderate financial burdens when taking into consideration the per pupil dollar amount that remain available to districts as a result of these students staying in school. In addition, potential non-traditional funding like grants may help defray the costs of the typical strained ratio between staff and students.

Likely, individual districts will have to conduct their own cost-benefit analysis based on their own particular situations. Some of the benefits may be hard to quantify monetarily. MAEO publishes a how-to manual for setting up alternative programs. This source may prove to be a useful starting point for any district seeking an alternative option.
RESEARCH REPORT

Research question:  What evidence shows that prevention and early intervention programs decrease the incidence of social maladjustment?

Sources of Information

- The Role of Education in a System of Care: Effectively Serving Children with Emotional or Behavioral Disorders, CECP Executive Summary, 1998.
- Safe, Drug-Free and Effective School for ALL Students: What Works! Mary Quinn, David Osher, Catherine Hoffman and Tom Hanley.
- Family and Parenting Interactions in Children and Adolescents with Conduct Disorder and Delinquency Aged 10-17 (Cochrane review), S.R. Woolfenden, K. Williams, and J. Peat, 2001.
- Treatment Acceptability of Behavior Interventions for Children: An Assessment by Mothers of Children with Disruptive Behavior Interventions for Children.
SUMMARY OF FINDINGS

Social maladjustment appears to be a developmental trait that begins early in life and often continues into adolescence and adulthood. It is often clearly observable as early as elementary school. There are numerous empirical studies, which have identified various family variables, which strongly correlate with socially maladjusted behavior. For example, families of antisocial or socially maladjusted children are often found to have little positive parental involvement with the child, utilize harsh or inconsistent discipline, and provide poor monitoring of the child’s activities. Socially maladjusted
students are likely to experience major adjustment problems in the areas of academic achievement and peer social relations, contribute disproportionately to the incidence of alcoholism, accidents, chronic unemployment, divorce, physical and psychiatric illness and increase the demand on welfare services later in life.

Patterson indicates that the path to chronic delinquency unfolds in a series of predictable steps: behaviors at one stage lead to predictable reactions from the social environment in the following step, which leads to further reactions from the child and further changes in the reactions from the social environment. Each step puts the child at increasing risk for long-term social maladjustment as well as criminal behavior. Studies consistently indicate that, without intervention, aggressive behavior tends to stay at the same level over time (Henggeler). One study found that 70-90% of adult males convicted of violent offenses were highly aggressive as children (National Crime Prevention of Canada). Consistent patterns of aggressive behavior correlating with later aggression have been observed as early as three years of age. Early aggression is also noted to be a risk predictor for a variety of later problems of youths, including social maladjustment, conduct disorder, delinquency and substance abuse (Olweus).

Researchers emphasize the need to intervene early and indicate overwhelmingly that the most successful interventions appear to occur with preadolescents. The most favorable outcomes occur when interventions are done with concurrent parent-training programs. Kazdin states that his studies support the hypothesis that parent training is most effective when applied to younger antisocial children. More current studies have expanded their scope to include teaching academic and social-relational skills in addition to parent training. Patterson believes that successful programs would likely include three components: parent training, social-skills training and academic remediation.

Studies involving adolescents who were already involved in delinquent activities have been less encouraging. Patterson quotes Kazdin (1987) and Wilson and Hernstein (1985) studies which show that early intervention is NOT effective with youths who are already committing delinquent activities. They indicate that, at best, early intervention for that population produces only short-term effects, which are lost within a year or two of treatment termination. Patterson further indicates that systematic parent training for families of delinquent adolescents produced short-term reductions in offenses, but this effect did not persist over time.

**Prevention of Social Maladjustment**

Most of the available research points to findings supporting a model in which school wide universal prevention programs are implemented, followed by more intensive early interventions for students identified as being at risk for discipline problems. Very intensive programs with highly individualized services are utilized for the most
seriously maladjusted students. Studies suggest that these highly specialized programs for the most serious offenders may need to be provided in alternative settings rather than in the regular school environment. Many studies support the idea that adequate universal prevention programs will prevent up to 80% of the major discipline problems in schools. The success of universal prevention programs hinged on many factors including:

- clearly defined behavioral expectations;
- consistent implementation of discipline procedures and consequences;
- teaching appropriate behavior to staff and students;
- positive recognition of appropriate behavior;
- collaboration with family, community and service providers (CECP).

Forness, Coie, and Hawkins separately indicate that a developmental or preventive intervention strategy usually involves stages of treatment that increase in intensity with the first stages being “universal” interventions which are integrated with day care, preschool or other early childhood environments and are directed at all children in that setting. Components may include parent training to build a strong partnership between the school and home and to foster effective bonds within families and teacher interventions, which are delivered to all students. This lays the groundwork and promotes an environment for more intensive interventions for more at-risk students in the early elementary years.

With the focus on prevention occurring at the earliest possible age, there has been attention given to the effectiveness of implementation at the preschool level. One such preschool program, which has received a great deal of attention, is Head Start. Although rigorously-designed research studies of behavioral outcomes for children who attended Head Start have not been completed, repeated evaluations point to some success in the social progress of Head Start graduates. Older children who have been through the Head Start program appear to have better peer relations, less truancy and less anti-social behavior. However, it is unknown if these results are due to direct effects on the child or to the parent education programs that may accompany Head Start programs.

Forness sees Head Start as being an effective place to begin prevention programs, stating that “if one extrapolates from results of prevention efforts in the primary grades, such strategies as social skills instruction and related skill building are likely to be effective components of universal mental health interventions for children in Head Start.”

Forness also points out that teachers in inner city programs such as Head Start are often under prepared for dealing with behavioral or emotional disorders. Some of the most effective programs for prevention do not begin until kindergarten, which is often
considered too late in the developmental progression of psychopathology. He refers to a 1996 study by Kamps and Tankersly which suggests that interventions in classrooms for very young children should stress skill-building approaches.

One preschool program that has been tested more rigorously than Head Start is the Carolina Abecedarian Project. Children enter this program in infancy and may remain until age five. For eight hours per day fifty weeks per year, the day care program is provided for infants, toddlers and preschoolers who were identified at birth as being at high risk for school failure on the basis of various social and economic variables. The curriculum was designed to enhance development and parent activities. Once in elementary school, a second program began in which the children received fifteen home visits a year for three years from a teacher who prepared a home curriculum in addition to the child’s school curriculum. Intellectual and academic achievement gains were significant and maintained through age 12, four years after the intervention ended.

The Ypsilanti Perry Preschool Project implemented with disadvantaged children showed that preschoolers maintained significant gains at age 19:

- they were more committed to schooling,
- more of them finished high school,
- more went on to post secondary programs and employment,
- they scored higher on reading, arithmetic and language achievement tests at all grade levels,
- showed a 50% reduction in the need for special education services through the end of high school,
- showed fewer socially maladjusted behaviors than those who did not attend preschool (Smith).

Implementation of behavior management procedures in preschool settings has also received support in the literature. If used consistently, attention to positive behavior, clear specification of classroom rules, arranging environments to support appropriate behavior, and limited use of time-out can be effective in reducing problem behaviors for even the most difficult to manage children (Kaiser).

At the elementary level, Sprague and Walker also recommend that universal prevention programs be implemented:

- a proactive approach which includes a school-wide discipline plan,
- the school-wide teaching of conflict resolution and violence prevention strategies,
- maintaining high and consistent academic and behavioral expectations for students.
These interventions, when administered before behavioral patterns become well established, offer a greater opportunity to develop adaptive or compensatory skills in at-risk children.

Promising school-wide prevention programs include Project ACHIEVE, Effective Behavior Support (EBS), and Second step: A Violence Prevention Curriculum. Data on EBS shows that discipline referrals were down 42% in the first year of implementation. Suspension rates were down by 60-70% in one district after three years of utilizing the Project ACHIEVE program. Moderately statistically significant changes were seen in rates of physical aggression and rates of defined pro-social behavior after implementation of the Second Step program.

Early Identification

While universal prevention programs have been found to decrease the frequency and intensity of discipline problems in school, some students clearly need additional assistance to modify their patterns of behavior. The social, family, school, community or individual characteristics of some students place them at higher risk than the average school population. Studies indicate that more individualized services should be put in place for these students (Henggeler, Sprague, Walker, Patterson, Kazdin). The first step in early intervention is to identify those students who are at risk for developing more severe behavioral problems and social maladjustment.

A screening tool has been developed by Sprague and Walker to be used in the assessment of middle school students at risk for social maladjustment. Although it has not been normed or validated, it shows promise in separating those students most at risk. The screening involves teacher referral information in response to a standardized definition of antisocial behavior, teacher ratings of study and social skills, disciplinary concerns and school safety concerns, a search of public safety and corrections records as well as an archival search of school records.

Early Intervention

Early intervention involves working with small groups and individual students who demonstrate more severe behavior patterns indicative of early social maladjustment, such as aggression. Studies repeatedly show that interventions are likely to be most successful if they are individualized family-based and delivered in the community. They should be designed to promote resilience in children and to build on family strengths by enhancing self-esteem, improving coping strategies, and enhancing family relationships.

Walker, Colvin and Ramsey (1995) found that “early intervention for children. . . is the best method for treating antisocial behavior in children and youth.” Sprague and
Walker also indicate that comprehensive early intervention with families and schools has proven to be effective at diverting at-risk youth (quoting a study by Reid and Zigler). Kazdin (1987) advocates that interventions should occur by age 8 in those who display a pattern of antisocial behavior or the child will likely develop delinquent behavior and require more intensive and expensive programs later in life. Early intervention increases the developmental/educational gains for the child, improves the functioning of the family, and reaps long-term benefits for society. Furthermore, it has been shown to result in the child needing fewer special education and other habilitative service needs later in life for these children, fewer grade retentions and, in some cases, being indistinguishable from non-handicapped classmates years after intervention (Smith).

Smith also lays out critical features of successful early intervention programs with the most success dependent on the age of the child, parent involvement and the intensity and/or the amount of structure of the program model. Many studies report that the earlier the intervention, the more effective it is. In addition, the greater the family involvement in early intervention programs, the more likely that the intervention will be successful. Certain “structural” features of the program have also been found to help maximize success: programs that clearly specify and frequently monitor child and family behavior objectives, precisely identify teacher behaviors and activities that are to be used in each lesson, utilize task analysis procedures, and regularly use child assessment and progress data to modify instruction. Instruction can be delivered either on a one-to-one basis or in group activities that are structured to reflect the instructional needs of each child. For severely disordered children, the intensity of the services appears to affect outcome. A functional assessment may be helpful in identifying relevant or causal factors that motivate and/or sustain the problem behavior (Sprague quoting O’Neill).

Many new studies support findings that aggression, conduct disorders and delinquency (all behaviors associated with social maladjustment) correlate with faulty interpersonal cognitive problem-solving skills. Thus, many early intervention programs focus on teaching these skills to children who are at risk for developing social maladjustment. Kaiser supports a model in which the focus is on building social and communicative skills rather than only addressing problem behaviors. She also advocates for appropriate parenting skills training in conjunction with this. However, studies have not yet been conducted to confirm if this model can be effective in reducing the incidence of social maladjustments in the highest risk children.

At the preschool and elementary levels, many studies (Taylor, Kaiser, Kazdin, Dumas, Webster-Stratton) indicate that early intervention programs are most effective if combined with parent training. Kazdin indicates that parent training appears to be most effective when used in combination with direct child interventions to teach new pro-social behaviors or cognitive strategies. Some research suggests that parent training programs
are more effective with younger children than with older children. Taylor recommends that the following interventions be combined in an empirically proven program “Incredible Years” parenting groups of 12-16 weeks are effective for ages of 1-7 and 5-12, one-to-one family behavior intervention of 15-40 weeks in duration with ages 2-17, social skills and anger management training for ages 4-7 for 20 weeks/2 hours per week or problem solving skills training for ages 8-13, and also group-based behavioral parenting programs. The “I Can Problem Solve” program was developed for use in school settings with four to eight year old children, “Raising a Thinking Child” is a related program for training parents to teach problem-solving skills to their children at home. Both programs have been recognized by delinquency prevention programs. “First Step to Success” is another recognized program being used with young children who exhibit aggression, bullying, and defiance. This program has three components: early detection of at-risk children, school intervention, and home intervention. Follow-up studies completed up to three years later have shown persistent, statistically significant, positive effects from participation in this program. The Problem-Solving Skills Training model has also been well researched. Since the literature suggests that youth with disruptive behavior also have cognitive deficits and distortions, this program works to alter the way that children perceive environmental events and interpret the behavior of others. Gains observed in students receiving this program continued to be evident at one-year follow up studies.

Webster-Stratton’s studies indicate that, by extending the length of parent training to ensure mastery of skill, the effects of parent training will be prolonged. By also including maintenance training, incorporating parent support and training beyond specific behavior management skills into a comprehensive model of intervention (Bates) and by combining behavior management training with teaching parent positive response interactions (Eisenstadt), the benefits of parent training can be maximized.

Recent trials by the Conduct Problems Prevention Research Group (1999) indicate that a school-and home-based program known as FASTTrack (Families and Schools Together) has shown clear benefits in reducing behavior problems among high-risk children, reduced the need for special education referrals and has demonstrated cost-effectiveness. FASTTrack is designed for aggressive children beginning in kindergarten at age 6. It involves working with the child, the family in the home and the child’s teachers. By the third grade, the students were observed to show less oppositional and aggressive behavior.

For older, delinquent youths Turner indicates that Multisystemic Treatment (MST) is most effective for ages 11-17. The duration must be at least 3-8 months and involve family treatment. Follow up studies conducted over a 2-5 year period have shown that youth engaged in MST have lower arrest rates than youth who receive traditional services. MST has also shown effectiveness with younger children with conduct disorders.
Clearly presented in the literature were findings indicating that traditional counseling alone has no effect or even a slight ameliorative effect on the problems of antisocial youth.
Cost-Effectiveness

Available data emphasizes the long-term cost-effectiveness of early intervention. In the Perry Preschool Project in 1980, while costs were about $3,000 for one year of preschool per child, the long-term savings by the school was $3,353 (Smith). Wood (1981) found that the earlier services were started, the greater the benefits in expenditures because of the remediation and prevention of developmental problems which would have required special services later in life. Smith also reports that longitudinal studies in Tennessee and Colorado reflect a cost savings of between $3 and $4 for every dollar spent on early intervention services.

Conclusion

From the studies examined for this research report, the evidence appears clear that many universal prevention programs and early intervention programs which also include a family component offer statistically significant success in decreasing the rates of behaviors indicative of social maladjustment in youth. The earlier that prevention programs and early intervention programs are implemented, the greater the rate of success. Family involvement in early intervention programs is of the utmost importance, according to researchers. Once behavior patterns in the children and families become established later in elementary school, it appears to be much more difficult to establish positive change. Older youths and those with the most severe delinquent behavior require the most intense, highly structured and expensive programs. Therefore, it only seems logical that the emphasis be placed on universal prevention and early intervention programs.
RESEARCH REPORT

Research Question: Are school suspension programs effective disciplinary tools that improve student behavior and academic success?

SOURCES OF INFORMATION:

♦ School Violence: Disciplinary Exclusion, Prevention and Alternatives, Brian Bumbarger, Jennifer Brooks.
♦ How Suspension and Expulsion Contribute To Dropping Out, L.M. DeRidder.
♦ Positive Discipline Guidelines, Jane Nelson.
♦ A Caring Alternative To Suspension, Dave Sanders.
♦ NASP/CEC Fight Against Cessation, NASP Legislative Update August 27, 1999.
♦ School wide and Classroom Discipline, Kathleen Cotton.
♦ In-School Suspension, Margarida Southard.
♦ The Road To Nowhere – Insights Into School Exclusion, Lea Haas, Anne Tuohey.
♦ Positive Discipline Changes School Climate, National Resource Center for Safe Schools.

SUMMARY OF FINDINGS:

Out-of-school suspension is currently the most widely administered form of school discipline in public schools in the United States. Approximately 95% of school districts administer out-of-school suspension as a form of discipline (Mansfield & Farris, 1992). Nearly 2 million students are suspended annually (Harvard Education Letter, 1987). Gottfredson (1989) reports that in six middle schools in Charleston, South Carolina students lost 7,932 instructional days to in-school and out-of-school suspensions in a single year.

Research supports the findings that out-of-school suspensions do not modify negative student behavior or encourage more productive academic performance (Cass 1986). In fact “there is a growing body of research showing a clear association between disciplinary exclusion and further poor outcomes such as delinquency, substance abuse and school dropout” (Bumbarger and Brooks, 1999). Evidence also suggests that there is a correlation between suspensions and a decrease in academic success (Dupper, 1986).
“Students who are repeatedly suspended from school suffer academically and are more likely to be retained and to drop out of school” (De Ridder, 1990; Wheelock & Dorman, 1988, Larson and Wagner, 1991). Exclusion doesn’t help the suspended student, nor does it help the other students, because school staff simply get rid of troublesome students rather than changing the school environment in such a way as to prevent/reduce discipline problems” (Slee 1986, Doyle 1989). Exclusionary discipline also sends a strong message to students that they are not wanted in school and that their participation is not important – it teaches that problems can be avoided rather than addressed (Johns and Keenan, 1997).

Teachers and administrators are faced with the growing reality that nearly half of all classroom time is taken up with activities other than instruction, and discipline problems are responsible for much of this time (Cotton 1990). Minor infractions such as tardiness, missing homework, truancy, dress code violations and smoking are often addressed with assigning out-of-school suspensions. Many teachers and administrators continue to believe that students will change their behavior simply because they are removed from the school for a day or two. In actuality, “A lot of kids would rather be kicked out but it’s essential we keep them in” (Cocolis, 1993).

Clearly there is a need to consider alternatives to out-of-school suspension. Studies appear to unilaterally support discipline approaches that keep students in school. “Options such as in-school suspension, individual and group counseling and Saturday or lunchtime detention coupled with remedial support and social-emotional cognitive skill-building address the present behavior while also recognizing the underlying causes”(Bumbarger and Brooks, 1999).

Research has identified components of effective in-school-suspension programs that appear to promote improvements in behavior and academic success. Components considered essential in effective in-school-suspension programs include (Sanders, 2001).

- Clear statement of the purpose of the program available to teachers, parents and students.
- Written procedures that detail how students are referred and what will occur when they serve their suspension.
- Consistent supervision and instruction provided by assigned teacher/staff member.
- Clear expectations for students while serving in-school suspension.
- Academic assistance during in-school suspension so class work is completed on time, and barriers to learning are identified.
- Mental health support to address and teach behavior management strategies.
- A written plan drafted by student, teacher and/or others to determine how future suspensions will be avoided.
- Parental involvement and support.
Provisions for closely monitoring student behavior/academic progress upon return to the classroom.

Clear-cut guidelines and consistent follow-through are essential if students are to benefit from exclusionary discipline. In-school suspension programs that allow the student and teacher to discuss the situation that led to the suspension and plan for future success seem to have the most impact on student improvement. Student participation in negotiation of formal academic or behavior contracts or plans for success, along with home-based reinforcement, have been shown to improve student behavior (Atkeson and Forehand, 1979, Leach and Byrne 1986). Students who receive in-school academic support while in suspension seem to gain additional benefits from the experience.

In-school suspensions cannot be a substitute for effective classroom management. While effective in-school-suspension programs are needed, lasting improvements in school discipline will only be achieved by making widespread and fundamental changes in how schools function as systems (Horner & Sugai, 1994). These changes include promoting strategies that prevent suspensions by teaching problem solving, self-control, anger management and conflict resolution skills to students. Students who behave inappropriately should be provided with opportunities to meet one-on-one with their teachers to explore what has caused the problem and consider solutions. Model programs include the High Five Program currently in place in Fern Ridge, Oregon, and the PATHE program in Charleston County, South Carolina.

In addition to the components listed above, the PATHE program utilizes a strong job skills and career exploration program to address the needs of non-traditional learners. This is consistent with the research of DeRidder (1991) who recommends four components for secondary students who are consistently unable to manage their behavior while in school. The components are:

- separation from other students;
- strong vocational components, including practical, job-related skills;
- out-of-class learning, often connected with paid employment;
- individualized instruction and counseling.

If the goal of in-school or out-of-school suspension programs is to improve behavior and opportunities for learning, then every effort should be made to ensure suspended students are provided with the staff and resources necessary to build social/emotional and academic skills, and plan for future success. Utilizing suspensions exclusively to remove students temporarily from the classroom has not been found to be an effective disciplinary strategy; in fact it appears to do more harm than good. The research of Bumbarger and Brooks (1999) suggests that “…exclusionary discipline may increase
poor outcomes in children. Thus disciplinary exclusion should be reserved for students who present a clear and present danger to others.”
Appendix A

Stages of Social-Emotional Development in Children and Teenagers

This page presents an overview of the developmental tasks involved in the social and emotional development of children and teenagers, which continues into adulthood. The presentation is based on the Eight Stages of Development developed by psychiatrist, Erik Erikson.

According to Erikson, the socialization process consists of eight phases – the “eight stages of man.” His eight stages of man were formulated, not through experimental work, but through wide-ranging experience in psychotherapy, including extensive experience with children and adolescents from low – as well as upper – and middle -social classes. Each stage is regarded by Erikson as a “psychosocial crisis,” which arises and demands resolution before the next stage can be satisfactorily negotiated. These stages are conceived in an almost architectural sense: satisfactory learning and resolution of each crisis is necessary if the child is to manage the next and subsequent ones satisfactorily, just as the foundation of a house is essential to the first floor, which in turn must be structurally sound to support the second story, and so on.

Erikson’s Eight Stages of Development

1. Learning Basic Trust Versus Basic Mistrust (Hope)
   Chronologically, this is the period of infancy through the first one or two years of life. The child, well-handled, nurtured, and loved, develops trust and security and a basic optimism. Badly handled, he becomes insecure and mistrustful.

2. Learning Autonomy Versus Shame (Will)
   The second psychosocial crisis, Erikson believes, occurs during early childhood, probably between about 18 months or 2 years and 3 ½ to 4 years of age. The “well-parented” child emerges from this stage sure of himself, elated with his new found control, and proud rather than ashamed. Autonomy is not, however, entirely synonymous with assured self-possession, initiative, and independence but, at least for children in the early part of this psychosocial crisis, includes stormy self-will, tantrums, stubbornness, negativism. For example, one sees many 2 year olds resolutely folding their arms to prevent their mothers from holding their hands as they cross the street. Also, the sound of “NO” rings through the house or the grocery store.
3. Learning Initiative Versus Guilt (Purpose)  
Erikson believes that this third psychosocial crisis occurs during what he calls the “play age,” or the later preschool years (from about 3 ½ to, in the United States culture, entry into formal school). During it, the healthily developing child learns: (1) to imagine, to broaden his skills through active play of all sorts, including fantasy (2) to cooperate with others (3) to lead as well as to follow. Immobilized by guilt, he is: (1) fearful (2) hangs on the fringes of groups (3) continues to depend unduly on adults and (4) is restricted both in the development of play skills and in imagination.

4. Industry Versus Inferiority (Competence)  
Erikson believes that the fourth psychosocial crises is handled for better or worse, during what he calls the “school age,” presumably up to and possibly including some of junior high school. Here the child learns to master the more formal skills of life: (1) relating with peers according to the rules (2) progressing from free play to play that may be elaborately structured by rules and may demand formal teamwork, such as baseball and (3) mastering social studies, reading, arithmetic. Homework is a necessity, and the need for self-discipline increases yearly. The child who, because of his successive and successful resolutions of earlier psychosocial crisis, is trusting, autonomous, and full of initiative will learn easily enough to be industrious. However, the mistrusting child will doubt the future. The shame – and guilt-filled child will experience defeat and inferiority.

5. Learning Identity Versus Identity Diffusion (Fidelity)  
During the fifth psychosocial crisis (adolescence, from about 13 or 14 to about 20) the child, now an adolescent learns how to answer satisfactorily and happily the question of “Who am I?” But even the best – adjusted of adolescents experiences some role identity diffusion: most boys and probably most girls experiment with minor delinquency: rebellion flourishes; self-doubts flood the youngster, and so on.

Erikson believes that during successful early adolescence, mature time perspective is developed; the young person acquires self-certainty as opposed to self-consciousness and self-doubt. He comes to experiment with different – usually constructive – roles rather than adopting a “negative identity” (such as delinquency). He actually anticipates achievement, and achieves, rather than being “paralyzed” by feelings of inferiority or by an inadequate time perspective. In later adolescence, clear sexual identity – manhood and womanhood – is established. The adolescent seeks leadership (someone to inspire him), and gradually develops a set of ideals (socially congruent and desirable, in the case of the successful adolescent). Erikson believes that, in our culture, adolescence affords a “psychosocial moratorium,” particularly for middle – and upper-class American children. They do not yet have to “play for keeps,” but can experiment, trying various roles, and thus hopefully find the one most suitable for them.
6. Learning Intimacy Versus Isolation (Love)
   The successful young adult, for the first time, can experience true intimacy – the sort of intimacy that makes possible a good marriage or a genuine and enduring friendship.

7. Learning Generativity Versus Self-Absorption (Care)
   In adulthood the psychosocial crisis demands generativity, both in the sense of marriage and parenthood, and in the sense of working productively and creatively.

8. Integrity Versus Despair (Wisdom)
   If the other seven psychosocial crises have been successfully resolved, the mature adult develops the peak of adjustment; integrity. He trusts, he is independent and dares the new. He works hard, has found a well-defined role in life, and has developed a self-concept with which he is happy. He can be intimate without strain, guilt, regret, or lack of realism; and he is proud of what he creates – his children, his work, or his hobbies. If one or more of the earlier psychosocial crises have not been resolved, he may view himself and his life with disgust and despair.

These eight stages of man, or the psychosocial crisis, are plausible and insightful descriptions of how personality develops but at present they are descriptions only. We possess at best rudimentary and tentative knowledge of just what sort of environment will result, for example, in traits of trust versus distrust, or clear personal identity versus diffusion. Helping children through the various stages and the positive learning that should accompany them is a complex and difficult task, as any worried parent or teacher knows.

Socialization, then, is a learning – teaching process that, when successful, results in the human organism’s moving from its infant state of helpless but total egocentricity to its ideal adult state of sensible conformity coupled with independent creativity.

Source: http://www.childdevelopmentinfo.com/development/erickson.shtml
Appendix B

Survey of Common Characteristics:
Emotionally Impaired vs. Socially Maladjusted
Adapted from Social Maladjustment: A Guide to Differential Diagnosis and Educational Options
(Wayne County Regional Educational Service Agency 2001, pp. 5-7.)

Student Name: ___________________________  DOB: ___________________________
Grade: ___________________________  School: _________________________________

Please read each descriptor.
Indicate if each common characteristic is mostly true or mostly false for this student.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Seen as unable to comply to school expectations; inconsistent achievement; expects help or has difficulty asking for help.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Behavior seems motivated by attaining power or control.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>School is a source of confusion and anxiety; often responds to structure.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Misses school due to emotional issues or psychosomatic issues.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Behavior is intentional with features of anger and rage.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Understands the school rules and chooses to violate them. Knows right from wrong and chooses wrong.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Seems to ignore people who are attempting to alter his/her socially unacceptable behavior.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Achievement is often uneven; attention and concentration in school is impaired by anxiety, depression or other affective disorders.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Has poorly developed social skills and has difficulty reading social cues.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Has a positive, though generally inflated, self-concept.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Uses or abuses substances with peer group for a variety of reasons.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Appears to be ignored by peers.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Appears narcissistic; having inflated ego.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Has younger or no real friends.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Perceived by peers as bizarre or odd.</td>
<td></td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>16. Social skills are appropriate for age and may seem above age or “mature.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Does not establish or maintain social relationships; avoids people or has severely withdrawn behavior. Seems to want friendships but not able to maintain them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Oriented to reality with “street-wise” perspective.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Physically awkward, “goofy” or clumsy. May be uncomfortable with physicality.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Has demonstrated little remorse for behavior and lack of empathy noted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Many relationships with peers within a specific group; relationships characterized as exploitive and manipulative; lack of honesty; ability to exploit others by charm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Withdrawn or unhappy in group situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Often characterized by a pervasively poor self-concept; often overly dependent or impulsively defiant; is generally anxious, fearful; having mood swings from depression to high anxiety; frequent inappropriate affect; frequent denial and confusion; often distort reality without regard to self-interest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Consistently poor adaptive behavior.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Well-attuned social skills: well developed for age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Problems primarily in the affective domain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Perceived by peers as cool, tough, charismatic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Aggression directed to self; hurts self.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Affiliated with a social group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Appears tense or fearful.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Limited capacity for pleasure; rarely experiencing truly satisfied feeling; may express suicide ideation, self-mutilation and other self-injurious behaviors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Tends to dislike school except as a place for peer contacts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Problems represent a character disorder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>True</td>
<td>False</td>
</tr>
<tr>
<td>----</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>35</td>
<td>Educational performance low due to avoidance of achievement even in areas of competence.</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Aggression achieves a purpose; hurting others is a means to an end.</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Emotional reaction disproportionate and not under student’s control.</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Often self-critical; unable to have fun or feeling guilty or remorseful.</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Often in a fantasy world, appears gullible or naïve; may have thought disorder or hallucinations.</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Tends to be independent and self-assured; may show courage, responsibility and imagination but towards socially undesirable ends.</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Appears relaxed or “cool”.</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Overall development appears immature, inappropriate forage.</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Unsure of self; poor self-concept.</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Seems outgoing in group participation.</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Avoids risks.</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Exceeds allowed absences, could be considered for truancy.</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Physical presence is smooth and agile.</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Responds to appropriate consequences particularly when consistent and structured.</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Can be described as an internalizer.</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Generally reacts toward situations with appropriate affect but lacks appropriate guilt. Rebels against rules and structure.</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Not sure of rules; “Doesn’t get it”.</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>In school seen as unwilling to comply to directions, rejects help, callous disregard for right or needs of others.</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Often motivated by fear and light or anxiety.</td>
<td></td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. Isolates self when abusing substances.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Friends are same age or older; friends may be delinquent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Blames others for his/her problems; but is otherwise reality oriented.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring: Cross out each of the items that were true for this student.

<table>
<thead>
<tr>
<th>Common Characteristics of Emotional Impairment</th>
<th>Common Characteristics of Social Maladjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  28</td>
<td>2  31</td>
</tr>
<tr>
<td>3  30</td>
<td>5  33</td>
</tr>
<tr>
<td>4  32</td>
<td>6  34</td>
</tr>
<tr>
<td>8  37</td>
<td>7  35</td>
</tr>
<tr>
<td>9  38</td>
<td>10 36</td>
</tr>
<tr>
<td>12 39</td>
<td>11 40</td>
</tr>
<tr>
<td>14 42</td>
<td>13 41</td>
</tr>
<tr>
<td>15 43</td>
<td>16 44</td>
</tr>
<tr>
<td>17 45</td>
<td>18 46</td>
</tr>
<tr>
<td>19 48</td>
<td>20 47</td>
</tr>
<tr>
<td>22 49</td>
<td>21 50</td>
</tr>
<tr>
<td>23 51</td>
<td>25 52</td>
</tr>
<tr>
<td>24 53</td>
<td>27 55</td>
</tr>
<tr>
<td>26 54</td>
<td>29 56</td>
</tr>
</tbody>
</table>

Total # True: _____  Total # True: _____

**CAUTION**

Review individual items to reflect on this student’s functioning in the school. Review school records. Remember that some characteristics reflect students’ developmental stress reactions. These characteristics are not necessarily mutually exclusive. A student would not need to have all the characteristics of one category to be considered emotionally impaired or socially maladjusted. It is possible for a student to have characteristics in both categories and still be appropriately certified as emotionally impaired. Also, if a student only exhibits behaviors in the socially maladjusted category, it is unlikely that the student would qualify for emotional impairment.

This tool is one source of data to support the team in making a differential assessment. It is important that a review of attempted interventions is made. Interventions typically successful with students with emotional impairment are not usually successful with students with social maladjustment. It is important to consider a student interview. Assess the quality of functional assessments of behavior and determine the adequacy
of the resulting behavior support plan. The differentiation of social maladjustment from emotional impairment requires thorough consideration of all available data.

References for Differential Diagnosis


American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders, Washington D.C.


Reinforcement Unlimited Clinical and Behavioral Consultants (2000). What is the Difference Between Emotionally Disordered and Socially Maladjusted?


