The Relationship Between Erikson's Developmental Tasks and Children Identified as At-Risk

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THE RELATIONSHIP BETWEEN ERIKSON’S DEVELOPMENTAL TASKS
AND CHILDREN IDENTIFIED AS AT-RISK

by

Michael McMaken

A thesis submitted in partial fulfillment
of the requirements for the degree
of
MASTER OF SCIENCE
in
Family and Human Development

UTAH STATE UNIVERSITY
Logan, Utah
2000
The Relationship Between Erikson’s Developmental Tasks and Children Identified as At-Risk

by

Michael McMaken, Master of Science
Utah State University, 2000

This study evaluated task resolution for Erikson’s first four psychosocial stages, and overall psychosocial maturity, as predictors of risk in elementary school children. Sample groups consisted of children already identified by their schools as being “at-risk,” and children from the same schools identified as “not-at-risk.” Subjects completed a revised version of the Erikson Psychosocial Inventory Scale measuring trust, autonomy, initiative, and industry, as well as measures of self-esteem and school commitment. The not-at-risk group had substantially higher mean scores than the at-risk group in all the subscales. Correlation coefficients indicated strong relationships between psychosocial task resolution and predictors of risk, with overall psychosocial maturity explaining 66% of the shared variance for self-esteem. Discriminant analyses revealed that measures of psychosocial maturity were strong predictors of risk for children.

(78 pages)
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Michael McMaken
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CHAPTER I
STATEMENT OF THE PROBLEM

The path of human emotional and cognitive development, from infant to adult, is often thought of by the average person as being linear, a time line that denotes the steady progress of individual growth through childhood and adolescence, culminating in adulthood. However, a deeper understanding of human development presents the process not solely as a linear continuum, but as a pyramid-like structure made up of psychosocial stages, each of which forms an indispensable foundation for the next (Erikson, 1963). Failure to successfully navigate any given stage impedes the individual’s progression to the next tier of the structure. The physical body may continue to mature, but the mind is stalled in a developmental hiatus, leaving the person ill equipped to meet the expectations of society. Erikson’s (1963) identification of eight developmental stages sets a psychosocial timetable, whose optimal achievement milestones correspond with clearly discernable periods of life. Each developmental milestone becomes more complex and more integrated with social function than the previous ones. Failure to successfully confront a stage means the individual is thrust into the next unprepared for the emotional challenge ahead.

Erikson’s (1963) first four psychosocial stages (trust, autonomy, initiative, and industry) occur during childhood, ideally being successfully resolved by the age of 11 years. These in turn serve as the preparatory foundation for the identity crisis of adolescence, Erikson’s fifth stage.

Adolescence is recognized as a critical period of emotional strife and turmoil, which has a profound influence on adult life, but perhaps even more significant are the
years of childhood where one must confront the first four psychosocial stages in order to prepare for the fifth. Yet, the vast majority of intervention programs for young people are aimed at adolescence, with very little attention being given to these childhood years. Further, most adolescent intervention programs target specific and isolated behaviors (e.g., drug abuse, teen pregnancy, and school drop-out) that are likely outcomes of deeper underlying problems (Jones, 1994). This reactive and haphazard approach ignores developmental theory and has been largely unsuccessful in reaching the children who are most at-risk. A case in point is the Drug Abuse Resistance Education (DARE) program. Despite a long history of use in public schools, research indicates that DARE has no appreciable effect on substance abuse in adolescents over either a long-term or short-term basis (Ennet, Rosenbaum, et al., 1994; Ennet, Tobler, Ringwalt, & Flewelling, 1994).

Given the importance of confronting Erikson’s psychosocial tasks in an invariant sequence, it follows that childhood may be the most efficacious period to provide intervention. The first step in such a process is to identify children who are at-risk because they have failed to successfully cope with earlier childhood tasks and will face adolescence even less prepared than their peers.

Purpose of the Study

Given that the navigation of each developmental stage prepares the way for the individual to navigate the next, the first task in formulating developmentally sound interventions is to determine just where the child is on the developmental continuum (Erikson, 1963). As each task provides the emotional framework for critical life skills (i.e., trust fosters hope, autonomy fosters will, initiative fosters purpose, and industry
fosters competence), children who have not navigated a particular stage are at a distinct
disadvantage in the social and academic arena. Erikson (1963) noted that unresolved
psychosocial tasks often lead to problem behaviors which are disruptive to society as a
whole. When several such developmentally stalled children are concentrated in school
classrooms, the effect can be academically, socially, and emotionally devastating for all
of the children in that class.

This study draws heavily on two previous studies examining psychosocial
development and problem behavior (Jones, 1988; Jones, Forthun, & Dalton, 1992). Jones
(1988) longitudinally examined the effect of substance abuse on psychosocial
development among third and fourth grade children. Jones et al. (1992) evaluated the
relationship between psychosocial development and several problem behaviors across
grade levels from third to eighth grade. This study’s purpose was to examine the
psychosocial development of children already identified as being at-risk and compare it
to children not identified as being at-risk.

At-risk is defined as a child having already been referred to school counselors and
interventionists, in an effort to ameliorate any of a variety of effects or problem behaviors
stemming from some emotional trauma. At-risk children were referred to counselors
either by school faculty members or by parents. Not-at-risk children are those who have
not been identified, by parents or by teachers, as needing counseling or intervention. A
revised version of the Erikson Psychosocial Inventory Scale (EPSI), developed by Jones
(1988) for use with elementary school-aged children, was employed to assess Erikson’s
first four stages of psychosocial development. Additional questions assessed
commitment to school, and self-esteem.
Research Hypotheses

This study tested three hypotheses as outlined below.

1. The at-risk group will show lower levels of psychosocial task completion than the not-at-risk group.

2. Children with low psychosocial scores will have lower levels of school commitment than their peers who have high psychosocial scores.

3. Children with low psychosocial scores will have lower levels of self-esteem than their peers who have high psychosocial scores.
CHAPTER II
REVIEW OF LITERATURE

Childhood Developmental Stages

According to Erikson’s (1963) theory of human development, a child should successfully confront the first four of the eight stages (trust vs. mistrust, autonomy vs. shame, initiative vs. guilt, and industry vs. inferiority) by the time he or she is 11 years old. Each stage carries with it specific psychosocial tasks, the successful accomplishment of which facilitates the acquisition of emotional and cognitive skills critical for optimal confrontation of the next (Erikson, 1963; Waterman, 1992). Taken as a whole, Erikson’s stages express a continuity encompassing a temporal and causal sequence of developmental milestones (Kagen, 1981), culminating in the maturation of a productive and emotionally functional adult.

However, the societal expectations that propel a child from one stage to the next are not governed by the individual, but a combination of biological maturation and social expectations, factors external to the individual and outside his or her control. Society has expectations regarding children’s psychosocial progress, based primarily on physical and biological maturation, and imposes deadlines for task resolution. These societal deadlines are inflexible, and make no allowance for the child achieving only partial success, or even total failure, in navigating any given stage (Crain, 1992). He or she is thrust into the next, ready or not. Thus, while successful accomplishment of the tasks implicit in each stage prepares the successful child for the next, failure to navigate a stage
within socially and biologically imposed deadline does not stop the developmental journey.

Psychosocial Tasks and Outcomes Inherent to Erikson’s Stages

Successful navigation of each stage requires the completion of specific psychosocial tasks. These tasks provide the child with emotional and cognitive life-skills (Erikson, 1963), which not only facilitate the navigation of subsequent stages, but also become the building blocks for maturation into a functional adult (Waterman, 1992).

The task inherent in Erikson’s first stage is the development of a positive balance of trust versus mistrust. Trust is the sense that others, particularly caregivers, can be relied on to provide for the needs of the developing child. The extent to which an infant’s physical and emotional needs are met determines the balance between his or her trust and mistrust of others. Further, this balance is internalized and also affects children’s trust in themselves as individuals. Infants who have not developed a sense of trust in their caregivers, or themselves, are insecure and anxious when their mothers are not clearly visible because they fear they cannot trust them to return when they need them. On the other hand a secure child, who successfully navigates this stage, has trust in significant adults and in his or her own ability to determine who can be trusted. This gives rise to the hope that despite occasional frustration and disappointment, the future holds the promise of good things (Erikson, 1963). The alternative is hopelessness, which inevitably subdues the energy and vitality with which the child confronts subsequent psychosocial stages, as well as life in general.
Navigation of Erikson’s second stage brings about a favorable ratio of autonomy versus shame and doubt, ideally by the age of 3. Autonomy comes from within as children learn to control their own body, to move and use their hands, and to do things for themselves. Shame and doubt, on the other hand, come from the fear of looking bad in other people’s eyes and in the realization that others can control and place social expectations on one. A child whose attempts at self-determination are met with authoritarian control, or whose efforts to do things on their own are ridiculed, can develop powerful feelings of shame and doubt, which inhibit further attempts at autonomy. Success in learning how to exercise self-restraint and impulse control, while retaining their independence as an individual, provides the child with the will to exercise free choice (Erikson, 1963).

By the age of 6, a child should have confronted Erikson’s third stage, initiative versus guilt. Increasing opportunities to interact not only with family members, but also with adults and children outside the family precipitates what Erikson (1963) refers to as intrusion. Curiosity and a consuming desire to experience new things lead to violations of social rules and norms as the adventurous child intrudes on the property and personal space of others. Correction of these naïve violations can cause children to internalize strong feelings of guilt and inhibition that stifle the initiative necessary to explore and develop their unique talents and potentials. Initiative enables children to make plans and set goals for themselves without the fear of failure. The task, then, is learning to respect social boundaries while retaining the initiative necessary to develop a sense of purpose (Erikson, 1963).
The fourth, and final psychosocial stage to be confronted before the identity crisis of adolescence is industry versus inferiority. Children go to school to learn math, reading, and other academic skills; they may join teams and compete in athletics; and are given greater responsibilities at home. Expectations of steady attention, perseverance, and learning to work and play cooperatively with peers place tremendous pressure on children, and the inevitable defeats and failures of the classroom and playground can give rise to powerful feelings of inadequacy and inferiority. This is especially true for children who have not been wholly successful resolving the tasks and conflicts of previous psychosocial stages. Mistrust, doubt, and guilt can all rob a child of the hope, will, and sense of purpose needed to persevere in the face of adversity. However, parents and teachers who inspire children to discover their own special talents, and provide support and encouragement in setting and pursuing goals can help them through this critical time. Successful navigation of this final childhood stage develops competence, the psychosocial trait necessary to complete tasks by exercising intelligence and skill unimpaired by debilitating levels of inferiority and self-doubt (Erikson, 1963).

Childhood's developmental odyssey through Erikson's (1963) first four stages reaches its climax in the adolescent crisis of identity versus role confusion. Bombarded by a myriad of powerful and unfamiliar emotional and physical sensations, and faced with an overwhelming array of options and choices, adolescents are torn between the security of familiar childhood patterns and an intense desire to find their own unique place in the world. This inner conflict is further complicated by the pressures and demands of society as various groups present their versions of personal culmination. The process of identity development is therefore an intricate blend of intrapersonal factors
such as identity standards and self-perceptions, regulated by interpersonal factors like reflected appraisals and social behaviors (Kerpelman, Pittman, & Lamke, 1997).

Successful resolution of the identity crisis promotes self-acceptance and self-esteem rather than depression and anxiety; goal-directed activity and sophisticated cognitive functioning rather than chronic stagnation and personal failure; and socially constructive attitudes like tolerance, cooperation, helping, and social acceptance; psychosocial skills needed if one is to seek intimate personal relationships (Waterman, 1992).

Erikson (1959) associated adolescent identity exploration with readily discernable symptoms which include rebelliousness, mood swings, fluctuations in ego strength, and heightened physical complaints. The process is confusing and often difficult for parents and other adults to gauge when attempting to evaluate how well the struggling adolescent is doing simply by observing behavior. For example, delinquent and socially dysfunctional adolescents tend to have less successful task resolutions than their better-adjusted peers (Arehart & Smith, 1990), suggesting the potential for social and functional stagnation in adulthood. On the other hand, adolescents who are actively engaged in normal identity exploration are more likely to exhibit a personality characterized by self-doubt, confusion, impulsivity, conflict with authority figures, and disturbed thinking than their more passive peers (Kidwell, Dunham, Bacho, Pastorino, & Portes, 1995). However, while it may be difficult to differentiate frustrating confusion from fulfilling accomplishment during the identity development process, success builds on the hope, will, purpose, and competence which are the products of earlier tasks, resulting in the fidelity necessary for commitment.
Implications of Unsuccessful Task Resolution

Failure to carry out the tasks requisite for successful navigation of the childhood psychosocial stages can have profound effects on adolescence and adult life. In terms of developmental progression, failure in the early stages has a negative impact on chances for success in subsequent stages. Without the psychosocial skills imperative for optimal emotional function, children are ill equipped for the rigors of the adolescent identity crisis, giving rise to a plethora of problem behaviors and debilitating emotional disorders. These behaviors and emotional handicaps, in turn, confound the child on every level of personal, academic, and social endeavor and accomplishment (Erikson, 1963; Harter, 1990; Jones et al., 1992; Josselson, 1994; Waterman, 1992).

Individual Psychosocial Development

Failure to acquire the psychosocial skills, or ego strengths (Erikson, 1963), inherent in the childhood stages effectively hobbles the child’s developmental progress from that point on. Navigation of subsequent stages becomes increasingly difficult, providing ever diminishing emotional returns and intensifying functional deficiencies. Shame and guilt overpower childhood’s embryonic stirrings of self-esteem and self-acceptance, leaving the child vulnerable to reflected appraisals of others’ opinions and criticisms. The developmental slot reserved for autonomy is instead occupied by a false self, constructed to conceal the real self in fear of disapproval and rejection (Erikson, 1963; Harter, 1990). Without autonomous self-image, dread of failure and ridicule stifles initiative, hindering childhood efforts to explore and develop unique talents, skills, and interests, and further eroding self-concept.
Internalized feelings of shame, guilt, insecurity, and low self-worth often provoke maladjusted and self-destructive childhood behaviors that frequently persist into adolescence and adulthood (Erikson, 1963; Ferguson, Stegge, Miller, & Olsen, 1999; Harter, 1990; Kagen, 1981; Kowleski-Jones & Duncan, 1999; Wangby, Bergman, & Magnusson, 1999). For example, research on eating disorders and negative body image (Gupta, Gupta, Schork, & Watteel, 1995) reveals that adult women suffering from anorexia nervosa and/or bulimia nervosa report significantly greater body image concerns and perceive greater touch deprivation during childhood than women in a nonclinical control group. Critical elements in navigating Erikson’s (1963) first two psychosocial stages, developing trust over mistrust, and autonomy over shame, center on the reliability and sensitivity of parental responsiveness to childhood needs for emotional and physical nurturing and security. Additional corroboration of this effect is provided by longitudinal research indicating that psychosocial development is adversely affected by separation from parents in early and middle childhood, especially in girls separated before the age of 2 (Japel, Tremblay, Vitaro, & Boulerice, 1999).

Social and Academic Implications

Resolution of Erikson’s (1963) most basic psychosocial stages provides trust and hope, prime elements of autonomous self-concept and individual will. The paradox of academic success is that it is built on a child’s willingness to fail the first time he/she attempts a new task, firm in hopeful self-assurance that he/she will eventually succeed. Positive self-concept encourages the initiative necessary to seek out novel and
challenging experiences free of excessive fear of failure, and sustains hope in the face of disappointment, thereby nurturing the industry to keep working toward competence.

Children with unresolved early psychosocial tasks are understandably at a disadvantage in the social and academic forum of elementary school. Failure to attain trust, autonomy, and initiative undermines self-confidence and self-concept, compelling the child to create a false self to hide the real self he or she is ashamed of (Harter, 1990). Without autonomy, self-esteem, and confidence children are quickly overwhelmed by the academic rigors of classroom demands, and the social proving ground of recess. Creating and maintaining the facades, which hopefully cater to others’ expectations, takes a serious toll on global self-esteem, and can eventually result in alienation from a sense of validation in a real core self (Harter, 1990). Frustration and social ineptitude function to intensify episodes of inappropriate and socially destructive behavior, further isolating the child and damaging his or her already derisory self-image and poor self-confidence. Learning is mired in fears of certain failure, shame, and ridicule that destroy will and smother creativity. Frustration and despair, expressed as disruptive classroom behavior, frequently provoke disciplinary action, which reinforces the child’s role as a social misfit.

Normal childhood friendships initially form around common interests and are generally influenced by setting and context. In middle childhood, requirements become more complex, reaching beyond superficial characteristics as friends become collaborators in the self-discovery process (Zarbatany, Ghesquiere, & Mohr, 1992). For a child isolated by shame and poor self-concept, mounting desperation and loneliness can induce a nearly frantic craving for acceptance that justifies adopting whatever behavior a deviant peer group requires for membership. If successful, the need to retain the
acceptance of deviant friends engenders a broadening externalization of personal beliefs, attitudes, and behavioral motivations in order not to jeopardize it. Along with substance abuse, criminal delinquency, sexual promiscuity, and other behaviors common among deviant peers, are academic failure and frequent conflict with teachers (Gillmore, Hawkins, Day, & Catalano, 1992). However, although affinity for deviant friendships and peer groups frequently persists through adolescence, research indicates that childhood deviant friendships, although predictors, are not causal factors in the formation of deviant friendships in adolescence. Rather, the same set of social discrepancies and problem behaviors affects the formation of deviant friendships across childhood and adolescence, indicating that, like academic failure, they are symptoms of deeper underlying psychosocial impairment (Fergusson, Woodward, & Horwood, 1999; Harter, 1990; Waterman, 1992).

Psychosocial Task Resolution and Problem Behavior Intervention Strategies

Recognizing Deviant Behavior as an Indicator of Psychosocial Immaturity

Societal recognition of increasing substance abuse, criminal delinquency, sexual promiscuity, violence, and other problem behaviors among children and adolescents has triggered a proliferation of intervention programs over the past two decades. Regrettably, in place of program development based on sound research, emotional reaction to tragic incidents and shocking statistics has generated a host of makeshift programs addressing specific behavioral symptoms, rather than the psychosocial deficiencies underlying them (Jones, 1994; Josselson, 1994; Koretz & Moscicki, 1997). Many of these well
intentioned, albeit frequently ineffective programs, remain in use, evaluative research indicating meager returns notwithstanding (Ennet, Tobler, et al., 1994; Hansen et al., 1988; Jones, 1994).

The first step in solving any problem is discerning its cause; this is certainly no less true when addressing childhood and adolescent problem behaviors. Significant research over the past two decades, indicates a clear causal relationship between unsuccessful resolution of Erikson’s (1963) psychosocial stages, and childhood problem behavior (Arehart & Smith, 1990; Jones, 1988; Jones et al., 1992; Harter, 1990; Waterman, 1992). With any problem, addressing only the obvious consequences, while failing to rectify the underlying cause, virtually guarantees the so-called “solution” will be, at best, a quick-fix providing temporary relief, but requiring repeated attention and expense with no end in sight. At worst, the attempt will not only fail to address the underlying problem, but will not even offer temporary relief from the visible symptoms, serving only to waste valuable time and resources.

Adolescents attempting identity development, Erikson’s fifth stage, without successfully navigating the previous stages, are in a precarious emotional position. The most promising foundation for positive identity formation is a childhood self-concept which balances strengths and weaknesses in honest self-appraisal. Unresolved childhood issues mire adolescents in developmental stasis, stalled in an unnecessarily complicated and frustrating search for autonomy, will, and purpose more efficiently acquired during childhood (Josselson, 1994). Society further adds its own expectations for psychosocial maturity, which may not coincide with individual development. Josselson (1994) observed that “for the individual out of phase with society...grave difficulties may ensue”
Developmental failure generates debilitating shame and doubt, creating significant barriers to the most basic functions of social interaction. Perceived social inadequacy induces further interpersonal inhibition, suppressing cultivation of critical socialization traits such as personal expressiveness, cooperation, helping, and functional affect. Repressing these emergent relationship-building skills nurtures childhood social isolation, which frequently continues into adolescence (Fergusson et al., 1999; Harter, 1990; Kagen, 1981; Waterman, 1992).

Research suggests that this social impairment effect is so damaging, that after controlling for variables previously identified as predictors of substance abuse, childhood social impairment is the sole significant predictor of future substance abuse problems among children (Greene et al., 1999). Moreover, this relationship may be causally bidirectional. If so, along with being a consequence of delay in childhood psychosocial development, substance abuse may impede future long-term psychosocial maturity, itself hindering successful resolution of subsequent childhood and adolescent tasks (Jones, 1988).

Moral reasoning is another developmental breakdown, empirically traceable to psychosocial task disruption, and another link in the causal continuum influencing problem behavior (Josselson, 1994; Levine, Jakubowski, & Cote, 1992). Investigation of moral obligation and conscience in children revealed that self-identified autonomy and will were strongly correlated with conscience and moral volition in a sample population of children aged 5 through 17. Moral tasks, defined as restraint, mastery/sufficiency, virtuous striving, idealization, and individual responsibility, were more strongly associated with perceived independence and self-concept than with age (Stilwell, Galvin,
Kopta, & Padgett, 1998). This research is especially notable in that, while Stilwell et al. (1998) apparently do not base the study on Erikson’s developmental theory, the findings nevertheless validate and confirm the central role of childhood autonomy and self-concept in moral volition and individual behavior. In truth, Stilwell and others’ five moral tasks clearly correspond with ego strengths acquired through resolution of tasks inherent in Erikson’s (1963) first four psychosocial stages: idealization equates to hope; restraint and individual responsibility to autonomy and will; and mastery sufficiency and virtuous striving correlate to initiative, purpose, industry, and competence. Without a healthy self-concept, societal demands for growth, and desperation over mounting social isolation quickly overwhelm the inadequate and artificial persona contrived as a proxy for autonomous self-concept. Unresolved anger, bitterness, shame, and hopelessness undermine cognitive and moral reasoning, while declining self-worth, will, and personal competence stifle behavioral self-regulation. Deviant behavior escalates, often accompanied by deviant peer associations and conflict with authority, and frequently leading to delinquency and becoming progressively more self-destructive (Arehart & Smith, 1990; Erikson, 1963; Harter, 1990; Jones et al., 1992; Kidwell et al., 1995).

Psychosocial Task Deficiencies as Underlying Issues in Childhood Mood and Personality Disorders

Apart from disorders induced by biochemical imbalance, such as autism and Tourette’s disorder, a significant number of childhood emotional disorders are responses to external emotional trauma. These disorders include separation anxiety, selective mutism, reactive attachment disorder, oppositional defiant disorder, and conduct
disorders, among others, and their observable symptoms often fall within the blanket category of posttraumatic stress disorder (PTSD) (American Psychiatric Association, 1994; Perry & Azad, 1999; Schwarz & Perry, 1994).

Over five million children experience extreme emotional trauma as a result of witnessing or experiencing traffic accidents, violence, natural disasters, abuse, critical illness, and grief over loss of significant individuals through death, divorce, and family problems in the United States each year. These children develop some magnitude of PTSD reaction 100% of the time, with 27% developing the most severe reactions, and all PTSD responses are characterized by socially debilitating emotional effects and problem behaviors which interfere with normal childhood activities (Perry & Azad, 1999).

PTSD’s major significance, in regard to Erikson’s (1963) psychosocial stages, lies within the behavioral and emotional change children undergo in response to the trauma. Once again with varying degrees of magnitude, affected children pass through a reverse psychosocial progression, comprising emotional milestones virtually identical to normal psychosocial development. This regression produces behaviors indistinguishable from those characteristic of unsuccessful psychosocial task resolution, even when the child was well adjusted prior to the incident (Perry & Azad, 1999). These behaviors reproduce separation anxiety from loss of trust and security; academic and artistic blockage similar to the dysfunction associated with stagnated initiative and industry; issues related to autonomy, such as low self-esteem, social avoidance, and selective mutism; developmental regression and delay; and distractibility frequently misdiagnosed as attention deficit hyperactivity disorder (ADHD) (APA, 1994; Perry & Azad, 1999, Schwarz & Perry, 1994; Utah State Office of Education, 1996).
Whether childhood and adolescent problem behaviors stem from the psychosocial immaturity induced because of unsuccessful task resolution during the normal continuum of chronological development, or are an outcome of PTSD response to emotional trauma resulting in psychosocial developmental regression, observable behavioral affect is often indistinguishable. The underlying problem to be addressed by intervention is that of making up a shortfall of critical ego strengths necessary for optimum emotional function. The precipitating cause is only significant insofar as the basis for determining the most efficacious means of delivering the intervention. In either case, an intervention that only targets the symptomatic problem behaviors is doomed to failure (Jones, 1994; Jones et al., 1992; Josselson, 1994; Koretz & Moscicki, 1997; Perry & Azad, 1999; Schwarz & Perry, 1994).

Linking Research and Intervention Strategy Development

School-Based Interventions Driven by Theoretically Sound Research

The generally mediocre overall efficacy of most intervention programs designed to address substance abuse, sexual promiscuity, family dysfunction, high school dropout, and other problem behaviors developed over the past two decades supports the need to design intervention strategies around developmental behavior research. Indeed, the successes that have been achieved have been the result of scientifically rigorous programs targeted toward clearly defined populations. Successful intervention strategies share certain common aspects which provide major benefits in maximizing positive program outcomes. Foremost among these are clear statements clarifying the theoretical basis
supporting intervention strategy and laying out research-based objectives, analytic
design, implementation, and outcome evaluation appropriate to specific target
populations (Koretz & Mosciki, 1997).

A critical aspect of intervention is finding the most effective means of delivery.
School is a significant event in children's growing experience, providing a forum for
cognitive and social developmental success critical to positive self-concept. As such, it is
also a highly appropriate medium for intervention programs geared toward healthy
psychosocial function (Dreyer, 1994; Jones, 1994). A great deal of research (e.g., Japel
et al., 1999) demonstrates numerous advantages of school-based programs.

On-site, school-based interventions benefit from the diversity of the environment
as a laboratory for psychosocial development. Significant behaviors often only fully
manifest themselves at school. Research evaluating externalizing and internalizing
problem behavior in psychosocially immature girls revealed that many of the children
only displayed certain significant externalizing behavior problems while at school (Japel
et al., 1999).

Evaluation and intervention efforts also benefit from the multiplicity of
observational points of view available in varying contexts, and across diverse adult
observers, with unique points of view. Investigation into behavioral distinctions among
children with various combinations of ADHD and cognitive disabilities, between 5 and
13 years old, found that problem behaviors within the groups varied across contexts. The
behavior polarized between pervasive and situational presentations, conditional on
whether observation took place at home, or in school. Conclusions emphasizing the
importance of obtaining both teacher and parent reports were as significant as the primary behavioral data obtained (Pisecco, Baker, Silva, & Brooke, 1996).

Predictive models intended to forecast intervention efficacy should also be evaluated in the same context and setting in which they are to be used. Such an experiment was conducted to determine the theoretical and empirical merit of three models intended to predict classroom response to ADHD medications. Analysis of the findings revealed that all three predictive models were conceptually flawed, and useless in predicting intervention effect on behavior and academic performance in a classroom setting (Denny & Rapport, 1999).

Schools provide a unique setting, comprising a microcosm of general society which offers children experience in a diverse array of contexts and situations, while retaining the potential for a secure, nurturing, and supportive environment. Of course, schools offer only the potential for such an environment. It is another essential facet of theoretically sound intervention to ensure that schools meet psychosocially developing children’s internal criteria for an environment which encourages emotional security and acceptance, these being elements essential to successfully confront of the first two psychosocial stages leading to trust, hope, autonomy, and will (Erikson, 1963; Josselson, 1994).

However, once established, the ideal school climate engenders children who are willing to take the emotional risks inherent in the often poignant childhood trials which define psychosocial task resolution, hopeful, secure, and trusting of the support of friends and caring adults. The value of a nurturing atmosphere is especially salient in connection with sustainability of positive intervention outcomes.
A longitudinal assessment tracking outcome sustainability in children clinically referred for anxiety disorder treatment illustrates the need for continuing psychosocial intervention support. The subject children were assessed repeatedly over a 3- to 4-year period after clinical intervention ended, as were two control groups, one of which consisted of ADHD children. At the end of the study, 82% of the clinically referred subject children were free of their intake anxiety disorder (Last, Perrin, Hersen, & Kazdin, 1996). While most of the subject children remained free of their intake disorder, 38% of the subject group relapsed or developed new disorders, and 42% of the ADHD control group developed new disorders. This illustrates a limitation of clinical interventions, that is, sustainability and follow-up after-care are problematic. Contact with subject group children was initially limited to clinical interventions, then to the periodic assessments after cessation of clinical visits. While we are not aware of all the circumstances regarding the ADHD control group, development of new disorders by 42% of them represents a high rate, even considering ADHD comorbidity with certain childhood mood disorders, given that the prevalence of anxiety disorders in the general community is only 3% (APA, 1994).

One advantage of school-based interventions is the consistent and sustained psychosocial support and development children receive. In a study, evaluating a school-based family group program for childhood anxiety disorder intervention, children, aged 7 through 14, were identified and screened through teacher nomination and children's self-report, then received diagnostic interviews. Diagnosed children were assigned to treatment and control groups. The treatment group participated in a 10-week school-based, child- and parent-focused, psychosocial intervention program. At 6 months post-
intervention, reduced anxiety in existing disorders and prevention of onset for new disorders were sustained. Overall results showed that anxiety disorders can be successfully identified though family and teacher reports, and treated through an early intervention school-based program (Holland, Barrett, Laurens, Dadds, & Spence, 1997).

The psychosocial intervention model provided strategies and skills, which empowered the children as individuals by improving self-concept and building social competence. The school-based and family-oriented contexts helped the children relate and apply those skills to daily situations. By actually being the setting in which the children’s anxieties were identified and addressed, through the school-based screening process, the children see their school as a caring and secure place where people help them with their problems. In this way, the combination of psychosocial empowerment and a supportive climate interact synergistically to amplify intervention outcomes (Josselson, 1994).

Merging Psychosocial Task Resolution and School-Based Intervention

The concept of school-based intervention has been used to develop programs to address problem behaviors for over two decades. Schools are increasingly called upon to provide more involvement in teaching children moral values and social skills through character education curricula and classroom prevention programs. Many, if not most, of the programs are social skills based, such as Prevention Plus (Institute for the Study of Children, Youth, and Families at Risk, 1997), and provide strategies for teaching children specific social skills and responses to discipline, such as accepting criticism and following instructions. Others provide behavioral modification tools arranged in
encyclopedia-like listings or menus, offering ready-to-use materials and reproducible instruments designed to help teachers save time and still manage behavior (Jensen, Rhode, & Reavis, 1994). Still others, such as DARE, are classroom based, with a curriculum designed to educate and provide coping skills to resist peer and social pressure encouraging deviant behavior. Each of these strategies is designed to address specific behaviors. As has been mentioned previously, extensive evaluative research has consistently demonstrated weak, if any, long-term outcome payoffs from that approach (Ennet, Rosenbaum, et al., 1994; Ennet, Tobler, et al., 1994; Jones, 1990, 1994).

The holistic approach, based on Erikson’s (1963) psychosocial developmental theory, targets the development of emotional skills and ego strengths to build positive self-concept and competency. Research literature supports psychosocial skill development through school-based intervention and prevention strategies. Children who are at-risk can be identified through screening to assess psychosocial maturity, which also identifies the deficient areas of psychosocial development. Intervention strategies would be based on sound developmental research and would address the issues through broad strategies integrated into the basic school curriculum, supported by teachers and parents, who are themselves supported and assisted by interventionists, and with all aspects of the program embedded in and assessed through evaluative research (Dreyer, 1994; Jones, 1988, 1990, 1994; Josselson, 1994; Koretz & Moscicki, 1997).

Psychosocial skill school-based intervention for childhood and adolescent problem behavior offers an excellent, theoretically sound response to a severe societal issue. However, it cannot even begin unless it can not only be brought to the attention of parents and the professional and educational community, but also be proven worthwhile.
to the individual administrators and classroom teachers in our crowded schools. To do this, researchers must address the four issues defined by Jones (1990) in discussing this task: (a) demonstrate the existence and impact of the problem, (b) convince them they can and should address it, (c) provide strategies supported by sound, theoretically based research, and (d) provide information useful to educators in support of their organization’s goals and policies.

The logical first step in this process is to address the need to demonstrate the accuracy of psychosocial maturity and skill development as a predictor of problem behavior, an assessment tool for determining salient underlying causes, and a basis for designing effective intervention. More essential, however, is demonstrating that children already referred to school counselors for intervention, display the psychosocially immature traits predicted by research. This provides an indisputable validation of an assessment and intervention model built on Erikson’s developmental theories.
CHAPTER III

METHODS

Subjects

Subjects for the study consisted of a convenience sample of 78 third-, fourth-, and fifth-grade children from three elementary schools, divided into two nonrandomly assigned groups. The first group included children identified by their schools as being at-risk due to severe emotional trauma, such as divorce, abuse, and loss, or disruptive behavior, and previously referred for intervention by school counselors. The second group consisted of children who had not been identified as at-risk, and therefore not referred for intervention services. The subjects were predominately Caucasian, with only one Hispanic child in each group, and ranged from 8 to 11 years old. The three schools were from the same rural county school district, with similar distributions of SES and population characteristics (United States Census Bureau, 1990). Countywide statistics indicated a median family income of $31,562, with 9% of all households with children under 18 years of age being single-mother households.

The gender composition of the at-risk and not-at-risk groups was very similar, with percentages of boys and girls being within 3% of each other across groups and the overall percentage for both groups. Mean age was also comparable across groups and for overall age across both groups (see Table 1). Grade level frequencies varied more across groups, with the at-risk group being slightly higher. However, the mean grade was again quite similar.
Table 1

Sample Subject Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Not-at-risk (N = 47)</th>
<th>At-risk (N = 31)</th>
<th>Total (N = 78)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>11</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>23.4%</td>
<td>25.8%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Girls</td>
<td>36</td>
<td>23</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>76.6%</td>
<td>74.2%</td>
<td>75.6%</td>
</tr>
<tr>
<td>Mean age in years</td>
<td>10.9</td>
<td>10.6</td>
<td>10.8</td>
</tr>
<tr>
<td>Grade level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>19.1%</td>
<td>35.5%</td>
<td>25.6%</td>
</tr>
<tr>
<td>4</td>
<td>32</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>68.1%</td>
<td>29.0%</td>
<td>52.6%</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>12.8%</td>
<td>35.5%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Mean grade</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Measures

A questionnaire (66 items) was employed to assess Erikson’s first four psychosocial stages as well as commitment to school, and self-esteem. Demographic items (3) were limited to age, gender, and grade in school. The remaining items assess
Erikson’s first four psychosocial stages (48 items, 12 each for trust, autonomy, initiative, and industry), commitment to school (8 items), and self-esteem (10 items).

**Psychosocial Stage**

The Rosenthal, Gurney, and Moore (as cited in Jones, 1988) Erikson Psychosocial Inventory Scale (EPSI) was originally designed to measure Erikson’s first six stages (trust, autonomy, initiative, industry, identity, and intimacy) in subjects ranging from 13 years and up. As subjects for this study range from 8 to 13 years old, a revised version of the EPSI, modified to assess pre and early adolescents, was utilized (Jones, 1988; Jones et al., 1992).

The Jones (1988; et al., 1992) revised instrument incorporated feedback from elementary school teachers and administrators to facilitate appropriateness for younger subjects, resulting in the complete elimination of the intimacy scale. In addition, 2 of the 12 trust items were slightly modified, 1 replaced completely, and 9 were used “as is;” of the 12 autonomy items, 5 were modified, 1 was replaced, and 6 remained unchanged; for the 12 initiative items, 2 were replaced, and 10 remained the same; and, for the 12 industry items, 5 were modified, 1 replaced, and 6 were used unchanged. The 5-point Likert scale response format used in the original EPSI was also collapsed to a simple dichotomy of “Almost Always” and “Almost Never.” As this study is concerned with Erikson’s first four stages, the revised Jones (1988; Jones et al., 1992) instrument was further modified to eliminate the 12 identity items entirely.

Given that the EPSI used for this study is a modified version of the original Rosenthal et al. instrument (as cited in Jones, 1988; Jones et al., 1992), generation of
reliability estimates and interscale correlations was indicated to ensure the revised subscales yield results consistent with the original psychosocial scales. The Jones (1988; Jones et al., 1992) revised EPSI instrument yielded internal consistency levels ranging from $KR-20 = .56$ for initiative, to the high of .67 for trust and industry. These results are comparable to the Cronbach alpha values of .57 for initiative, and .75 for industry obtained by Rosenthal et al. (as cited in Jones, 1988) using the original EPSI. Interscale correlations for the revised EPSI also compare favorably with those of the original instrument. Jones (1988; Jones et al., 1992) reported that comparing trust with initiative produced the largest bivariate $r$ of .60, while Rosenthal et al. (as cited in Jones, 1988) reported an $r = .50$. Overall, the reliability and interscale correlation results obtained by Jones (1988; Jones et al., 1992) support the psychometric properties of the revised EPSI as being comparable with those of the original EPSI. Further, as there has been very little research exploring Erikson’s paradigm as it applies to preadolescent populations, Jones’s revised EPSI provides the only appropriate measure available at this time.

**Self Esteem**

Self-esteem was measured with the Rosenberg (1965) self-esteem scale (10 items), and employed the “Almost Always” or “Almost Never” response dichotomy used by Jones (1988, Jones et al., 1992). Rosenberg’s (1965) scale has enjoyed wide acceptance and use in adolescent research as a measure of global self-esteem. A respondent’s overall score reflects a subjective self-assessment of his or her value and competence.
Prior research has used Rosenberg's (1965) self-esteem scale with consistently favorable evidence of its psychometric suitability. Rosenberg (1965) reported a coefficient of reproducibility of \( CR = .92 \), and McCarthey and Hodge (1982) reported a Cronbach alpha of .74. Scale items include “I am able to do things as well as most other people my age,” “I think I am no good at all,” and “I wish I could like myself more.”

Commitment to School

Items measuring commitment to school were drawn unaltered from Jones’s (1988; Jones et al., 1992) instrument, also using the dichotomous response format. No attempt was made to measure academic performance, relationships with teachers, or specific problem behaviors in school. Rather, the intent was to assess overall attitude and commitment toward school collectively, providing a general variable which can be related to psychosocial maturity. Items measuring commitment to school include “I find myself bored with school,” “I like school,” and “I can say what I think in school.” Evidence of reliability and validity has yet to be established. Although, as shown in the sample items, the measure does appear to have face validity.

Procedures

Data were gathered through a single 66-item questionnaire, administered to the not-at-risk children during regular school hours in the spring of 2000, and to some at-risk children during the regular school year, and the remainder during at-risk children’s summer activities. Every effort was made to minimize stress and anxiety to the greatest extent possible, such as (a) using a well known faculty member to administer the
questionnaire while in a familiar and casual setting, (b) reassuring the children that their answers were not being timed or graded, and (c) reading questions aloud to inssure that the children understood them.

Approval for this study was granted by the Utah State University Internal Review Board (IRB), and the school district administration, prior to recruiting subjects (Appendix A). Children took packets containing a written summary of the project, an Informed Consent Form (Appendix B), and a copy of the actual questionnaire (Appendix C) home to their parents or guardians. Subjects were assured their participation was strictly voluntary, and that they could change their mind and withdraw their permission at any time without any repercussions. Permission was obtained from both the children and their parents or guardians. Completed questionnaires were maintained in confidentiality with no individual identification, the only differentiation being between the at-risk group and the not-at-risk group.
CHAPTER IV

RESULTS

Statistical examination of the data was made following the procedures delineated in the Methods section. Instrument reliability and validity were evaluated prior to conducting statistical testing of the individual hypotheses. Results of discriminant analysis of the research data are also discussed.

Preliminary Statistics

Prior to conducting statistical hypothesis testing, scores for the four EPSI subscales were combined to produce a new variable representing overall psychosocial maturity (PSYMAT). This variable was then used in tests of hypotheses 2 and 3, as well as in calculating Pearson's $r$ values and in discriminant analysis.

Means and standard deviations were determined for the at-risk and not-at-risk groups for each of the EPSI scales, overall psychosocial maturity, self-esteem, and commitment to school. Statistical significance was set at $p < .05$.

Reliability and Validity

Prior to analyzing data for testing of the research hypotheses, reliability estimates and interscale correlations were generated to ensure the psychometric properties of the revised EPSI, as used in this study, are comparable to those reported by Jones (1988; Jones et al., 1992) for the revised EPSI, as well as those obtained by Rosenthal et al. (as cited in Jones, 1988; Jones et al., 1992) for the original instrument. The appropriateness
of the psychometric properties inherent to Rosenberg's (1965) self-esteem scale has been consistently upheld and documented in previous research. To ensure the employment of the instrument in this application produced an analogous level of suitability, KR-20 values and Pearson correlation coefficients were generated and contrasted with previous results. The psychometric properties of the self-esteem and commitment to school measurements were also assessed. Reliability coefficients were calculated for both scales to appraise inter-item reliability levels.

Reliability coefficients generated for the Erikson Psychosocial Inventory Scale (EPSI), as revised for this study, produced values that compare favorably with those generated in previous studies. The trust scale produced the strongest value at KR-20 = .77, compared to KR-20 = .67 for Jones (1988; Jones et al., 1992), and initiative generated the lowest value at KR-20 = .69 compared to KR-20 = .56 for Jones (1988; Jones et al., 1992) and a Cronbach alpha = .57 from Rosenthal (as cited in Jones, 1988; Jones et al., 1992). The value of KR-20 = .73 for the industry scale falls between the KR-20 = .67 obtained by Jones (1988; et al., 1992) and an alpha = .75 reported by Rosenthal (as cited in Jones, 1988; Jones et al., 1992). The autonomy scale coefficient obtained from this study was KR-20 = .70 (Table 2).

Interscale correlations as estimates of discriminant/divergent validity for the EPSI produced results analogous with previous studies (Table 3). As with the Jones (1988; Jones et al., 1992) findings that trust with initiative produced the largest bivariate $r$ at .60, that correlation, as well as trust with industry, also produced the greatest values in this study at $r = .77$. Rosenthal (as cited in Jones, 1988; Jones et al., 1992) obtained an $r = .50$
Table 2

EPSI Subscale and Self-Esteem and School Commitment Scales Reliabilities and Discriminant/Convergent Validity Intercorrelation Results a

<table>
<thead>
<tr>
<th></th>
<th>Trust</th>
<th>Auton</th>
<th>Init</th>
<th>Indus</th>
<th>Psymat</th>
<th>Esteem</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>(.77)</td>
<td>.60</td>
<td>.77</td>
<td>.68</td>
<td>.88</td>
<td>.73</td>
<td>.53</td>
</tr>
<tr>
<td>Auton</td>
<td></td>
<td></td>
<td>(.70)</td>
<td>.71</td>
<td>.65</td>
<td>.83</td>
<td>.65</td>
</tr>
<tr>
<td>Init</td>
<td></td>
<td></td>
<td></td>
<td>(.69)</td>
<td>.77</td>
<td>.92</td>
<td>.73</td>
</tr>
<tr>
<td>Indus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(.73)</td>
<td>.88</td>
<td>.73</td>
</tr>
<tr>
<td>Psymat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(.91)</td>
<td>.81</td>
</tr>
<tr>
<td>Esteem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(.85)</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Statistics in parentheses are KR-20 reliability values. aAll correlations are statistically significant at p < .001 (2-tailed).

for trust with initiative. Trust with autonomy yielded the lowest value for the EPSI comparisons, r = .60.

The values generated to measure subscale reliability and discriminant/convergent validity for the revised EPSI used in this study indicate an appropriateness at least comparable to that of the instrument as used in previous research applications. In almost every case, values obtained in this analysis exceeded those previously reported, indicating that the instrument is appropriate for use with pre-adolescent respondents.

Reliability coefficients generated for Rosenberg’s (1965) self-esteem scale and the measurement of commitment to school used by Jones (1988; Jones et al., 1992)
Table 3

t Test for Equality of Means for At-Risk and Not-at-Risk Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Not-at-risk  (N = 47)</th>
<th>At-risk  (N = 31)</th>
<th>Mean difference</th>
<th>t a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Trust</td>
<td>9.68</td>
<td>2.22</td>
<td>6.03</td>
<td>2.44</td>
</tr>
<tr>
<td>Autonomy</td>
<td>9.77</td>
<td>2.38</td>
<td>7.97</td>
<td>2.11</td>
</tr>
<tr>
<td>Initiative</td>
<td>9.43</td>
<td>2.27</td>
<td>7.42</td>
<td>2.01</td>
</tr>
<tr>
<td>Industry</td>
<td>9.29</td>
<td>2.20</td>
<td>6.52</td>
<td>2.36</td>
</tr>
<tr>
<td>Psymat</td>
<td>38.17</td>
<td>8.16</td>
<td>27.94</td>
<td>6.69</td>
</tr>
<tr>
<td>Esteem</td>
<td>8.72</td>
<td>1.93</td>
<td>5.77</td>
<td>2.88</td>
</tr>
<tr>
<td>School</td>
<td>6.23</td>
<td>1.73</td>
<td>4.74</td>
<td>2.22</td>
</tr>
</tbody>
</table>

Note. Statistical significance set at $p = .005$.  

a All t tests statistically significant at $p < .001$.

reflect favorable reliability characteristics. In this study, esteem yielded $KR-20 = .85$, comparable to a Cronbach alpha value of .74 reported by McCarthy and Hodge (1982). School produced a $KR-20 = .72$, supporting its use given the apparent lack of previous evidence of reliability. Overall reliability and validity results indicate appropriateness comparable to that reported in previous studies, and supports the instrument’s use in this application.
Hypothesis 1: The at-risk group will show lower levels of psychosocial maturity than the not-at-risk group.

Group means for trust, autonomy, initiative, industry, and psychosocial maturity were substantially higher for the not-at-risk group than for the at-risk group, as Figure 1 illustrates. Trust demonstrates the greatest disparity in means with the not-at-risk group scoring 61% higher than the at-risk group. Industry displayed the next greatest difference in the psychosocial variables, the not-at-risk group mean exceeding the at-risk mean by 42%. Even autonomy, with the smallest difference in means of 23%, exhibits a readily observable and statistically significant enhancement in measured psychosocial development between groups.

As seen in Table 3, t tests for equality of the at-risk and not-at-risk group means for each variable measuring psychosocial task completion yielded t values which support rejection of the null hypothesis that the means are equal at a \( p = .001 \) level of statistical significance on all five measures of psychosocial maturity, self-esteem, and school commitment. Given the degree by which the not-at-risk group means exceeded those of the at-risk group, this result is not surprising.

Hypothesis 2: Children with low psychosocial scores will have lower levels of school commitment than their peers who have high psychosocial scores.

Pearson correlation values for school commitment with the EPSI subscales for each of Erikson's psychosocial stages, and overall psychosocial maturity, demonstrate a strong positive relationship between higher levels of psychosocial maturity and higher
levels of school commitment. Of the EPSI subscales, trust produced the strongest positive relationship with $r (77) = .53$ at $p = < .001$, explaining 28% of the shared variance. Autonomy exhibited the weakest relationship at $r (77) = .38$ at $p = .001$, or $r^2 = .14$, explaining 14% of the shared variance.

Further support for this relationship is provided by t-test results contrasting at-risk and not-at-risk group means for both psychosocial maturity, as discussed previously, and school commitment. As with the EPSI subscales and overall psychosocial maturity, the at-risk group displayed a discernibly lower mean score for school commitment compared to the not-at-risk group, a difference of 31%. In all, the statistical and observable evidence clearly supports rejection of the null hypothesis.
Hypothesis 3: Children with low psychosocial scores will have lower levels of self-esteem than their peers who have high psychosocial maturity scores.

As with school commitment, Pearson correlation coefficients measuring the relation between school commitment and the psychosocial subscales and overall maturity, support a strong positive relationship, again indicating higher psychosocial maturity as a correlate of higher self-esteem. Although autonomy again displays the weakest relationship, at \( r (77) = .65 \), statistically significant at \( p = .001 \), a strong correlation exists explaining 42% of the shared variance. Of greater importance, is the finding that trust, initiative, and industry each produced \( r^2 \) values of .53, and overall psychosocial maturity \( r^2 = .66 \).

Examination of the mean difference in the at-risk and not-at-risk group scores for self-esteem reveals a 51% advantage in measured self-esteem for the not-at-risk group over the at-risk group. Given the lower level of psychosocial maturity already demonstrated for the at-risk group compared to the not-at-risk group, the \( t \)-test results further support Hypothesis 3. As with the previous hypotheses, analysis of the data supports rejection of the null hypothesis in this examination as well.

Discriminant Analysis

Direct and stepwise discriminant analyses were conducted to investigate the potential value of variables measuring psychosocial task resolution as predictors of risk. Each analysis included at least one of the EPSI subscale variables, or overall psychosocial maturity (PSYMAT), as predictor variables to determine case assignment to at-risk or not-at-risk groups.
As shown in Table 4, direct discriminant analysis utilizing the four EPSI subscales produced a correct classification rate of subjects into at-risk and not-at-risk groups of 82.5%. The analysis utilizing the variables representing overall psychosocial maturity and self-esteem produced a correct classification rate of 75.6%. These results suggest that measures of psychosocial maturity provide greater predictably of risk independently than when combined with variables measuring self-esteem.

Table 4

**Discriminant Classification of Cases to At-Risk and Not-at-Risk Groups**

<table>
<thead>
<tr>
<th>Predicted group membership</th>
<th>Actual group</th>
<th>N</th>
<th>Not-at-risk</th>
<th>At-risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Analysis 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variables: trust, autonomy, initiative, industry</td>
<td>Not-at-risk</td>
<td>47</td>
<td>41</td>
<td>6</td>
</tr>
<tr>
<td>Group</td>
<td>At-risk</td>
<td>31</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Cases correctly classified:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis 2</td>
<td>Not-at-risk</td>
<td>47</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>Variables: PSYMAT (psychosocial maturity), esteem</td>
<td>At-risk</td>
<td>31</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Cases correctly classified:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When discriminant analysis using the four EPSI subscales as predictors was carried out with stepwise variable selection, the variables autonomy, initiative, and industry generated F levels insufficient for further computation, and were dropped from the process. Trust, as the sole remaining predictor of risk, produced a correct classification ratio of 78.2%, as shown in Table 5. Further exploration of the efficacy of trust as a predictor of risk was carried out through stepwise discriminant analysis combining trust and the school commitment measure. Stepwise selection eliminated school commitment, once again leaving trust as the sole predictive variable and returning the same correct classification percentage as the previous stepwise analysis.

These results seem to point to psychosocial maturity, and trust in particular, as having strong predictive value in determining subject classification into at-risk and not-at-risk groups (Table 6). However, although trust tended to be a stronger classifier than other variables in stepwise discriminant analysis, it resulted in a lower correct classification percentage than the discriminant analysis that forced all four EPSI psychosocial subscales into the equation. Of particular importance is the higher rate of correct classification of cases from the at-risk group.
Table 5

Stepwise Discriminant Classification of Cases to At-Risk and Not-at-Risk Groups

<table>
<thead>
<tr>
<th>Predicted group membership</th>
<th>Actual group</th>
<th>N</th>
<th>Not-at-risk</th>
<th>At-risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stepwise analysis 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepwise variables: trust, autonomy, initiative, industry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variables dropped after step 1: autonomy, initiative, industry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification results: trust to risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Not-at-risk</td>
<td>47</td>
<td>39</td>
<td>8</td>
<td>83.0%</td>
</tr>
<tr>
<td>Group At-risk</td>
<td>31</td>
<td>9</td>
<td>22</td>
<td>29.0%</td>
</tr>
</tbody>
</table>

Cases correctly classified: 78.2%

Stepwise analysis 2

Stepwise variables: trust, school commitment

Variables dropped after step 1: school commitment

Classification results: trust to risk

| Group Not-at-risk | 47 | 39 | 8 | 83.0% | 17.0% |
| Group At-risk | 31 | 9 | 22 | 29.0% | 71.0% |

Cases correctly classified: 78.2%
Table 6

Discriminant Analysis Results: Grouped Cases Correctly Classified

<table>
<thead>
<tr>
<th>Variables</th>
<th>Cases correctly classified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust, autonomy, initiative, industry</td>
<td>82.5%</td>
</tr>
<tr>
<td>PSYMAT (psychosocial maturity), esteem</td>
<td>75.6%</td>
</tr>
<tr>
<td>Trust (stepwise)$^a$</td>
<td>78.2%</td>
</tr>
</tbody>
</table>

$^a$ Stepwise analysis of trust with autonomy, initiative and industry, and with school, resulted in all other variables being dropped from the function.
CHAPTER V

SUMMARY, DISCUSSION, AND CONCLUSIONS

Summary

This study hypothesized that children who have already been identified by their school as being at-risk because of emotional trauma or disruptive behavior would exhibit lower levels of psychosocial maturity than children not identified as being at-risk. Psychosocial maturity is delineated as resolution of the tasks inherent in Erikson's (1963) first four psychosocial stages: trust, autonomy, initiative, and industry. It was further hypothesized that children with lower psychosocial maturity would have lower levels of commitment to school and self-esteem than their peers with greater psychosocial maturity.

The t tests conducted for hypothesis testing clearly support rejection of the null hypotheses that no differences exist between the mean values for the four EPSI subscales, overall psychosocial maturity, self-esteem, and school commitment of the at-risk and not-at-risk groups. These findings were statistically significant at $p = .001$. However, a more eloquent statement of difference than statistical significance is the sheer magnitude of the differences in the mean scores between at-risk and not-at-risk groups for all of the research variables. In every instance, the at-risk group showed substantially lower scores for each variable, with differences at times exceeding 50 and 60%, than the not-at-risk group.

Correlation analysis further revealed a strong positive relationship between psychosocial task resolution, when measured both as independent subscales and as
overall psychosocial maturity, and variables measuring self-esteem and school commitment. The statistical strength of the relationship between psychosocial maturity and these essential traits is evidenced by statistical significance levels far exceeding the $p = .05$ set as the research standard in every analysis, with most results achieving $p = .001$. Once again, of greater importance than mere statistical significance in understanding the relationship between psychosocial task resolution and childhood traits crucial to social and academic success, is the strength of these relationships and differences. A compelling expression of the power of this relationship is the $r^2 = .66$ generated by the correlation of overall psychosocial maturity with self-esteem.

Of the EPSI subscales, trust generated stronger coefficients with self-esteem and school commitment than the other variables, although all were closely related. Given that successful resolution of Erikson's (1963) psychosocial stages relies heavily on successful resolution of preceding stages, the strength of this relationship is hardly surprising. Perhaps of greater value, are the results of discriminant analysis indicating the strength of psychosocial task resolution accomplishment as a predictor of risk in elementary school age children. Once again, the pivotal role of trust as a foundation for psychosocial development and childhood emotional health is reinforced by the results of stepwise discriminant analyses. Stepwise selection revealed that when trust was included in the analysis, the statistical significance of other variables was insufficient to justify retaining them as predictors. However, as stated earlier, trust alone produced a lower correct classification percentage than discriminant analysis using all four EPSI subscales. This lends support to Erikson's (1963) description of his theory as a developmental continuum, rather than a sequence of distinct stages, and to the interrelated nature of the
resolution of the psychosocial tasks inherent to it, each building on those preceding it.

The greater power of the combined EPSI subscales as a predictor of risk over that of trust alone, therefore, exemplifies the epigenetic nature of Erikson’s psychosocial continuum.

These results provide compelling support for evaluation of psychosocial maturity, and especially level of trust, as a predictor of risk in children. Nor did age or gender demonstrate a measurable effect on this relationship. The t tests for equality of means using gender did not produce any statistically significant results, as seen in Table 7, while

Table 7

Results of t Tests for Equality of Means for Gender

<table>
<thead>
<tr>
<th>Variable</th>
<th>Boys (N=19)</th>
<th>Girls (N=59)</th>
<th>Mean difference</th>
<th>t</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>7.74</td>
<td>8.39</td>
<td>.65</td>
<td>-.85</td>
<td>.40</td>
</tr>
<tr>
<td>Autonomy</td>
<td>9.32</td>
<td>8.97</td>
<td>.35</td>
<td>.54</td>
<td>.59</td>
</tr>
<tr>
<td>Initiative</td>
<td>8.63</td>
<td>8.63</td>
<td>.00</td>
<td>.01</td>
<td>.99</td>
</tr>
<tr>
<td>Industry</td>
<td>8.11</td>
<td>8.22</td>
<td>.11</td>
<td>-.17</td>
<td>.87</td>
</tr>
<tr>
<td>Psymat</td>
<td>33.79</td>
<td>34.20</td>
<td>.41</td>
<td>-.17</td>
<td>.86</td>
</tr>
<tr>
<td>Esteem</td>
<td>7.11</td>
<td>7.70</td>
<td>.59</td>
<td>-.81</td>
<td>.42</td>
</tr>
<tr>
<td>School</td>
<td>5.11</td>
<td>5.81</td>
<td>.70</td>
<td>-1.31</td>
<td>.20</td>
</tr>
</tbody>
</table>

Note. Significance set at p = .05.
Table 8 illustrates the results of correlation analysis using age, once again, without statistically significant results.

Table 8

Pearson Correlation Coefficients for Variables by Age

<table>
<thead>
<tr>
<th>Variable</th>
<th>Age</th>
<th>Significance (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>.04</td>
<td>.76</td>
</tr>
<tr>
<td>Autonomy</td>
<td>-.13</td>
<td>.26</td>
</tr>
<tr>
<td>Initiative</td>
<td>.03</td>
<td>.83</td>
</tr>
<tr>
<td>Industry</td>
<td>.03</td>
<td>.79</td>
</tr>
<tr>
<td>Esteem</td>
<td>.10</td>
<td>.39</td>
</tr>
<tr>
<td>School</td>
<td>-.15</td>
<td>.20</td>
</tr>
</tbody>
</table>

Note. Significance set at p = .05.

Discussion

Kagen (1981) characterized Erikson’s psychosocial stages, and their tasks, as a temporal and causal sequence of developmental milestones that culminate in a productive and emotionally functional adult. These findings of this research provide well-founded evidence of the profound impact these psychosocial milestones have on children’s emotional development. Erikson (1963) put forward the concept that unsuccessful task resolution generates hopelessness, sapping the child’s emotional vitality, and shame, inhibiting the personal autonomy necessary to develop self-restraint and impulse control. Soon, guilt replaces the sense of initiative crucial to setting goals and developing a sense of purpose in life. The process culminates in powerful feelings of inadequacy and
inferiority, which crush any notion of industry or competence, setting the child up for
social and cognitive collapse in adolescence (Erikson, 1963).

The disturbing outcome of this sequential developmental dysfunction, is
eloquentely illustrated in the magnitude of the shortfall in psychosocial maturity, evident
in the at-risk group scores, compared to the not-at-risk group. The at-risk children’s low
levels of self-esteem and school commitment epitomize the consequences that Erikson
(1963) theorized logically follow unsuccessful psychosocial task resolution. The fact that
the at-risk children in this study had already been identified as being at-risk because of
indicative behaviors and changes in attitude reveals that they were already demonstrating
some degree of the social or cognitive dysfunction Erikson’s theory predicted.

A substantial body of research indicates that these early behavioral and emotional
indicators of hopelessness, such as low commitment to school and steadily eroding self-
concept, persist into adolescence where they frequently escalate into self-destructive and
antisocial behavior (Ferguson et al., 1999; Harter, 1990; Kagen, 1981; Kowleski-Jones &
Duncan, 1999; Wangby et al., 1999). This is further supported by Greene and others’
(1999) finding that childhood social impairment is the sole significant predictor of future
substance abuse, and Stilwell and others’ (1998) determination that childhood and
adolescent moral function was closely related with self-concept. The strength of this
study’s results indicates great potential for the utility of psychosocial maturity measures
as tools for the identification of children in need of intervention, before the exacerbating
stimulus of the crisis of adolescence.

Also supported by these research findings is the concept of posttraumatic stress
disorder (PTSD) effects as a regression of psychosocial maturity. Many of the children
in the at-risk subject group had suffered emotional trauma resulting from divorce, the sudden death of parents and significant persons, accidents, and other personal catastrophes. Research describing PTSD effects strongly supports this similarity in that victims generally suffer the same shortfalls in psychosocial traits, such as trust, initiative, and self-concept, as children suffering the effects of unsuccessful psychosocial task resolution (Perry & Azad, 1999; Schwarz & Perry, 1994). Although it is impossible to speculate on these children's levels of psychosocial maturity prior to their traumatic incident without baseline data, the scores generated from their questionnaire responses unquestionably contributed to the at-risk group's low mean scores.

The final topic to be considered in this discussion is the paradigm of schools as appropriate settings for intervention. School is a momentous event in children's lives, with tremendous psychosocially formative impact (Dreyer, 1994; Jones, 1994). A substantial volume of research indicates that problem behaviors vary across contexts, with many only manifesting fully at school. As such, evaluation and intervention for problem behavior is most efficacious when the medium of the school setting is included in the intervention strategy's contextual framework (Holland et al., 1997; Japel et al., 1999; Josselson, 1994; Last et al., 1996; Pisecco et al., 1996). The same is true of predictive models intended to evaluate school based interventions (Denny & Rapport, 1999).

The apparent efficacy of both the measures and procedures utilized in this project supports these previous findings, and is supported by them. The accuracy of the discriminant analyses carried out in this study as predictors of risk express both the appropriateness of the measure employed, and of the setting in which it was utilized.
Numerous researchers have reported that their findings indicate the vast majority of current school-based interventions are largely ineffective because they only address the observable symptomatic problem behaviors, rather than the underlying psychosocial issues causing them (Ennet, Rosenbaum, et al., 1994; Ennet, Tobler, et al., 1994; Jones, 1990, 1994; Jones et al., 1992; Koertz & Moscicki, 1997). These findings provide a theoretically sound basis for further research critical to evaluation and intervention of problem behavior, and in the development of predictive strategies for early identification of at-risk children. Further, utilized properly, they fulfill the three of Jones’s (1990) four issues researchers must address before psychosocial skills-based interventions can be readily employed in our public schools. These issues, once again, are (a) demonstrate the existence and impact of the problem, (b) convince educators they can and should address it, (c) provide strategies based on sound theoretically based research, and (d) provide information useful to educators in support of their organizations goals and policies.

Conclusions

The results of this study have provided strong support for the key role of psychosocial maturity in childhood emotional development, self-esteem, and commitment to school. It has demonstrated strong positive relationships between the first four of Erikson’s (1963) developmental stages and at-risk behavior in school. Finally, and perhaps most important, the findings establish the usefulness of measures of psychosocial maturity, particularly trust, as predictors of risk in elementary school-aged children.
Limitations

Factors limiting the overall usefulness of the findings of this study focus primarily on sample selection and research design. The stated purpose of this research was to demonstrate that children already identified in their schools as "at-risk" would display lower levels of psychosocial maturity, self-esteem, and school commitment than their peers who were not "at-risk." Thus, sample selection was necessarily determined by which group a given child already belonged to, and was not random. This stimulates curiosity as to the measure's applicability in predicting risk in a random sample from a wider population.

The sample population for this study was of virtually homogeneous ethnicity, that is, almost all the subjects in both groups were Caucasian. Given the diversity found in today's schools, these results can only be applied, with any degree of confidence, to a somewhat narrow distribution of student populations.

Finally, as this was not a longitudinal study, there is no way to determine baseline levels of psychosocial maturity for either group, or changes in psychosocial maturity levels over time. Further, the influence of emotionally traumatic events on psychosocial maturity could not be measured or taken into consideration.

Recommendations for Future Research

The statistical strength of the findings of this study presents a compelling endorsement for continued research in the area of psychosocial maturity as a predictor of risk, and as a basis for amelioration strategies. This is particularly salient in regard to
elementary school-age populations, if we are to understand and address the underlying issues that trigger at-risk behavior in children and adolescents. Greater understanding and application of this relationship holds potential benefits in early identification of at-risk children, and the development of intervention strategies aimed toward enhancing psychosocial maturity.

Subsequent research should build on these findings, and address this study’s previously outlined limitations. Sample populations should be randomly selected, ethnically diverse, and larger in size. Research designs should be structured to emphasize and further evaluate the predictive efficacy of psychosocial maturity in identifying children at-risk for social and academic failure. Longitudinal research is also essential to determine the effect of psychosocial maturity over time, the effect of emotional trauma, and the course of psychosocial maturity’s long-term interaction with childhood development.

A final salient issue is the effect of ethnic identity on psychosocial development and at-risk behavior. Research examining the relationship between ethnic identity and ego identity formation in adolescents has revealed distinguishing cultural traits affecting identity development among adolescents belonging to ethnic minorities (Phinney, 1992; Phinney & Rosenthal, 1992). Research investigating the role of ethnic identity in the resolution of the childhood psychosocial stages is therefore also warranted.

These represent only a few of the issues and considerations which demand attention in future studies. Subsequent investigations into psychosocial maturity’s role in the progression from childhood to adolescence, and adulthood, will undoubtedly raise more questions and issues that must be explored. However, the ultimate goal of future
research should be the development of interventions based on evaluating psychosocial maturity, and centered on helping children successfully confront the tasks necessary to navigate Erikson’s psychosocial stages. Nor should these interventions ignore the need to include parents and teachers as a part of any model designed to enhance children’s psychosocial maturity.


APPENDICES
Appendix A

Project Approval
To: Steve Zsiray and Chad Downs
From: Mike McMaken

SUBJECT: RESEARCH PROJECT PROPOSAL

Enclosed is my request to conduct a research project in the Cache County School District. Included are:

1. CCSD Summary of Proposed Research Project Form
2. Copy of Application to the USU Institutional Review Board for Proposed Research
3. Copy of Thesis Proposal
4. Copy of Informed Consent Form
5. Copy of Personal Opinion Survey questionnaire

I believe this research will provide important benefits:

1. identify the underlying factors leading to childhood and adolescent problem behavior
2. establish that children embodying these factors are already identified by schools as at-risk
3. provide a vital focal point for developing intervention strategies which target the factors underlying problem behavior rather than their symptomatic behavioral expressions

I am well aware of the salient issues facing the district when considering research proposals and offer these assurances of the care I have used to address them:

1. As an employee of the district, I have a vested interest in conscientiously adhering to the legal and ethical safeguards provided by District policies.

2. As a counselor, I care a great deal for the children, families, and faculties of my schools. I develop strong rapport and relationships with children and their families, manifest in the home visits and activities I undertake outside the regular school schedule, and in the Summer Activity Program I run each year. As such, I am deeply conscientious in doing nothing which may jeopardize the trust those families have in their school and me.

3. Data collection will pose little or no disruption to classroom routine. I have avoided questionnaire items addressing personal and family topics which parents may find objectionable, such as marital status, income, parenting skills, or home environment.

4. I have discussed this project with Kevan Kennington of Lincoln and Maurine Donovan of Wellsville Elementary Schools, and they have offered their support. I will provide them with regular updates on the project and will address any concerns they might raise.

5. The benefits of this research are not merely hypothetical. I am committed to developing a psychosocial intervention strategy, probably as the dissertation project of my doctorate. Implementation of this strategy will be in the course of my regular counseling work and will not entail extra outlays of faculty time or district and school funds.

I respectfully request your expeditious approval of this project so that I may gather the data before summer break. Thank you.

Sincerely,
Thanks for the reply. If you are intending to send a copy of the survey home for the parents to review, then that will satisfy the concern. Please, don't forget to send us a copy of the completed report.

Steve Z
May 2, 2000

Michael McMaken
Elementary Counselor
152 South 560 East
Logan, Utah 84321

Dear Michael:

Your proposal titled: "The Relationship Between Erikson’s Developmental Tasks and Children Identified as At-Risk," has been conditionally approved by our screening committee, pending your responses to the following statements.

We have heard that you have already conducted the study. We need written verification from you that this has not happened.

In addition to the informed consent letter, you need to provide parents with a sample of what the questions will look like. We need to inspect a sample of this attachment before the letter is sent home to parents.

Also, please review your project with the principals and teachers of the schools you will be working with.

Please let me know how I can be of further assistance.

Sincerely,

Stephen W. Zsiray, Jr.
Executive Director of Curriculum and Instruction
Appendix B

Respondent Information and Consent Form
May 8, 2000

Dear Parents,

As the counselor at your child’s school, I am constantly seeking ways to help children grow academically, socially, and personally and get more out of their school experience. As part of my graduate work with Utah State University, I am conducting a study to help us understand children’s feelings and how they influence their outlook on themselves and school.

Enclosed is a consent form and a copy of the questionnaire I would like to have children complete for this project. This is a standardized questionnaire which has been used nationally for studies like this since 1988. It is anonymous and completely confidential, and no one will see the completed forms but me. There will be no way to identify individual children’s questionnaires, nor does it ask any personal questions about family matters or highly sensitive issues.

I assure you that I care a great deal about the children at “my schools”, and I believe this study will help me serve them better. If you are willing to let your child participate in it, please sign the Informed Consent Form and return it to the school office. If you have any questions or concerns, feel free to call me at your child’s school, or at any of the numbers listed below, at any time convenient for you.

Sincerely yours,

Mike McMaken  
Student Counselor  
Cache County School District  
(home) 753-3757  
(pager) 787-5754
INFORMED CONSENT FORM
Children’s Emotional Development and Social and Academic Success

Dear Parents and Guardians:

We would like to ask your son/daughter, ________________________________, to participate in a research project with Utah State University, to study how children’s emotional development affects their success at school.

Purpose: This project will examine the relationship between children’s emotional development and their social and academic success. We will look at traits like trust, autonomy, doubt, initiative, guilt, industry, will, and competence and how they affect self-esteem, commitment to school, and at-risk behavior. Our goal is a better understanding of how children’s self-concept affects their success.

Procedures: Participation involves completing a survey at school this spring. It takes around a half an hour to complete.

Personal Opinion Survey. This questionnaire makes statements such as, “I’m a hard worker” “I like school”, “I worry about losing control of my feelings”, and “I really believe in myself”; and asks children to respond by marking “Almost Always” or “Almost Never”. The only personal information requested is your child’s date of birth, are they a boy or girl, and their grade in school. No questions concerning family members or issues are asked whatsoever. While completing the survey, children will be seated with adequate dispersion to insure their questionnaire responses will not be visible to other children.

Risks: Participation in this project will not pose any physical or emotional risks to your child. We all care a great deal about children, and this research project has been reviewed and approved by the Utah State University Institutional Review Board and the Cache County School District.

Benefits: This project may or may not provide an immediate benefit to your child. However, we believe the knowledge gained through this research will help us understand how children’s emotional development affects their social and academic success. We believe this may be useful in helping children feel better about themselves and preventing behaviors that may put them at-risk for problems as teenagers.

Costs: All costs connected with this project are covered by the researcher’s own funds. There is no cost to the participants, nor are any school district funds being used.

Confidentiality: All responses and questionnaires are kept in the strictest confidence. No names or marks are used to identify participants in any way, nor will anyone other than myself be allowed to see the completed questionnaires.

Assurances: Your child’s participation in this project is voluntary. If at any time you or your child wish to discontinue it, you may do so without pressure to continue. Copies of the questionnaire will be available at your child’s school, as will a copy of the study itself, when completed. If you have any questions or concerns, please contact me, Mike McMaken, at 753-3757.
INFORMED CONSENT FORM
Children’s Emotional Development and Social and Academic Success

Mike McMaken, Researcher
Cache County School District  753-3757

Date

Dr. Randall Jones, Principal Investigator
Utah State University  797-1553

Date

Consent: I have read the description of this research project. By signing this consent form, I agree to allow my son/daughter to participate.

Parent/Guardian Signature

Date

Child’s Assent: I understand that my parents have given me permission to participate in this project. I also know that it is my decision whether to do it or not, and that I may decide not to participate at any time if I change my mind. By signing below I agree to participate.

Child’s Signature

Date
Appendix C

Personal Opinion Survey Questionnaire
PERSONAL OPINION SURVEY (Form 1)

PLEASE, DO NOT WRITE YOUR NAME ON THIS PAPER!

We, from your school and Utah State University, are interested in your opinions. No one will know which paper is yours, and we will not try to find out. Please do not put your name, or make any other marks on it. After you turn your paper in, no one else will be allowed to read it. You do not have to complete this survey, so if you do we assume you want to. Thank You.

ABOUT YOU

1. When were you born? Month ___________ Day ___________ Year 19 ___________

2. Are you a (please circle one) BOY or GIRL

3. What GRADE are you in at school?
   3 – 3rd Grade
   4 – 4th Grade
   5 – 5th Grade

Directions:
Each of the following sentences tells how some people feel about something. We would like to know how you feel about it. Because these are how you feel, there are no right or wrong answers. This is not a test and no one will get a grade. The BEST answer to each sentence is what you really think about it, your PERSONAL OPINION. We have tried to put in lots of different points of view. You may think some sentences are true for you, and others are not. No matter how you feel, you can be sure that there are other people who agree with you.

RESPOND TO EACH SENTENCE ACCORDING TO YOUR PERSONAL FEELINGS BY CIRCLING ONE ANSWER THAT BEST TELLS HOW YOU REALLY FEEL.

   "A"    "B"

1. I wish I had more self-control.       ALMOST ALWAYS    ALMOST NEVER
2. I can't make up my mind about things. ALMOST ALWAYS    ALMOST NEVER
3. I am able to be first with new ideas. ALMOST ALWAYS    ALMOST NEVER
4. I feel like I won't succeed in this world. ALMOST ALWAYS    ALMOST NEVER
5. I find the world a very confusing place. ALMOST ALWAYS ALMOST NEVER
6. I know when to please myself and when to please others. ALMOST ALWAYS ALMOST NEVER
7. I don’t seem able to do what I want to do most. ALMOST ALWAYS ALMOST NEVER
8. I don’t seem to have the ability that most others have. ALMOST ALWAYS ALMOST NEVER
9. I worry about losing control of my feelings. ALMOST ALWAYS ALMOST NEVER
10. I rely on other people to give me ideas. ALMOST ALWAYS ALMOST NEVER
11. I enjoy doing my chores. ALMOST ALWAYS ALMOST NEVER
12. I think I must be basically bad. ALMOST ALWAYS ALMOST NEVER
13. I feel that other people understand me. ALMOST ALWAYS ALMOST NEVER
14. I’m a hard worker. ALMOST ALWAYS ALMOST NEVER
15. I feel guilty about many things. ALMOST ALWAYS ALMOST NEVER
16. I really believe in myself. ALMOST ALWAYS ALMOST NEVER
17. I find that good things never last long. ALMOST ALWAYS ALMOST NEVER
18. I feel I am a useful person to have around. ALMOST ALWAYS ALMOST NEVER
19. I’m an energetic person who does lots of things. ALMOST ALWAYS ALMOST NEVER
20. Things and people usually turn out well for me. ALMOST ALWAYS ALMOST NEVER
21. I think the world and the people in it are basically good. ALMOST ALWAYS ALMOST NEVER
22. I am ashamed of myself. ALMOST ALWAYS ALMOST NEVER
23. I’m good at my schoolwork. ALMOST ALWAYS ALMOST NEVER
24. I feel like people are out to get me. ALMOST ALWAYS ALMOST NEVER
25. I can’t stand lazy people. ALMOST ALWAYS ALMOST NEVER
26. I can’t stop myself from doing things I shouldn’t be doing. ALMOST ALWAYS ALMOST NEVER
27. I find myself expecting the worst to happen. ALMOST ALWAYS ALMOST NEVER
28. I lie when I’m in trouble. ALMOST ALWAYS ALMOST NEVER
29. I waste a lot of my time messing around. ALMOST ALWAYS ALMOST NEVER
30. I feel like I’m as good as other people. ALMOST ALWAYS ALMOST NEVER
31. I like to make my own choices. ALMOST ALWAYS ALMOST NEVER
32. I don’t feel sure of myself. ALMOST ALWAYS ALMOST NEVER
| 33. | I find that things bother me. | ALMOST ALWAYS | ALMOST NEVER |
| 34. | I'm not much good at things that need brains or skill. | ALMOST ALWAYS | ALMOST NEVER |
| 35. | I stick with things until they're finished. | ALMOST ALWAYS | ALMOST NEVER |
| 36. | I'm a follower rather than a leader. | ALMOST ALWAYS | ALMOST NEVER |
| 37. | I can take care of myself. | ALMOST ALWAYS | ALMOST NEVER |
| 38. | I find it hard to make up my mind. | ALMOST ALWAYS | ALMOST NEVER |
| 39. | I trust people. | ALMOST ALWAYS | ALMOST NEVER |
| 40. | I like to do what I want to do. | ALMOST ALWAYS | ALMOST NEVER |
| 41. | I like new adventures. | ALMOST ALWAYS | ALMOST NEVER |
| 42. | I get things finished. | ALMOST ALWAYS | ALMOST NEVER |
| 43. | I feel like I don't get much done. | ALMOST ALWAYS | ALMOST NEVER |
| 44. | I like finding out about new things or places. | ALMOST ALWAYS | ALMOST NEVER |
| 45. | Having a good time is important to me. | ALMOST ALWAYS | ALMOST NEVER |
| 46. | I am satisfied with my ability to make things turn out the way I want. | ALMOST ALWAYS | ALMOST NEVER |
| 47. | I am able to do things as well as most other people by age. | ALMOST ALWAYS | ALMOST NEVER |
| 48. | When I try to get ahead, something or somebody stops me. | ALMOST ALWAYS | ALMOST NEVER |
| 49. | I feel as if people like me don't have much chance to be successful in life. | ALMOST ALWAYS | ALMOST NEVER |
| 50. | I think I am no good at all. | ALMOST ALWAYS | ALMOST NEVER |
| 51. | I am excited about the future. | ALMOST ALWAYS | ALMOST NEVER |
| 52. | I feel that there's a lot I can do to make this a better world. | ALMOST ALWAYS | ALMOST NEVER |
| 53. | I certainly feel useless. | ALMOST ALWAYS | ALMOST NEVER |
| 54. | I feel good about myself. | ALMOST ALWAYS | ALMOST NEVER |
| 55. | I am a failure. | ALMOST ALWAYS | ALMOST NEVER |
| 56. | I wish I could like myself more. | ALMOST ALWAYS | ALMOST NEVER |
| 57. | I feel I do not have much to be proud of. | ALMOST ALWAYS | ALMOST NEVER |
| 58. | I feel that I am a person of value. | ALMOST ALWAYS | ALMOST NEVER |
| 59. | I find myself bored with school. | ALMOST ALWAYS | ALMOST NEVER |
60. When I miss school, it's because I'm sick.

61. I like school.

62. I think about dropping out of school.

63. I can say what I think in school.

64. Students have enough say about how the school is run.

65. School rules are too strict.

66. For me, school is boring.