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THE UNIVERSITY OF OKLAHOMA
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CASE STUDIES: A METHOD FOR ARRIVING AT OBJECTIVE
AND CLINICAL JUDGMENTS THROUGH THE
USE OF OPEN-ENDED STATEMENTS

A DISSERTATION
SUBMITTED TO THE GRADUATE FACULTY
in partial fulfillment of the requirements for the
degree of
DOCTOR OF PHILOSOPHY

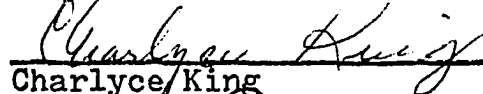
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Norman, Oklahoma
1976

CASE STUDIES: A METHOD FOR ARRIVING AT OBJECTIVE
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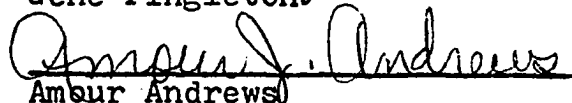
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CASE STUDIES: A METHOD FOR ARRIVING AT OBJECTIVE
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CHAPTER I

The process of human growth and development has long been the topic of much discussion and theorizing. The immense amount of contemporary literature dealing with childhood and adolescence manifests the deep and sustained interest displayed by psychologists, educators, physicians, lawyers, and others.

A great number of psychological theories have been advanced to explain the phenomenon of childhood and adolescent development. These theories have resulted in many conflicting viewpoints. In many instances, theoretical differences stem from basic disagreements on the methods and aims of psychological inquiry and the nature of psychological knowledge. Since an advocate of a particular theory tended to cite only that research which supported his theory, there was a need for looking at several different and sometimes integrating and conflicting theories on childhood and adolescent development.

Along with the advancement of psychological theories has come the case study method of instruction. The case study technique of instruction was first employed nearly one hundred years ago by the Harvard Law School, and has since spread to almost every facet of education in the colleges and universities across the United States. The case method presents a case built on the actual facts of everyday life and develops the theory necessary for its practical solution. Often practice and theory are linked together and in its application the student has the opportunity to view the value of theory in his training.

Problem

The problem is to formulate and draft case studies which include background information, environmental experiences, and characteristics of children and adolescents with emotional difficulties in order to develop hypotheses which might ultimately be submitted to further research studies. Open-ended statements for discussion will also be constructed for the behavioral science student to benefit him in his training process.

There are two major purposes for developing these case studies. The first of which is to utilize the case study

data in determining the significant history in the development of an individual. By use of different psychological theories and actual factors gained from each case, hypotheses will be generated which will yield pertinent information about causal factors in the person's history thus benefiting the training process of behavioral science students. The cases will also be used in helping the student to gain insight and in stimulating discussion through the use of open-ended questions. These questions will appear at the end of each section of the cases. The open-ended statement and questions are stated in a manner which will at times perplex the reader and in some instances require further information before the reader can adequately respond to the statement. It will also give the student practice in mentally manipulating various elements which are pertinent to diagnosis, remediation and treatment.

The use of generated hypotheses will also benefit the student in gaining knowledge and insight by seeing how particular factors in a person's environment can shape and formulate their psychological development. The use of open-ended statements will also benefit the training process of the student in allowing them to read questions which will bewilder them enough to arrive at objective clinical judgments. A study of actual cases should prove of value not only in allowing the novice an opportunity to acquaint himself with the kind of problems which he is likely to encounter in

practice, but also to enhance the knowledge and experiences he brings with him.

The case method is intended merely to supplement other means of instruction. It is a remarkably good technique of presenting practical problems by which the student may discover his shortcomings and needs. The student will develop his power of observation by learning what to look for. He will grow in his ability to teach by learning how to apply his knowledge. And when he is confronted with new problems he will be better prepared to think and to act more professionally.

The cases in this study resemble cases based on the author's academic training and clinical experiences in working with children and adolescents who exhibit emotional difficulties. These cases have been chosen to manifest a random sample of emotional problems associated with childhood and adolescence. They were considered by the author to be fairly typical of the problems that prospective professionals in the behavioral science fields will encounter. It is important to note that the five case studies presented do not cover all of the emotional disorders associated with this developmental time period. As most cases in life are not simple cases, the cases presented herein are illustrative and typical of children with diverse problems. Each case has been selected by what the author felt was

the most acute of the problems confronting each subject, respectively. It is also important to recognize that in reality, many cases show several symptoms and do not fit exactly into a given or specific category.

The selection and wording of the open-ended questions and statements are more viable to discussion perhaps, than the case itself. An attempt was made to eliminate irrelevant questions so that attention could be focused on questions vital to the problems of the individual as presented in the case.

At times the information might appear incomplete, but often it is usually not possible to write a case which could be classed as complete in all its details. As a result, the author secured as much pertinent and reliable information as possible. Each of these case studies were written in an open-ended style, i.e., the cases were "open" in that no final solution with respect to behavioral change or diagnosis was presented. This will enable the reader to assume a more objective, scientific attitude toward the individual and his problem. It will also benefit the reader in analyzing and weighing evidence without fear of being biased. This approach to the use of the case study should prove very valuable for individuals or classes seriously concerned with more adequately preparing themselves in working with emotionally disturbed children and adolescents.

Ethical Considerations

Every effort has been made to safeguard and protect the legal and civil rights of the individuals involved. All names, dates, birth places, home towns and any other specific information which might in any way reveal the identity of the person has been replaced with pseudonyms to protect and preserve his right to privacy. To insure confidentiality and anonymity of the individuals, the author has selected the appropriate sections dealing with the "Ethical Standards and Obligations to Others" from the Ethical Standards of Psychologists (The American Psychological Association, 1963). Also, the "Code of Ethics of the Educational Profession" was reviewed and is also included in the appendix. The nature of these ethical considerations implies a need for constant awareness of the individual being served as to their rights, privileges and protections which are to be granted to all people regardless of their status. It is up to each professional to maintain and safeguard these ethical considerations.

CHAPTER II

REVIEW OF LITERATURE

The neonate does not know society's rules, they did not come into the world prepared to share with others, to control their aggression, or to manifest emotions of socially acceptable ways. These behaviors must be learned and they are usually achieved through the social and cultural environment which furnishes a widespread timetable of stage through which individuals pass. These stages are not necessarily independent of one another, because entrance into one assumes that the previous stage had been successfully achieved. Also, the stages are not separated from biological maturity because participation in them requires certain degrees of physical, behavioral, and cognitive development.

Erikson (1963) described the developmental sequence as consisting of eight stages, each of which presents the individual with a conflict that might be dealt with in one of two ways. Of these two ways, one is benign and represents successful resolution of the conflict; the other is harmful and represents a failure.

The eight stages are: (1) achievement of trust (basic trust versus basic mistrust); (2) the achievement of autonomy (autonomy versus shame and doubt); (3) the achievement of initiative (initiative versus guilt); (4) the achievement of industry (industry versus inferiority); (5) the achievement of identity (identity versus role confusion); (6) the achievement of intimacy (intimacy versus isolation); (7) the achievement of generativity (generativity versus stagnation); (8) the achievement of ego integrity (ego integrity versus despair). The first three stages represent infancy and childhood, stage four represents latency, stage five covers the period of puberty and adolescence, stage six is young adulthood, and the last few stages represent adulthood in the later years.

One of the ways in which young people become cognizant of society's expectations is through the responses of others to his behavior. When the response is favorable, it is likely that the recurrence of the behavior would increase. But the actions and communications of people could also be influenced by occurrences that are in some way punishing. Therefore, behavior accompanied by punishing reactions are probably going to decrease. Parents are obviously aware of the power of punishment which was pointed out in a study by (Sears, Maccoby, and Levin, 1957). Their study showed that 98% of those interviewed used physical punishment to control their children's behavior.

Children also learn appropriate and adaptive conduct through observation of others. Bandura, Ross, and Ross (1963) put on a demonstration which focused on aggressive responses. Children were given the occasion to view a film of an adult model hitting, kicking, or punching an inflated "Bo Bo" doll. When the children were later given the opportunity to play alone (being watched from behind a one-way screen) with the doll, they manifested more aggression than children who had not viewed the adult mistreating the doll.

The first persons to affect the child's personality in this world are his parents. To be sure, the infant is dependent upon his parents to gratify his biological needs for food and safety. Harlow (1959, 1971) in working with monkeys found that cuddling and comfort were at least as important as the diminishment of hunger or other needs in the development of attachments.

Moreover, the human infant glances at, babbles at, and smiles at the mother who in turn communicates and involves herself with the baby, therefore, allowing the innate behaviors to obtain more stability and permanence. As a result, the infant eventually becomes attached to her and a relationship is formed.

The crucial significance of early parent-child relationships has been manifested in numerous studies of institutionally raised infants. Spitz (1945) outlined the onset

of depression in young children when hospitalized for an illness. Initially, the child's behavior remained demanding of nurturance and physical contact. For example, a child cried for his mother and sought attention from other adults. As time passed, the child became more passive and moved away from the person who offered the nurturance. The results were even more serious if the onset of the illness had been sudden.

Studies of institutionalized infants also proposed other conditions under which the child may experience excessive stress leading to withdrawal. Children left in orphanages or institutions without nurturing attention manifested significantly impaired cognitive developments. Rheingold (1956) explained that infants provided for by a single surrogate mother exhibited greater social development to them and to strangers than did those who had been cared for in the typical institutional setting by numerous employees.

As children mature, other members of the family become significantly important in socialization. Several studies have demonstrated that the number of children in the family, birth order, and the presence or absence of siblings all have prominent effects upon their personality and behavioral development (Sutton-Smith and Rosenberg, 1970). Also, the child rearing techniques and the emotional temperament which are prevalent in the home have a direct effect on the development of the child's behavior.

According to Baldwin, Kalhoun, and Breese (1945) it is possible to characterize the behavior of parents into three categories: accepting, rejecting, and casual. Accepting parents offer love and patience. They provide consistent and firm controls and they take an active interest in their children. The rejecting parents will treat their offspring in an autocratic fashion and either ignore them or manifest a range of hostility. Parents from casual homes do not easily fit into any one description. However, they usually lack a concise method of dealing with their children.

Even though studies into the influence of family patterns vary somewhat in terms of how they characterize families, some general conclusions have been drawn. Baller and Charles (1968) summarized them as follows: (1) Children from accepting homes were extroverts, active, friendly, and individualistic. They were usually the best all-around students in school. (2) Rejecting homes tended to produce children with various problems. They were usually aggressive and resistant to adults and authority figures and were considered hard to reach. (3) Children from casual environments tended to dominant their parents. They were also given few, if any, guidelines which resulted in them being inactive, withdrawn, and unpopular outside of the home.

The effects of peer reinforcement have been demonstrated in studies that manipulated the interaction between children in the schoolroom. An investigation by Whaler (1967) showed

that a group of nursery school children were observed and several, whose behavior was tied to reinforcement from peers, were selected as subjects. For this group the experimenter then took aside a few friends of each child who was selected as a subject. He then asked them to help by reducing the regularity with which they gave attention to the (subject) child when he was behaving in a particular manner. Within a few days, the selected target behavior manifested a significant drop in frequency. After the experimenter told the child's friends to treat him as they had before the experiment started, the target behavior then resumed to its original frequency. The Whaler study was of notable importance because it proposed that teachers and parents would be able to elicit help from a child's peers in changing his behavior toward socially approved ends.

Many investigations have shown that peer modeling also can have an important influence on a child's socialization. Hartup and Coats (1967) planned a situation in which four and five-year-old children were asked to view each one of their classmates, who served as a model, complete a series of ten maze drawing problems. Between the drawing problems the model received several tiny plastic trinkets, which he divided between himself and a hypothetical child from another class. The model was actually the experimenter's accomplice and had been instructed to give most of the trinkets to the

"other child". After the model had left the room, the other children were requested to finish the same maze drawing problem. They also were given a trinket and afforded an opportunity to share them. A control group of children, who had not seen the model, were also given the same problems, trinkets, and directions. The children who had viewed the benevolent model gave away many more of their trinkets than did the control group. Another study by Liebert and Fernandez (1970) demonstrated that a socially accepted activity like sharing could be greatly influenced through the use of peer models by the time a child reached the age of five.

Other studies which have directed their attention towards children in the early grades of elementary school, have also demonstrated that peer models have an important influence on (1) problem-solving behavior in a simple discrimination task; (2) examples for self-reward in situations that allow the child to decide for himself how much he thinks he deserves for performing well; and (3) the tendency to withstand temptation in conditions where cheating could easily take place. Therefore, peer models obviously manifest significant influences that should be inferred and incorporated by teachers and parents (Liebert and Spiegler, 1970).

In most children's lives, jealousy and competition are experienced for the first time in the home environment.

Many times it will occur as a result of the birth of a new brother or sister. Firstborn children will usually experience more anxiety over the lack of parental nurturance afforded them when a new born infant arrives. It is often more difficult for the firstborn child to accept failure. However, later born children usually have a somewhat more realistic view about their own abilities and capacities than do firstborn children.

After early childhood the repeated occurrence of jealous reactions is usually decreased until sometime between six and twelve years of age, when competition and the cognitive spheres heighten. Many theorists view competition as an attempt to maintain a close and satisfying relationship with parents. Thus, if parents would reinforce intellectual skills, then their children would probably compete with others in this area more often.

Nevertheless, cultural expectations will change the strivings for success. Girls ultimately learn that a non-active orientation toward their school work is desirable and valuable so that the inclination to forbid high achievement and competitive behavior increases over time. The young boy, on the other hand, who upon entering the classroom discovers very soon that elementary school work is considered as more applicable for girls than for boys (Kagan, 1964). This awareness may have prohibited him from active involvement in

the task of reading and spelling. In a recent study conducted by Kagan (1971) concerning sex typing and achievement in a Japanese community where 60% of the teachers were male, the typical higher occurrence of reading difficulties among boys than girls did not exist. Difficulties with reading were encountered by only 9% of each sex.

Nearly, all young children fight and quarrel at times. This is an important part of learning socialized behaviors which encompasses the obtainment of cultural mores for controlling feelings of hostility and aggression. Later, as the youngster begins school, he carries with him a repertoire of previous encounters which include characteristics of hostility, frustration, and aggression. These behavior patterns were formulated as far back as early infancy when he was weaned, toilet trained, and taught preliminary prohibitions.

When the child enters the educational system, he has discontinued responding to his parents as the only representatives of society. The number of people with whom the child must now interact with increases tremendously. As a result, several of these interactions will be loaded with conflict. Experience in dealing with conflict will enable the child to become more sophisticated and less primitive in the manner in which he vents aggression. Still, if he is successful, by being overly aggressive in his conflicts with others, he may develop aggressive characteristics traits

that will follow him throughout his later years. Lefkowitz, Eron, Walder, and Huesmann, (1972) demonstrated that the amount of aggression that young boys manifest in the third grade was highly correlated to the amount of aggression they showed ten years later.

Despite this type of permanence, there also are some predictable changes. Of specific importance is the fact that the child's ability to develop anger and keep it alive becomes greater with age. The quick flareup and immediate cool down of the earlier years disappears, and the child acquires the skill of sulking, to hold resentments and to continue negativism over longer periods of time.

Some of the earlier theorists stated that frustration usually led to aggression and that aggression was always the consequence of frustration. It became known that neither of these statements were correct. Even when frustration and aggression were considered the culprit, they were joined by other factors. Otis and McCandless (1955) discovered that preschool children placed in a frustrating environment manifested increased aggression and dominant behavior and decreased submissive behavior. However, children who ranked high in their need for attention, love and affection showed less aggression than those who ranked high in a need for power dominance. Furthermore, the degree to which hostile feelings reached overt expression depended on parental training.

Sears, Maccoby, and Levin (1957) interviewed nearly 400 mothers of five-year-old children to discover the relationship between childrearing practices and aggressive behavior in children. When they ascertained both the extent to which the mother allowed aggression and the amount of physical punishment employed to deter aggression in the child, they found out that mothers with the least aggressive children were those who would not permit aggression, and did not use aggressive techniques to stop it. This finding was interpreted both in terms of parental reactions to their children's aggression and in terms of modeling effects.

Sears and his associates also disputed that parents who used punitive techniques of discipline would have children who displayed little aggression toward them. However, the child would be highly aggressive toward peers and other adults outside of the home. Sears, Whiting, Nowis, and Sears (1953) discovered a positive correlation between maternal punitiveness for aggression in the incidence of boys' aggressive behaviors in nursery school. Sears, Maccoby, and Levin (1957) also found the same relationship for both sexes. Thus, social restraint of aggression was best achieved by developing other, more satisfactory responses than by using punishment to eliminate the unsatisfactory response.

Several theoretical explanations of aggression revert to various learning principles. One such explanation is that the child's peers or parents, as well as other models

or characters whom he watches on television or sees in the movies, may serve as aggressive models. Liebert (1972) demonstrated that exposure to aggressive peers, adults, and even fantasy cartoon characters can rapidly augment the amount of play aggression that children exhibit. The presence of a same sex peer tends to enhance these modeling affects, whereas the presence of an adult tends to decrease them (Martin, Gelfand, and Hartmann, 1970). Therefore, the most significant influence of aggressive modeling is manifested in the very situations that cannot be discovered or governed by adults.

Several other investigators have also demonstrated that reward for aggressive behavior can increase the existence of hostile acts, including attacks on other children. Walters and his associates (Cowan and Walters, 1963; Walters and Brown, 1963) discovered that rewarding children for aggressive play would significantly increase their interpersonal aggression when the children played with others later. A father who incites and supports his son for aggressive play may be unintentionally nourishing later aggression in other situations where it is less appropriate.

Sex roles can be viewed as opinions shared by members of a society regarding the characteristics that are acceptable and suitable for males and females. However, the ideal role will differ from any specific individual's notion of his or her own maleness or femaleness. The extent to which

an individual considers himself or herself as being masculine or feminine determines sexual identity. The cognizance of sex roles begins very early in life. Even the three-year-old can identify certain objects or tasks as being more feminine or more masculine (DeLucia, 1963). Ordinarily, by the time the child is five or six years old, he commits himself to accepting the cultural expectations applicable to his sex. Further, he exhibits uneasiness when he is in jeopardy of not fulfilling his sex role. This usually is a significant problem for boys. The young boy in a nursery school setting would often set aside dolls or other commonly identified feminine objects and employ himself in aggressive play. However, girls continue for a longer period of time to accept a diversity of behaviors, with greater ambivalence about meeting so-called "typical" sex role criterion. Thus, the female is often posited as having a less intense sex role identity and generally a more diffused adult sexual role (Mischel and Mischel, 1971).

Usually, however, childhood characteristics that were congruent with sex role standards within the culture were likely to remain strong and were displayed continually from childhood through adulthood. Mussen (1962) found a high relation between the degree of masculine interest in males in adolescence and adulthood.

Fear, anxiety, and guilt are emotions that everyone has encountered. Again, several theorists disagree in their

opinions concerning the occurrence and treatment of these behaviors. Freud (1909) believed that fear could be produced in three ways: (1) excessive stimulation from internal or external sources overwhelming a child; (2) shocking experiences coming as a surprise and with no forewarning; and (3) feelings of being overpowered, when the child had no avenue of "fight or flight."

In a group situation the preschool child commences to relate his own identity to others who offer diverse types of role models. Through social interaction he acquires skills on how to cope with the demands of others and develop strategies of handling rejection, acceptance, domination, and submission (Mukerji, 1966). In addition to the successful handling of social situations, the child is requested to achieve many physical and intellectual experiences. It is important that the levels of skill required in all of these areas be varied so that success and a positive self-image are assured. The presentation of appropriately challenging situations also affords a child to gain confidence in exploring and mastering new and more difficult tasks. At the same time, children must learn to accept their mistakes and use them to their advantage.

A child in a preschool becomes more emotionally and functionally independent as his self-confidence and actual skills increase. He feels free to participate in his

environment by making choices and creating his own sense of order without the aid of an adult. Erikson (1963) stated that the successful resolution of challenges at each stage of development built particular strengths into his personality. For the preschool child Erikson emphasized the development of trust, autonomy, and initiative.

The optimal degree of a child's emotional independence is still a controversial area. Some experts believe that a child could become too independent too soon and thus fail to take advantage of adults as role models and learning resources (Foster, 1966). The youngster might have developed too much conformity and dependence on group norms rather than on individualism (Foster, 1966; Bettelheim, 1969; Prescott and Jones, 1971).

Piaget (1967) developed a popular sequential theory of cognitive development which consists of four stages: the sensory motor, the pre-operational, the concrete operations, and the propositional or formal operations. During the concrete operations stage the child's cognitive operations are concerned with reality itself, performing the daily tasks of manipulating real objects in his world. During the fourth stage the child, then an adolescent, no longer confines himself to perceive only the data from within his own immediate boundaries of temporal and spatial awareness. His thinking becomes propositional and he possesses the

capacity to interrelate proportions. While the concrete operations of the third stage are applied only to tangible objects, the formal operations of the fourth stage are applied to more cognitive activities. General to an understanding of the fourth stage is the idea of the adolescent as a complex hypothesizing human individual. As he enters the fourth stage he displays considerable egocentricity, but as he matures he comes to perceive the proper function of reflection is to interpret and learn to predict from experience. But obviously, any generalizations made about the adolescent must be interpreted in terms of individual and specific situational peculiarities.

Sigmund Freud (1905) described adolescence as a time when changes gave infant sexuality its final form. He saw as the main events genitality with its accompanying new sexual aims in the discovery of new sexual objects outside the family. But Anna Freud's (1958) contributions have been the most extensive. She saw adolescent upset as inevitable because the changes in drive activity and quality brought about by puberty upset the balance between id and ego forces and the developing individual had to set about achieving adult sexuality. The action of such internal adjustments brought about the behavioral upheavals manifested in adolescence. However, some adolescents were reluctant to grow up and did not display those

propensities. Such children made much of family relationships and were considerate and submissive sons and daughters. They retained the ideas and ideals of their earlier background. Anna Freud believed that such "reluctance" came from the super ego rather than from the id aspects of personality. She interpreted such behavior as a crippling result of excessive defenses against drive activity and believed it was a serious block to normal development.

Anna Freud (1958) took the position that inconsistent and unpredictable behavior was normal in adolescence. The adolescent learned to accept and reject his impulses; he teetered between love and hate for his parents and alternated between dependence and revolt. He sought a secure identity, but equally tried to merge his identity with others. He was idealistic, generous, artistic, and unselfish, but alternated with self-centeredness and egotism. In later periods of life such behavior was considered pathological; in adolescence it was normal to the point where absence of such conflict meant that the child was really in trouble.

Havighurst (1943) was one of the leading exponents of the developmental task concept. He defined a developmental task as "a task which arises at or about a certain period in the life of the individual, successful achievement of

which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by society, and difficulty with later tasks" (1943, p. 215). Havighurst (1956) noted that there were three sources of developmental tasks for any given group of people: (1) physical maturation; (2) cultural expectation and pressure; and (3) individual aspirations. Havighurst (1953) listed ten tasks of the adolescent period: (1) achievement of new and more mature relations and age mates of both sexes; (2) achievement of a socially approved masculine or feminine social role; (3) acceptance of one's physique and the effective use of the body; (4) achievement of emotional independence of parents and other adults; (5) achievement of the assurance of economic independence in a sense of feeling that one could make one's own living if necessary; (6) selection and preparation of an occupation; (7) preparation for marriage and family life; (8) development of intellectual skills and concepts necessary for civic competence; (9) desiring and achieving of socially responsible behavior; (10) acquisition of a set of values and an ethical system as a guide to behavior.

Many different persons have tried to describe and interpret childhood and adolescence, but no one has been able to formulate a truly comprehensive theory which had both explanatory and predictive value. Of course there were

many who simply used psychological descriptions and imperial observations without scientific defense, on the assumption that such approaches were the most valid ways of explaining behavior.

CHAPTER III

METHOD AND DESIGN

Each case study will be written in approximately four to six sections. The first section, Identification of the child, will include demographic information. This will be followed by Reason for Referral, which will contain what the parent, child and school cite as their respective reasons for referral. Next, the section on Family History will present as much data as possible concerning the child's parents, siblings, home environment, place of residence, occupation of parents, and other pertinent information. Under the section of Developmental History, facts concerning the child's developmental milestone, school history, other institutions in which the child resided and any legal difficulties he experienced will be shown. This format was used to give consistency and order to the data presented, but it should be recognized that the specific steps in the case study approach are not always as distinct and clear as formulated herein.

A short synopsis will be given at the beginning of each case study. Information contained in this brief

paragraph will include the person's name, age, sex, location in the family hierarchy and some report concerning his present status.

Open-ended statements and questions appear at the end of each section of the cases which will offer guidelines for inquiry, probing and prying in order for the student to achieve a better understanding of the life style and behavior of the people depicted in these cases. They also suggest routes for organizing the relevant facts and circumstances of a case into cause-and-effect relationships, and offer leads for the development of alternative diagnosis and optional plans for treatment which will benefit the student in training.

At times the open-ended statements and questions may appear to be vague or lacking in adequate information for sufficient discussion. Such questions are intended to perplex the student and in turn to stimulate him to formulate ideas on hypotheses for discussion. It will also allow him the chance to develop his own thoughts and concepts concerning diagnosis, remediation, and treatment. At the end of each case there will be a collection of hypotheses which were developed from the factors pertinent to the individual case and the psychological theories.

CHAPTER IV

CASE STUDIES

The Case of Joan

Joan is the only child and is living with her natural father. She was twelve years old when she was referred and is exhibiting problems in school and at home. Her mother committed suicide in 1972 and her father is still unmarried. Joan and her parents lived a very transient lifestyle living in several cities across the United States before settling down in Oklahoma.

Identification

Joan is a twelve-year-old white sixth-grade student. She was sent for referral in May 1973 at the request of her father who is presently employed as an insurance salesman. Joan appeared in normal physical health although she was somewhat overweight, wore glasses, and looked very tense and unhappy. The interviewer noted that she was openly hostile toward being seen and rejected most approaches taken by the interviewer to gain information. Although she becomes more cooperative with time, she continues to deny any problems and rejects the idea of needing any treatment or help. Her mood was both sullen and anxious and her affect was appropriate to the thought content. Her speech is coherent and relevant,

presenting no evidence of thought disorder. She is very evasive about any matters that she feels are pertinent to her problem and is angry at her father. She avoids and evades anything stressful, and becomes very anxious at the idea that she will be having an examination. She relaxed somewhat when she was informed it would not be necessary to undress, and when asked about her dislike of doctors and physical examinations, she stated that that is part of it, that she doesn't wish to undress, that she dislikes needles, shots, and the smell of hospitals. She, according to the interviewer, evidently has major difficulties in the area of body image and feels quite inadequate. She can talk about nonsensitive topics without much problem, but when asked anything remotely pertinent to her problem she immediately stops talking.

Open-Ended Statements for Discussion

1. How do the value latent terms of "very tense and unhappy" influence the judgment about a person?
2. What are some of the plausible hypothesis of why a child would be uncooperative in an initial interview. What is the range of "normal" behavior for a twelve-year-old girl in this type of situation? What factors could influence her behavior?
3. Are Joan's concerns over physicians and her body image "normal" in terms of normal adolescent development?

4. Do you concur with the interviewer's evaluation of Joan's major difficulties in the area of body image?
5. Is there enough information given to accurately determine whether or not Joan has a range of normality for a twelve-year-old female?
6. Is there enough information at this point to make an adequate judgment concerning Joan's problems?

Reason for Referral:

Joan was living with her father prior to her referral. Her mother was hospitalized for severe depression for six months and last July (1972) she committed suicide, suddenly, but to no one's surprise. Joan has been having trouble since she started school. Due to her father's position with his insurance company, the family was required to travel and move on the average of once a year. As a result, Joan has attended five different schools since she began school. Joan had been in treatment in New Orleans with a psychologist for a period of five and half months prior to their move at the present location. Her father stated that she is extremely tense and nervous, and particularly this is related to school, which she has not attended for some time. Her school attendance was so bad in the past year that she was unable to pass to the next grade, although her ability is above the normal range. She usually plans or expects to go but is ill with an upset stomach, diarrhea or something of

that nature. The father pointed out that she has always been very hard to get up in the mornings and is then unable to attend school because of her illness. When in school she is very tense, withdrawn, anxious and tends to be preoccupied by daydreaming. She also complains of trouble getting to sleep at nights and as a result stays up watching television till it goes off the air. She also stated that she has severe headaches, most often at school. The father also stated that Joan has temper tantrums at which time she will yell and throw things.

Jan herself tended to deny or evade any discussion of such symptoms, and stated that she was fine and has no problems. When she was in treatment at New Orleans, she stated that she didn't mind attending the sessions, but felt that she didn't gain much from them. She doesn't believe anything is wrong with her mentally, and refused to discuss her problems with the interviewer. She declined to discuss anything related to her mother's death. Furthermore, she denied the temper tantrums and problems associated with school, although she agreed that she is nervous.

Open-Ended Statements for Discussion

1. Describe the possible effects that a suicide might have on a young person Joan's age. Who might she be able to talk to since her mother is out of the picture?

2. Contrast the suicide of a parent with that of an accidental death of a parent. How might it influence a child?
3. What effects might a transient life style have on a child's development as well as on the entire family?
4. What are some possible hypothesis which can be related to Joan's increase in truancy since her mother's death?
5. How do you explain Joan's school behavior?
6. Comment on Joan's trouble with getting to sleep at nights.
7. Are there any conclusions that can be drawn from her temper tantrums?
8. Discuss her attitude towards treatment.
9. Discuss the last statement of this section.
10. What is your tentative diagnosis and prognosis at this point?

Family History

Joan is living with her natural father, a thirty-four year old white male. He is currently an insurance salesman for a firm he's been with for nine and a half years. In July, 1972, Joan's natural mother committed suicide. Her mother had been hospitalized prior to the suicide for severe depression. The father was very cooperative in giving information concerning his wife and daughter. He stated that his wife had been in treatment with a doctor for seven years

due to her severe depression. He said that his wife was of very little help to the family in that all she did was drink liquor and watch television. She left all of the discipline of Joan up to him and refused to participate in family activities. He pointed out that when his wife did punish Joan, it was often after she had lost her temper with her daughter. At times she would punish Joan in severe forms and afterwards feel very guilty.

Joan is the only child and the father stated that he and his wife had not planned on having any children. He said that he was somewhat happy when he found out his wife was pregnant, but that his wife was very depressed and did not want Joan.

Open-Ended Statements for Discussion

1. Discuss Joan's relationship with her mother prior to the suicide.
2. Discuss the possible attitudes and feelings which the father might have experienced after his wife killed herself. How might his attitudes and feelings affect his relationships with Joan?
3. Discuss how the parents' attitudes toward pregnancy might have affected Joan and the dynamics of the family.

Developmental History:

Joan was an unplanned baby, but her father felt that this was a good time in his life and therefore was rather

happy. However, the mother did not want any children and as a result was very unhappy when she found out she was pregnant. The father reported that his wife had no significant complications with her pregnancy or delivery. Joan was born three weeks before due date and her birth weight was seven pounds and three ounces. The father was unable to remember all of Joan's milestones, but cited the following: She crawled at six and a half months, fed herself at about two years; walked alone at nine to ten months and toilet training was completed by the age of three. The father depicted Joan as a curious and active child. The parents hired a lady to take care of Joan approximately six weeks after delivery. The woman came to the family home and the mother became employed at a dress shop.

The family moved quite often after Joan was three years old. The father received a good job with an insurance firm which required a very transient life style. When Joan was approximately two years old, the mother was drinking excessively and their marriage became doubtful. The father attributed much of the family troubles to his job, but stated that it was a very high salaried position and he felt it was worth it at the time.

Joan had not suffered any serious illnesses, however, several months prior to her referral, Joan fell from her bike and was unconscious for a while. No injuries or concussion

were found, but some slowness in actions and movements were noticed by her father since then.

Joan attended the first grade in Santa Fe, New Mexico, where she was a behavior problem and the teacher contacted the parents, but nothing was done. The major complaints were her truancy from school and her temper tantrums in school. Again, the father was transferred the following year to Lexington, Kentucky where Joan received the same two complaints. The family moved to New York, Florida, and New Orleans before moving to Oklahoma in January of 1972. Joan's truancy and other problems began to heighten while the family was in New Orleans. As a result, her teachers suggested to the family that they take her for some psychological help. Joan saw a psychologist for approximately five months in New Orleans and had to discontinue treatment due to the family's transfer to Oklahoma. Since the mother's suicide, Joan's problems have worsened to the point that she was unable to pass to the seventh grade.

Open-Ended Statements for Discussion

1. Discuss Joan's developmental milestones as cited.
2. Discuss the significance of the mother getting a job and hiring another lady to care for Joan. Is it significant?
3. Discuss the apparent paradox of the father stating that it was his job which caused the problems, but

"he felt it was worth it at the time."

4. Comment on Joan's medical history.
5. Discuss Joan's treatment with a psychologist in New Orleans.
6. Discuss the developmental, environmental and psychological aspects of Joan's life.
7. Comment on her early school history.

Hypotheses Concerning Joan's Case

1. The suicide of Joan's mother had a great impact on Joan's psychological development.
2. The fact that Joan was unwanted by her mother effected Joan's self-image and her developmental progress.
3. Joan and her parents lived a very transient life style which disrupted Joan's psychological development.

The Case of Rosie

Rosie is thirteen years old and is the eldest of a younger sister and two younger half brothers. Rosie has experienced some physical abuse from her natural and stepmother's. She has also been isolating herself from peers, hallucinating and experiencing delusions. She was placed in a special education class even though her teachers felt she needed a class for emotionally disturbed.

Identification:

Rosie is a thirteen-year-old, white female referral. She was born on February 13, 1963 and she is Baptist in religion. Rosie lives with her natural father, stepmother, sister and two half-brothers in Oklahoma. She is currently completing the six grade.

Rosie's problems date back several years though they appear to be exacerbated at the time of referral: extreme withdrawal, isolation from others, hears voices, sees visions and talks to herself. She appeared to be very anxious and prefers to be by herself.

Rosie is well developed although her general appearance shows evidence of a lack of concern as compared with other girls in her age group. She was very eager to be interviewed and manifested no signs of anxiety. Rosie seemed to monopolize the conversation by explaining in detail different topics that usually were unrelated to the conversation. She seemed to be talking more to herself than to the interviewer. Rosie also has a slight lisp which doesn't seem to bother her

or cause her to block on any words.

Throughout the interview there was no evidence of delusions or hallucinations. However, at school she has been actively hallucinating, talking to herself and getting involved in her own thoughts to the point that she does not respond when spoken to.

Open-Ended Statements for Discussion

1. Explain the apparent discrepancy between Rosie's purported behavior at school and the observed behavior in the interview.
2. Comment on and discuss Rosie's appearance as described by the interviewer.
3. Discuss her verbal interactions during the interview.

Reason for Referral:

Rosie's problems date back to her first year of school when her learning difficulties became apparent. At that time her teacher noticed she was very nervous and had difficulty in learning and also had a poor attention span. She was placed in Special Education classes but, according to her teachers she was too smart for Special Education. In 1970 she was tested at the Guidance Center in her home town and had follow-up through play therapy by a psychologist. At that time she performed in the range of low normal. Her short attention span and anxiety level presented problems for her

teachers but primarily her talking and singing to herself were of greatest concern to them. At first, Rosie talked of "visions where she saw cartoon characters then she heard voices telling her to do bad things." At times Rosie got so wrapped up in her activities that she couldn't control her behavior and would require someone to intervene. At home she was biting her clothes and bedsheets and becoming more aggressive to the other children. She placed a butcher knife in the bed where her half-brother was sleeping but did not hurt him. She has threatened to choke and "ring their necks" of the children at school. She has been experiencing obvious mood swings and has withdrawn herself from the children at school and the family activities to the point of isolation.

Open-Ended Statements for Discussion

1. Discuss Rosie's early school performance and experiences.
2. Comment on the statement "at times Rosie got so wrapped up in her activities that she couldn't control her behavior and would require someone to intervene."
3. Discuss Rosie's "mood swings".

Family History:

Rosie was born February 13, 1963 and details about the pregnancy and delivery are not known. Rosie's father does

not remember any of her developmental milestones although he stated that she did not have any serious illnesses and that her emotional problems started when she began attending school.

Rosie's father is forty seven years old and is a construction worker by trade. He completed high school and attended one year of college at Oklahoma State University where he met his first wife. According to the information supplied by the father, his first wife was an alcoholic who deserted the family in 1966 at which time they were divorced. Rosie and a younger sister were the only children of the father's first marriage.

Rosie's father remarried in 1967 and has two sons from this present marriage. Rosie's stepmother was born on April 14, 1940 in Little Rock, Arkansas. She completed high school and is a housewife. Rosie's parents have been married since 1967 and the father stated that there were no significant problem areas between he and his new wife. Both the father and stepmother appear to be concerned and eager to cooperate.

Rosie is the oldest of the four children. She has a younger sister who is nine and two younger half-brothers who are seven and four years old.

Open-Ended Statements for Discussion

1. How does the lack of information concerning the natural mother's pregnancy affect our knowledge about Rosie and her early childhood development? How can you compensate for the lack of information concerning the pregnancy and Rosie's early developmental milestones?
2. Discuss the sudden onset of emotional problems which Rosie experienced upon entering school.
3. Discuss the genetic and environmental influences which an alcoholic mother might have on early formative years of childhood.
4. Given this much information concerning the stepmother, what can be stated about her?
5. Discuss the sibling hierarchy of this family and how it might affect Rosie.
6. Discuss the family environment in Rosie's formative years.
7. What plausible generalizations might Rosie have towards the concept of motherhood?

Developmental History:

Mr. Steel is unable to remember any developmental milestones in Rosie's life. Histories on Rosie from the Guidance Center indicate physical abuse from her natural mother and some excessive whippings from her stepmother.

Rosie has had chicken pox and has been immunized for mumps and measles, according to the stepmother. The father first noticed problems with Rosie when she started the first grade. She was tested at their local Guidance Center in the fall of 1967 with these results and interpretations: "This child is presently functioning in the low normal range of intelligence with an IQ that is judged to be 89. Observation revealed that she is left handed and right eyed. The Bender-Gestalt was administered and was characterized by marked reduction in size." The Guidance Center recommended that Rosie be placed in a Special Education Class and became involved in Play Therapy with a psychologist. A social worker at the guidance center said that Rosie "enjoyed her ballet exercises not because she was doing ballet but because she fantasized herself as a butterfly who could fly away to another land 'where there's nobody to bother me'". It was also noticed that Rosie preferred playing with puppets rather than with the other children. When told that it was time to put the puppets up, Rosie would ignore the demands and continue talking to and answering for the puppets. One day

Rosie became very irrate and began throwing all the puppets at the person who came in and told her it was time to put them up.

Rosie's teachers found her to be unworkable in the classroom and suggested to her parents that she be taken to the local Guidance Center. The Guidance Center worked with Rosie until May of 1974 in which time she was brought for referral.

The regional Guidance Center retested Rosie in September of 1970 with these results and interpretations: "Rose is currently functioning at the Mildly Retarded Range of Intelligence with an estimated IQ of 73. It is believed that Rosie has the potential to be in the average range of intelligence; however, at this time her emotional instability is interfering with her ability to reason and concentrate." The recommendation was that Rosie again be placed in Special Education classes.

For the last three years Rosie has been in a Special Education class with a male teacher who has been involved with Rosie on a one-to-one basis. The teacher had three other students so he was able to devote much time and attention to Rosie. He stated that much of his time was devoted to Rosie's emotional problems and that she has shown very little academic progress in the three years she's been in his class. He pointed out that he and the other teachers were

not too surprised by Rosie's slow progress because they have felt that Rosie needed a class for emotionally disturbed and not necessarily special education. He also explained that there are no classes available for children with emotional difficulties in their town.

Open-Ended Statements for Discussion

1. Discuss Rosie's formative years in relation to her mother and her stepmother.
2. Discuss the tests results from the Guidance Center on Rosie. What implications might this have on understanding her development?
3. Why were the recommendations from the Guidance Center made concerning Rosie?
4. What are some plausible explanations for Rosie's fantasizing?
5. How would you have handled the situation of Rosie throwing the puppets when told it was time to put them up?
6. Discuss the concept of "emotional instability."
7. What are some possible explanations for the sixteen point drop in her IQ score?
8. Discuss the appropriateness of Rosie's placement in Special Education classes. Make recommendations for a relevant educational program.

Hypotheses Concerning Rosie's Case

1. The desertion of Rosie's natural mother from the family retarded Rosie's psychological and social development.
2. The physical abuse and punishment administered by Rosie's two mothers' impeded her developmental progress.

The Case of Mike

Mike is a fourteen-year-old eighth grade student from Oklahoma. He is living at home with his natural parents. Mike has been in quite a lot of trouble at school and home due to his aggressive and acting out behavior. Mike and his family have moved frequently since he was a young child.

Identification:

Mike is a fourteen year old white male who was referred on May 22, 1975. His religion is Catholic and he is an eighth grade student. Mike is the third of four children and lives with his natural parents and two sisters in Oklahoma. He has an older brother who is married and two sisters, fifteen and nine.

Mike was seen by the school counselor prior to referral. He was then referred by the counselor and the school to the local guidance center.

Open-Ended Statements for Discussion

1. Do you find anything significant in this first section?

Reason for Referral:

Information was obtained from Mike's mother and also from the records of Mike's school counselor. Records from Mike's school were also utilized in developing the social history. Mike's counselor has been involved with him since March of 1972.

Mike's initial referral was in the early spring of 1975.

At that time, Mike was aggressive in school, refused to do his school work and had threatened to kill a classmate. The school had already suspended Mike three times in the last six months for fighting, threatening the teacher and placing a dead shunk in the girls restroom at school.

Mike was first seen on March 9, 1975 and at that time, he was recommended for referral. Before this plan could be finalized, Mike's mother contacted the referral agency in April 1975, stating that Mike had been suspended from school for "beating up a classmate." She and her husband requested that we reevaluate Mike for possible admission to the referral agency.

Records indicate that Mike has been having problems since March of 1972, when he became involved with the school counselor. The mother stated that she noticed Mike's problems shortly after he started the first grade. According to the reports from the counselor, Mike had always enjoyed his sessions with her but had been very resistant to deal with any problems he's had. Mike has always been very polite and has attempted to show the counselor his good side. This opinion was expressed by both the counselor and his mother.

Complaints from Mike's teachers have been that he is "coming unglued", striking out at everyone, arguing with the teachers, and in several instances has been physically abusive to other children. When asked about his fighting. Mike states

that "he doesn't start fights, he just finishes them." He explains that he doesn't look for trouble, rather it's other people causing him to do many of the things he's in trouble for.

Mike's older brother married in the summer of 1974 after discovering that his girlfriend was expecting a child. Both parents were upset yet gave the young couple much support. The counselor noted that during this time, Mike's behavior got worse in school and he appeared more aggressive and uncontrollable. She also stated that Mike seemed to keep his school life separate from the time she spent with him.

Mike was a "teacher's assistant" in the special education class for younger children and was described as a very gentle and polite person who helped and was good with the children. The counselor and the school principal have stated that the female teachers in the school have found Mike to be "uncontrollable, obnoxious, and intolerable" and want him expelled. She did state that Mike had a good relationship with a male teacher who taught math and biology, but this relationship has recently begun to dwindle. Included in the data received from the school were tests that the counselor administered to Mike in the spring of 1972. She administered the ITPA, the Wechsler, and the Binet. She pointed out that Mike's lowest score on the Wechsler was in

Arithmetic and his highest score being in picture completion. She stated that his overall ability in all three tests appeared to be within the above normal range.

Mike's mother stated that she and her husband see Mike's problem as "disrupting the class by arguing with the teacher, constantly talking, and walking around. He shows his anger and resentment toward discipline and authority figures, particularly female teachers."

Open-Ended Statements for Discussion

1. Discuss the advantages and disadvantages of receiving information from a multitude of sources.
2. What do you see as Mike's problem?
3. How do you explain the apparent discrepancy between his performance in the classroom to the counseling sessions with the counselor?
4. In lieu of suspension, what might be other plausible alternatives in dealing with a child like Mike?
5. What are some of the reasons or possible explanations for Mike's polite behavior with the counselor?
6. What does the term "coming unglued" mean to you and how does this help you formulate an opinion about Mike problems?
7. In terms of his own dynamics how does Mike justify his behavior?

8. Is there any other information which might help in formulating an opinion on Mike?

Family History:

Mike is living with his natural parents and two sisters in Oklahoma. Mike's mother was employed by a mattress manufacturer until the company went bankrupt. She now spends most of her time at home and does ironing for a supplement to the family's income. The father is a traveling salesman for farm equipment and is therefore on the road quite often. Approximately three years ago, Mike's mother attempted to kill herself by turning on the gas in the bathroom. For this reason, she asked for psychiatric help and was seen at the local Guidance Center. The mother stated that she had suffered from depression ever since she was a child and considers herself very emotional. She says that her depression usually occurs at a definite time of the year, usually around Christmas. This has persisted throughout her adult marital life, and she attributes this to the financial difficulties at this time of year and also to the lack of communication between she and her husband. She stated that at the present, she considers their marriage a good one and foresees no plans for divorce. The mother seemed to communicate quite well and appeared to have some insight into why Mike has been acting out so much. She stated that it has been very

difficult to raise four children with her husband being away on his job so much. She felt that her attempted suicide was beneficial in that it drew attention to the problems she and the family were having. As a result, many of the problems have received attention and have improved. However, Mike's problems seem to be worsening. She feels bad about not knowing how to handle Mike and says she has tried "everything in the book". However, she stated that she and her husband are open to any suggestions and ideas and they will meet with the referral agency anytime he is in town.

Mike's father was described by the mother as a person who often lost his temper with Mike. He did not have very much patience with Mike. He punished him in severe forms at times, and afterwards he would feel guilty. The mother said that her husband is a quiet man who sometimes has difficulty verbalizing his feelings. She told the interviewer that he is a very good person and resorts to physical punishment only when he feels there are no other answers. The mother reported that her husband was more involved with their older son than he was with Mike.

Since the father is away from the home quite often, she is the one that has to take care of the problems and corrections of the children. They tried having the father correct and punish the children when he returned from a trip but found this to be unproductive. Mike's older brother is

nineteen years old, married and has a fam. Mike's older sister, age fifteen, is a sophomore in high school and is described as doing average work in school and no prominent problems to speak of. Mike's younger sister is nine years old and she too is showing no problems in school or at home.

The mother states that Mike appears to be effected by any change in the home situation or environment. She described him as a sensitive child, who held his aggression and hostility regarding the home environment inside of himself and did not manifest his anger until he began school. She pointed out that Mike usually does better in the summer although he still presents some management problems. She states that it is primarily during the school year that Mike is most difficult. She described him as a child who is aggressive, verbally and physically. Mike tends to blame others for his actions and is constantly on the move and always talking.

Mike has participated in baseball, football, and basketball and has done fine in these activities. His mother pointed out that he has had very few conflicts in sport activities and is able to play on a team.

Mike's mother has been the primary disciplinarian due to the father's absence from the home. She stated that Mike does not seem to respond to any form of discipline. She thought that physical discipline only magnified his anger. On occasions when he was restricted to the house or to his

room, he would sneak out and usually not return till the next morning.

During Mike's early years the family had to move quite often due to the father's job. She feels that this may attribute to some of Mike's problems but she doesn't understand why the other children weren't effected. She also felt that Mike may have resented the birth of his younger sister, however, at this time Mike seems very protective and kind towards her.

Open-Ended Statements for Discussion

1. How valuable would it be to know the date in which the mother was employed by the mattress manufacturer?
2. Discuss the work history of the parents and how might this affect Mike?
3. Discuss the seasonal aspect of the mother's depression.
4. How could the lack of communication between the mother and her husband affect the family?
5. Discuss the mother's statement about her feeling "her attempted suicide was beneficial in that it drew attention to the problems."
6. Discuss the father's role in the family and how it affects the family dynamics.
7. Discuss the fact that Mike does better in the summer than during the school year.

8. Discuss Mike's participation in sports.
9. Discuss and describe the apparent paradox of Mike having trouble due to the family moving quite frequently but his sibs not greatly effected.
10. What effect does the sibling hierarchy have on this family?

Developmental History:

Mike was an unplanned baby but the mother felt that this was a good time in her life. At this time, the father worked at a glass plant in Arkansas which was a secure job and average income and the mother felt the family was settled. She reported no complications with her pregnancy or delivery. Mike was born nineteen days before due date and his birth weight was seven pounds nine ounces. She cited his developmental milestones as follows: sat alone - four to six months; crawled - six months; stood alone - seven-and-a-half months; self-feeding - two years; walked alone - nine-and-a-half months; first words - six to seven months; used sentences - two years; dressed self - four years; tie shoes - age five-and-a-half years and toilet training was completed by day at two-and-a-half and by night at age three. She depicted Mike as an active and curious child who was no different from the other children and presented no problems. She also stated that of the four children, Mike has been "pampered"

more so than any of the other children.

The family lived in Arkansas until Mike was about a year-and-a-half old. They then moved to Texas and lived there for three years. When Mike was about 3 years old, the father was drinking excessively and their marriage was under a great deal of stress. They separated for a brief period of time (approximately two months) and later resumed their relationship. At this time, the father promised not to drink any more and according to the mother has maintained this promise. At the present, she states that she and her husband feel they have a good marriage and that the worst is over. She also pointed out that during this time, she may have been too involved in her own problems to have noticed any effect the home environment or situation may have had on Mike or the other children. Between Mike's fifth and eighth years of age, the family lived around the Dallas area. They moved to Oklahoma after that and have remained here since then.

According to the mother, Mike has not suffered any major illnesses, accidents, or injuries. She said he had trouble with his ear drum at three-and-a-half years of age and that it healed and hasn't caused any trouble since then.

Open-Ended Statements for Discussion

1. Discuss the attitudes and feelings which parents show toward a planned versus an unplanned child.
2. Discuss the significance of developmental milestones.
3. What is your interpretation of the word "pampered"?
In regard to personality development?
4. Discuss the importance of a stable marriage on a child during his developmental years.
5. Speculate on how the father's "drinking problem" was resolved and the effects it might have had on Mike, the father and the mother.

School History:

Mike attended the first grade in Dallas where he had behavioral problems in the classroom and with the teacher. His teacher recommended that he be held back a year due to his low reading level. His teacher also stated that Mike was immature and unable to get along with his peers. The mother stated that the second year in the first grade produced little if any positive changes. She said that his grades remained low and his behavior got worse. Mike was referred to the school counselor but the family moved to Oklahoma before any progress was made. In Oklahoma Mike continued with his acting out behavior. Mike was first referred to the school counselor because of his disruptive

behavior in the classroom and on the playground. At that time, the school was considering suspension and also recommended further psychological and educational help but no action was taken. His mother attempted suicide by turning on the gas in the bathroom, and it was shortly after her hospitalization, early 1972, that Mike started seeing the school counselor and has continued this arrangement since then.

Open-Ended Statements for Discussion

1. Could Mike's behavior have affected his reading problems or could his reading problems have magnified his behavioral problems?
2. Discuss Mike's second attempt at the first grade.
3. Discuss the recommendation made by the school counselor and how might the family have dealt with it?

Hypotheses Concerning Mike's Case

1. Mike's family lived a rather transient life style which impeded his psychological and social development.
2. The fact that Mike's father was away from the home quite frequently effected Mike's developmental progress.

The Case of Tony

Tony is the second child in a family of two boys and two girls and was twelve years old at the time of his referral. His parents had recently received a divorce and he and the other siblings were living in a public housing project with their mother. Tony was referred due to his aggressive behavior in school and at home and also for an update evaluation on his academic level.

Identification and Reason for Referral:

Tony was twelve years old at the time of referral. The family was white and from the lowest socioeconomic level. Tony's mother was a thirty-four year old divorcee, and she and her four children were living in a public housing project in Oklahoma. The family had been on welfare since Tony's parents received a divorce four years ago. A teacher at Tony's school talked to a welfare worker and they referred the family for referral.

Tony's mother was primarily interested in an educational evaluation of her son's intelligence. She had doubts as to whether or not he should be in a special education class for children of borderline or retarded intelligence, where he had remained since the second grade. Tony also had difficulties related to his frequently unprovoked aggressive behavior at school and at home. His aggressive behavior occurred at school with his classmates as well as at home and in the neighborhood. Tony had also been in trouble with the police

for breaking into a neighbor's house and stealing a small amount of money from the lady's purse. The school had suspected him of using marijuana but was unable to prove their suspicions.

Tony appeared for his interview with his mother and a younger sister. He wore a pair of blue jeans and a T-shirt with a picture of "HULK" on the front. He appeared to be of average height and weight for his chronological age of twelve. He sat next to his mother and would answer her with short replies while mainly watching his sister play with the toys from the toy box.

Open-Ended Statements for Discussion

1. Discuss the social economic status of Tony's family.
How might this effect the family environment?
2. Discuss the mother's initial reason for bringing Tony in for referral and the relation this has to his school behavior.
3. Discuss plausible explanations for his involvement with the police and marijuana.
4. Comment on Tony's initial interview.

Family History:

Tony's family suffered a traumatic experience four years prior to the initial visit to the guidance center. His father was having an affair with his wife's sister. The mother related that she and the children were horrified and shocked. She stated that it was a total surprise to her and that it was Tony's sister who found out and told her. The mother gave her husband an ultimatum to either quit seeing her sister or else "pack your bags and leave." He chose to leave thus surprising the mother somewhat which resulted in several months of difficult times trying to become accustomed to living without the father in the family.

The mother described her husband as quiet, quick-tempered and a strict disciplinarian. When he would come home from work, he would sit down with a beer and watch television. He would remain there, quiet and withdrawn until one of the children misbehaved at which time he would threaten to "get his belt". The mother was use to having her husband make most of the family decisions, and found it extremely difficult to take over the entire burden of family responsibility after their divorce.

The mother indicated that even before the divorce occurred, she was quite anxious and concerned about her children's whereabouts and activities. After the divorce, this concern deepened, and the mother tried to have knowledge

of where each child was at practically every moment. She stated that if one of the children was ten or fifteen minutes late getting home from school, she became extremely anxious and set out on foot to look for that child. She also stated that when she went out to the grocery store or to a school or church activity, she called home every twenty or thirty minutes to make sure the children were all right and that they were home and still being supervised by the eldest daughter. The mother rarely went out in the evening until six months ago when she began working as a cook.

Part of her concern over the children's whereabouts was of a long-standing and quite realistic nature. The family lived in a low-income public housing project in an area where robberies and crimes of violence were a frequent occurrence. Two people had been shot to death in the last eleven months due to drug related instances. Drug pushers and addicts were in abundance on the streets. The mother's anxiety about the children walking alone in the daytime or in the evening appeared well founded in light of the environmental hazards prevalent in the area where they lived.

The mother reported that she tended to rely on her husband to set limits and take the initiative in disciplining the children. She stated that prior to the divorce, her husband was also concerned about where the children were and would spank them if they were late in getting home or if

they did not obey him. The children were administered physical punishment frequently, but the mother indicated that the father was never abusive with the children, even when he had been drinking heavily. She also stated that she would yell at the children and threaten to tell their father if they didn't obey her. She pointed out that each child was disciplined equally and that any one child was not singled out for a greater amount of discipline.

After the divorce, the mother continued to discipline the children primarily by shouting or yelling at them. She declared that she constantly had to yell at the children and that they tended to ignore her or do the opposite of what she requested. She felt that the children were in control of her, because they could get her very anxious or very angry in a moment's time. She reported that she had to resort to physical punishment more often in order to get the children to mind her. Spankings seemed to be effective in getting the younger children to comply. However, she was concerned about whether in the future she would be able to control Tony, particularly when he gets older and larger. She was afraid that he might strike her back, and then she would have absolutely no control over him.

From the mother's point of view, it appeared that Tony and his siblings were experiencing a great deal of anxiety and friction in their relationships at home, in the neighbor-

hood and at school. His mother continually and ineffectually shouted at the children or hit them, and the children quite frequently fought among themselves. Tony and his younger brother were constantly fighting with each other. The mother would usually respond to their fights by yelling at the boys. However, this had very little results and the boys would continue to fight. This behavior was manifested in the neighborhood and also was the chief complaint from the school.

Since the family was living together in a four-room apartment, the children were quite frequently in each other's way, and fighting inevitability occurred. When Tony's brother and sisters got angry at him, they often teased him about being in the special education class at school. This made Tony furious and he would try to hit the person who was teasing him.

The mother left the oldest daughter in charge of the children when she was out of the house. Tony usually disobeyed her and threatened one time to get a knife if she wouldn't let him do as he wished.

Open-Ended Statements for Discussion

1. What effects could the sudden absence of the father have on the different members of the family?
2. Discuss the attention which the father gave to the children. In what ways can this effect the children's personalities?
3. Discuss the possible feelings and attitudes which the eldest daughter might have while being left in charge.
4. Discuss the disciplinary practices before and after the parents divorce.
5. Discuss some possible reasons for the children to disobey the mother so frequently.
6. What are some non-verbal communications being transmitted between Tony and his mother?
7. What effects could a small home have on a family?
What are some plausible solutions?
8. Discuss the roles assumed by the different members of the family.

Developmental History:

Tony was the second child in a family of two boys and two girls. At the time the family was seen, the eldest sister was 15, his brother was 11 and his younger sister was 6.

Tony was born prematurely during his mother's eighth month of pregnancy. The delivery was considered normal

without complications and he was placed in an incubator for twenty-five days. Tony weighed four pounds, nine ounces at birth, and was released from the hospital in his parents' care four and a half weeks after he was born. His weight at that time was approximately five and a half pounds.

Tony required a great deal of extra care as an infant. Because he was born prematurely and was quite small when brought home, he was often hungry and required food every two or three hours the first three months of his life.

Tony's early life was accompanied by a number of illnesses. At six months of age he was hospitalized with a diagnosis of meningitis, and was released from the hospital after a one month stay with a favorable prognosis. He had pneumonia before the age of three and was treated at home. His mother noted that he had always been more susceptible to colds than had the other children.

Tony's mother reported that he began to walk unaided at nineteen months, which is somewhat later than average. He began to speak words when he was twenty five months old, but had trouble talking until he was five and a half. Tony's mother attributed his speech difficulties to the fact that his older sister did much of his talking for him and therefore, Tony had no reason to talk until he started kindergarten. Toilet training was started at about fifteen months of age and completed about twelve months later. However,

the mother stated that Tony continued to wet his bed occasionally until he was eight years old.

Open-Ended Statements for Discussion

1. Can the hierarchy of this family have any effects on Tony's problems?
2. Discuss the effects which may occur as a result of a premature birth.
3. What effects could Tony's early illnesses have had on him? Are there any reasons to believe these illnesses could effect his later development?
4. How do Tony's early developmental milestones compare with normal developmental milestones? Are there any significant areas which should warrant special attention?

School History:

Tony entered kindergarten at five and a half and the first grade a year later. At the end of his first grade year he was referred to the special education classroom because of "reading difficulty and impairment in communication skills." Tony was given the Stanford-Binet intelligence scale and the Wechsler scale for children. On the basis of his performance on these tests, his intellectual functioning was considered to be at the minimally retarded level. Both scores were located near 70 with a six point

difference between the two tests. At the start of his second grade, he was placed in a special class and has remained in special classes throughout his school career.

At school, Tony was in frequent trouble with the teacher and was often sent to the principal's office because of disciplinary problems and fighting. Shortly before coming in for referral, Tony and his younger brother were both on suspension from school. The suspensions occurred because of similar complaints of not listening to the teacher, talking back, walking out of the classroom, and fighting with other boys while class was in session.

Tony's teacher sent a report to the referral agency stating that he was in frequent difficulty in class because he did not comply with the teacher's requests and would lie. For example, he refused to obey the teacher when asked to go back to his seat after he got up and grabbed something that belonged to another child. He would continue whatever activity he was engaged in at the moment and would run away from the teacher when approached. The teacher also stated that he had often observed Tony engaged in unprovoked physical and verbal aggression against one of his classmates, and that lately this problem had increased. Recently, Tony lit matches in the boys restroom at school and attempted to start a fire with some papers. He blamed the fire on one of his classmates, however, it was learned that Tony was guilty and he

was suspended from school for ten days. While on suspension, he broke in a neighbor's apartment and stole the ladies change from her coin purse. There was no charges and the police released him to his mother's custody. This episode had occurred six weeks prior to the referral. In addition, Tony had been suspended several times for periods of from three days to two weeks, for turning over chairs in class, climbing out the window in class, fighting with other youngsters, and kicking the principal.

Despite these behavior problems, Tony had been progressing somewhat in class. He had learned to read at the second grade level and could do simple arithmetic problems. He had learned how to spell some basic sight words and was doing his name in cursive writing. However, the teacher reported that he was having continued difficulty in reading and communication skills but his major problem was his behavior.

Open-Ended Statements for Discussion

1. What effects could being premature have on Tony in his school, academic and emotional performances or levels?
2. Comment on Tony's test scores?
3. Discuss the label and connotations of "Special Education".
4. How characteristic is Tony's behavior in special education classes?

5. Comment on his recent home and classroom behavior.
6. Comment on Tony's academic level.

Hypotheses Concerning Tony's Case

1. Tony's psychological and social development was hindered due to the absence of his father.
2. The type of discipline administered to Tony by his father helped formulated his aggressive behavior in school and at home.
3. The divorce of Tony's parents added a great deal of stress on his developmental stages.

The Case of Lynda

Lynda is a fourteen year-old female who is the fourth of five children living with her natural mother and stepfather. She has alleged sexual abuse and physical cruelty against her stepfather and two boys at school. She tends to withdraw and stare into space and has difficulty in making peer relationships.

Identification:

Lynda is a fourteen year old Black female who was born on March 5, 1962. She was a ninth grader prior to referral. Her family's religious preference is the Methodist Church and they live in Oklahoma. Prior to referral, Lynda was living with her mother and stepfather.

Lynda is the fourth of five children all of which were born to Lynda's mother in her first marriage. Lynda has two older sisters who are seventeen and fifteen and two brothers sixteen and twelve.

Lynda's natural parents were divorced when she was three-and-a-half. Lynda stated that she did not remember her natural father except when he came home drunk and threatened the children and his wife. After the divorce, the mother stated that Lynda did not ask where her father had gone or in any way seem to notice his absence.

The mother and stepfather were married when Lynda was six-and-a-half. Lynda alleges that her stepfather molested her sexually from the age of nine to twelve, but that he quit

after she threatened to call the police and tell her mother. The mother stated that she was unaware of any such incidents ever occurring.

Open-Ended Statements for Discussion

1. What kind of stereotyping is associated with labels such as Black, Native American, Chicanos, and other minority groups?
2. Discuss the implications of a family divorce to a three year old in terms of psychological and social results.
3. Discuss the memory that Lynda has of her father and what are the range of behaviors called to mind by the term "threatened".
4. Discuss Lynda's reaction toward the divorce of her parents.
5. What effects could take place on Lynda with an absence of a father figure between the age of three-and-a-half to six-and-a-half?
6. What is implied by "sexually molested"?
7. What possible generalizations might Lynda have towards men at this time?

Reason for Referral:

The family began to have difficulty coping with Lynda's behavior in December 1974. Before that time, her mother reports no particular problems with Lynda, and describes her

as always having been a "loner." From December to the time of her referral in September 1975, Lynda's behavior became progressively more unmanageable in the family. Her teacher's reported that at school she made sexual advances towards the boys in class and was caught having sexual intercourse in the cloakroom at school on two different occasions. The mother also noted that Lynda was making sexual advances towards her brothers, and also towards her stepfather. She also stated that Lynda would just sit and stare into space and completely ignore everything and everyone around her. At other times, her mother reported that Lynda's movements were "extremely slow and that it took her forever to get something, like her chores, accomplished".

Lynda has filed five legal complaints against her parents, the school and two boys who attended her school. In all five cases, she alleged that her parents, the school and two boys were "extremely cruel, slapped her and beat her up, and that her stepfather and the two boys at school sexually molested her." At the time of these complaints, Lynda was being seen by a school psychologist. After the fifth legal complaint, the school psychologist and school principal suggested that Lynda be referred for a diagnostic evaluation at the regional guidance center.

Open-Ended Statements for Discussion

1. What implications are associated with the terms "loner" and "unmanageable"?
2. Discuss Lynda's sexual behavior at school.
3. Discuss the pattern of Lynda's behavior to this point.
4. Discuss the implications of Lynda's five legal complaints.

Family History:

Lynda's mother is a forty-nine year old black female who was reported by the interviewer as being very nervous during the interview. It was also noted that she did not cooperate very well in giving information and it appeared she was trying to hide the facts or deny the problems. The mother stated that she didn't think Lynda's problems "were as great as everyone made them out to be". She also felt that the best solution is to send Lynda to a girls ranch or a foster family. She was very ambivalent about her decision regarding Lynda's disposition. The mother later stated that her husband wanted to give Lynda one more chance at home.

Lynda's stepfather is a thirty-nine year old white male who did not have much insight about Lynda's problems at home or at school. He denied any kind of sexual relationship with Lynda but in another interview he gave information which implied some sexual activities with Lynda and the oldest daughter.

The oldest girl is currently married and is expecting a child in July. The mother stated that the eldest daughter made similar complaints about the stepfather and the cruelty in the home. Lynda's sister dropped out of high school to get married but she plans on finishing school after the baby is born.

Lynda's two brothers have a paper route and are currently still in school. Her older brother has been in trouble one time with the police for possession of cocaine and marijuana when he was fourteen-and-a-half and since then he has been in no significant trouble. The two boys and Lynda's fifteen year old sister are living at home with their parents. The fifteen year old sister has had no difficulties at home or school. She makes above average grades and is in the school band.

Open-Ended Statements for Discussion

1. Given the mother's attitudes at this point, what implications or assumptions might be made?
2. What conclusions might be drawn from the father's interview?
3. Discuss the information about Lynda's siblings as related in the interview in understanding the dynamics of the home situation.
4. What information has been given to this point that makes Lynda the focus of attention?

Developmental History:

Lynda has always been healthy and had only the "typical childhood diseases" according to her mother. She cited Lynda's developmental milestones as follows: sat alone - five months; crawled - five-and-a-half months; stood alone - seven-and-a-half months; walked alone - nine months; toilet training was completed by day at two and by night at age three. She stated that "Lynda was always a very quiet and loner type of person." Lynda stated that she has always been slow and that she's been staring off into space ever since she can remember. Her mother said that Lynda's slowness of movement and staring spells increased about the time that the oldest girl got married.

At the age of three, Lynda's natural father left the house and did not come home except when he was drunk. These periodic visits occurred about once a month until Lynda was three-and-a-half and her parents received the divorce. Lynda was not a problem at school but according to her mother, she always was a "loner" with difficulty to find a friend, but her academic performance had always been average or above. Apparently at age three-and-a-half she was molested by her natural father. When she was six-and-a-half years old her mother remarried her present husband who Lynda has accused of having molested her for several years. However, the mother denied any knowledge of sexual activities between any of the children and their stepfather.

Lynda's problems with her family became worse when her older sister married and left the home. Lynda began having significant sexual problems at school and at home and was also involved in some drugs (mainly marijuana). She threatened to run away several times and finally did about a year-and-a-half ago. She ran to Dallas where she was held in the juvenile shelter until her parents came and got her. She blamed her parents for all of her troubles and believed that her stepfather is the one who needs the help.

In the interview, it was noted that she was oriented to her time and location and her thought processes were somewhat distorted, especially in regard with sex. Her memory was good and no evidence of organicity was noticed. When she becomes depressed or frustrated she has difficulty controlling her impulses. She will scream or throw an object and then go sit down and stare into space. She was administered the Benet Intelligence scale which yielded an IQ score of 120. She did quite well in Arithmetic and Spelling and average or better on the remaining items.

Open-Ended Statements for Discussion

1. Discuss Lynda's early developmental milestones.
2. What possible influences did the oldest sister's marriage have on Lynda?
3. Discuss the concept of "her distorted thought processes" and what does this imply?

4. Discuss the implications regarding her impulse control.
5. Discuss her test results.

Hypotheses Concerning Lynda's Case

1. Lynda's remembrance of her natural father coming home drunk and threatening the members of the family effected her view of men and her psychological development.
2. Ths sibling hierarchy effected Lynda's social and psychological development.
3. The divorce of Lynda's parents when she was just three-and-a-half years old was an important factor in her psychological development.

CHAPTER V

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

SUMMARY

This study was undertaken to formulate and draft case studies which include background information, environmental experiences, and characteristics of children and adolescents with emotional difficulties in order to develop hypotheses which might ultimately be submitted to further research studies. Open-ended statements for discussion will also be constructed for the behavioral science student to benefit him in his training process.

There were two major intentions for developing these case studies. The first one being that hypotheses were generated from the case studies and conjoined with psychological theories to afford the student an opportunity to gain knowledge and insight into a person's psychological development.

By use of open-ended statements and questions the student will receive practice in mentally adopting various elements which are pertinent to diagnosis, treatment and remediation. The cases in this study resemble actual cases

based on the author's educational discipline and clinical experiences in working with emotionally disturbed children and adolescents. It is important to realize that the five case studies presented do not intend to cover all of the emotional disorders associated with this developmental time period.

Every effort was made in order to secure and protect the legal rights of those persons involved. All information which might disclose the identity of the person was replaced with pseudonyms.

A short synopsis was placed at the beginning of each case study. Information contained in this brief paragraph included the person's name, age, sex, location in the family hierarchy and some report concerning his present status.

Each of the five case studies included Identification of the child, Reason for Referral, Family History and Developmental History. At the conclusion of each section in the respective cases there appeared a number of open-ended statements for discussion which offered guidelines for the student to better understand the lifestyle and behavior of the persons depicted in the different cases. At the end of each case there are hypotheses which were developed from the factors pertinent to the individual case conjoined with relevant psychological theories.

DISCUSSION

The hypotheses which were formulated and drafted from

the case studies were combined to determine if similarities or generalities existed among the five cases. By looking at the different hypotheses it was possible to conjoin them with the different psychological theories and studies delineated in the Review of Literature.

In Lynda's, Tony's, and Rosie's cases a general hypothesis was evident which indicated that physical abuse, aggressive punishment, and violent threats effected the psychological and social development of these subjects. Sears, Maccoby and Levin (1957) discovered that parents with the least aggressive children were those who would not accept or tolerate aggressive actions and would not incorporate aggressive techniques in stopping their children if they were involved in aggressive acts. Sears, et al also stated that parents who employed punitive methods of discipline would have children who manifested little aggression towards his parents, but would be highly aggressive toward peers and other adults outside of the home environment. This was exhibited specifically in Tony's case in which he was aggressive with his peers in the neighborhood and also with his teachers at school.

Liebert (1972) postulated that the child's peers or parents, as well as numerous television and movie characters served as aggressive models. Liebert continued by pointing out that aggressive peers, adults, and characters in television can rapidly increase the amount of play aggression that children manifest. The parents of Rosie, Lynda, and

Mike all served as aggressive models for them and it should not be surprising to discover that these subjects, in turn, were aggressive and violent. Social control of aggression was best accomplished by strengthening other, more appropriate responses than by incorporating punishment to terminate unfavorable responses (Sears, Maccoby, and Levin, 1957).

Another general hypothesis which was formulated from the combined hypotheses across all five cases is one concerned with the parent. Lynda and Tony's parents both received divorces and Rosie's mother deserted the family and later received a divorce. The suicide of Joan's mother and the frequent absence of Mike's father, due to his job, also left these two subjects without one of their parents. Authorities agree that a child needs adequate and suitable parents in order to master the many arduous tasks of the different developmental stages. Erikson (1963) pointed out that the successful completion of challenges at each stage of development will build particular strengths in a child's personality providing that the child received adequate trust, autonomy and initiative through the help of his parents. If these stages are successfully and sufficiently completed, the child will feel confident to participate in his environment, make choices and create his own sense of order without the assistance of an adult. However, Foster (1966) feels that a child could become too independent too soon and thus fail to take full advantage of adults as role

models and learning resources. It is apparent that children and adolescents drastically require parents who are loving and accepting and also willing to set guidelines and limits for their children.

A more specific hypothesis was formulated from two of the cases concerned with the transient life style of the child and his family. Joan and Mike both traveled and relocated several times, which made it difficult for them to establish peer relations and to develop a sense of belonging. Consequently, such a life style could add to developmental difficulties and, therefore, it could result in emotional problems.

Some studies have shown that a child's development can be effected by his parent's feelings and attitudes. Harlow (1959, 1971) pointed out that the people who affected a child's personality a great deal were obviously his parents. Not only is the infant dependent upon his parents to satisfy his biological needs of food and protection, but Harlow also discovered that touch, cuddling and comfort were at least as important, if not more so, than in the development of personal attachments. Spitz (1945) described the onset of depression in institutionally reared infants. She pointed out that children who cry for nurturance and contact and who do not receive genuine or adequate amounts of it will eventually become passive and withdrawn. Thus, in Joan's case it was noted that her mother did not want her. As soon as Joan and mother returned

home from the hospital, the mother obtained a job and employed a nursemaid to take care of Joan. When a child experiences such feelings of unwantedness, it can greatly effect his psychological and physical development.

Apparently, the use of these hypotheses could help students and trainees in gaining knowledge and greater insight into the effects of the environment which mold and formulate one's social and psychological development. By conjoining the hypotheses with psychological theories the student is afforded an opportunity to gain practice in mentally manipulating various factors which are pertinent and necessary to diagnosis, remediation and treatment.

Recommendations

1. Develop a study in which a diagnosis, remediation and a treatment plan could be suggested for each case study.
2. Determine if there are remediation or treatment techniques which could benefit the subject. Also, ascertain an approximate time period for therapy.
3. Discover whether or not it would be beneficial for the parents of these subjects to be involved in therapy sessions.

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APPENDIXES

APPENDIX A

AMERICAN PSYCHOLOGICAL ASSOCIATION ETHICAL STANDARDS OF PSYCHOLOGISTS

Principle 16

Research Precautions

The psychologist assumed obligations for the welfare of his research subjects, both animal and human.

The decision to undertake research should rest upon a considered judgment by the individual psychologist about how best to contribute to psychological science and to human welfare. The responsible psychologist weight be invested. Having made the decision to conduct research, psychologists must carry out their investigations with respect for the people who participate and with concern for their dignity and welfare. The Principles that follow make explicit the investigator's ethical responsibilities toward participants over the course of research, from the initial decision to pursue a study to the steps necessary to protect the confidentiality of research data. These Principles should be interpreted in terms of the contexts provided in the complete document offered as a supplement to these Principles. .

a. In planning a study the investigator has the personal responsibility to make a careful evaluation of its ethical acceptability, taking into account these Principles for research with human beings. To the extent that this appraisal, weighing scientific and humane values, suggests a deviation from any Principle, the investigator incurs an increasingly serious obligation to seek ethical advice and to observe more stringent safeguards to protect the rights of the human research participants.

b. Responsibility for the establishment and maintenance of acceptable ethical practice in research always remains with the individual investigator. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur parallel obligations.

c. Ethical practice requires the investigator to inform the participant of all features of the research that reasonably might be expected to influence willingness to participate, and to explain all other aspects of the research about which the participant inquires. Failure to make full disclosure gives added emphasis to the investigator's abiding responsibility to protect the welfare and dignity of the research participant.

d. Openness and honesty are essential characteristics of the relationship between investigator and research participant.

When the methodological requirements of a study necessitate concealment or deception, the investigator is required to ensure the participant's understanding of the reasons for this action and to restore the quality of the relationship with the investigator.

e. Ethical research practice requires the investigator to respect the individual's freedom to decline to participate in research or to discontinue participation at any time. The obligation to protect this freedom requires special vigilance when the investigator is in a position of power over the participant. The decision to limit this freedom gives added emphasis to the investigator's abiding responsibility to protect the participant's dignity and welfare.

f. Ethically acceptable research begins with the establishment of a clear and fair agreement between the investigator and the research participant that clarifies the responsibilities of each. The investigator has the obligation to honor all promises and commitments included in that agreements.

g. The ethical investigator protects participants from physical and mental discomfort, harm and danger. If the risk of such consequences exists, the investigator is required to inform the participant of that fact, secure consent before proceeding, and take all possible measures to minimize distress. A research procedure may not be used if it is likely

to cause serious and lasting harm to participants.

h. After the data are collected, ethical practice requires the investigator to provide the participant with a full clarification of the nature of the study and to remove any misconceptions that may have arisen. Where scientific or humane values justify delaying or withholding information, the investigator acquires a special responsibility to assure that there are no damaging consequences for the participant.

i. Where research procedures may result in undesirable consequences for the participant, the investigator has the responsibility to detect and remove or correct these consequences, including, where relevant, long-term aftereffects.

j. Information obtained about the research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that this possibility, together with the plans for protecting confidentiality, be explained to the participants as a part of the procedure for obtaining informed consent.

k. A psychologist using animals in research adheres to the provisions of the Rules Regarding Animals, drawn up by Committee on Precautions and Standards in Animal Experimentation and adopted by the American Psychological Association.

1. Investigations of human subjects using experimental drugs (for example: hallucinogenic, psychotomimetic, psychedelic, or similar substances) should be conducted only in such settings as clinics, hospitals, or research facilities maintaining appropriate safeguards for the subjects.

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APPENDIX B

PREAMBLE

CODE OF ETHICS OF THE EDUCATION PROFESSION

The educator, believing in the worth and dignity of each human being, recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of democratic principles. Essential to these goals is the protection of freedom to learn and to teach and the guarantee of equal education opportunity for all. The educator accepts the responsibility to adhere to the highest ethical standards.

The educator recognizes the magnitude of the responsibility inherent in the teaching process. The desire for the respect and confidence of one's colleagues, of students, of parents and of the members of the community provides the incentive to attain and maintain the highest possible degree of ethical conduct. The Code of Ethics of the Education Profession indicates the aspiration of all educators and provides standards by which to judge conduct.

The remedies specified by the NEA and/or its affiliates for the violation of any provision of this Code shall be exclusive, and no such provision shall be enforceable in

any form other than one specifically designated by the NEA or its affiliates.

Principle 1

Commitment to the Student

The educator strives to help each student realize his or her potential as a worthy and effective member of society. The educator therefore works to stimulate the spirit of inquiry, the acquisition of knowledge and understanding, and the thoughtful formulation of worthy goals.

In fulfillment of the obligation to the student, the educator -

1. Shall not unreasonably restrain the student from independent action in the pursuit of learning.
2. Shall not unreasonably deny the student access to varying points of view.
3. Shall not deliberately suppress or distort subject matter relevant to the student's progress.
4. Shall make reasonable effort to protect the student from conditions harmful to learning or to health and safety.
5. Shall not intentionally expose the student to embarrassment or disparagement.

6. Shall not on the basis of race, color, creed, sex, national origin, marital status, political or religious beliefs, family, social or cultural background, or sexual orientation unfairly:
 - a. Exclude any student from participation in any program;
 - b. Deny benefits to any student;
 - c. Grant any advantage to any student.
7. Shall not use professional relationships with students for private advantage.
8. Shall not disclose information about students obtained in the course of professional service, unless disclosure serves a compelling professional purpose or is required by law.

Principle II

Commitment to the Profession

The education profession is vested by the public with a trust and responsibility requiring the highest ideals of professional service.

In the belief that the quality of the services of the education profession directly influences the nation and its citizens, the educator shall exert every effort to raise professional standards, to promote a climate that encourages the exercise of professional judgment, to achieve conditions

which attract persons worthy of the trust to careers in education, and to assist in preventing the practice of the profession by unqualified persons.

In fulfillment of the obligation to the profession, the educator -

1. Shall not in an application for a professional position deliberately make a false statement or fail to disclose a material fact related to competency and qualifications.
2. Shall not misrepresent his/her professional qualifications.
3. Shall not assist entry into the profession of a person known to be unqualified in respect to character, education, or other relevant attribute.
4. Shall not knowingly make a false statement concerning the qualifications of candidate for a professional position.
5. Shall not assist a non-educator in the unauthorized practice of teaching.
6. Shall not disclose information about colleagues obtained in the course of professional service unless disclosure serves a compelling professional purpose or is required by law.

7. Shall not knowingly make false or malicious statements about a colleague.
8. Shall not accept any gratuity, gift, or favor that might impair or appear to influence professional decisions or actions.

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