CHILD THERAPIST AS AN EARLY CHILDHOOD TEACHER: DEVELOPMENT OF A ROLE MODEL

A THESIS

SUBMITTED IN PARTIAL FULFULLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NUTRITION, TEXTILES, AND HUMAN DEVELOPMENT

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DECEMBER 1981

The Graduate School

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Denton, Texas

August 1981

We hereby recommend that the THESIS prepared under our supervision by Vivian Lenett Shirley entitled Child Therapist as an Early Childhood Teacher: Development of a Role Model

be accepted as fulfilling this part of the requirements for the Degree of Master of Science.

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ACKNOWLEDGMENTS

The writer wishes to thank the following publishers for their permission to reprint:

International Universities Press for the Survey of Play Activities found in "Libidinal Phases, Ego Development, and Play" by Lillie E. Peller, Psychoanalytic Study of the Child, 1954.

Jason Aronson, Inc. for the Assessment Outline and Criteria for Assessment found in Assessment of Early Child Development by Dorothy Flapan and Peter Neubauer, 1971.

Sincere thanks are also extended to: Dr. William F. Duer, Dr. Toby Myers and Dr. Irene Robertson for their support and guidance through the writing of this paper.

INTRODUCTION

The recognition of and growing emphasis on the early years of development have permeated nearly all disciplines. As a result, many programs and services in the areas of physical and mental health and education have evolved to meet the needs of the young child.

This focus on early intervention and development along with the enforcement of National Public Law 94-142 (the Equal Education for all Handicapped Children Act) has made available in the public schools an Early Childhood Education for the Exceptional Child (ECEC) or Early Childhood Handicapped (ECH) program.[1] This program is designed to help prepare three- to five-year-old handicapped children for entry into regular or special education classes by providing compensatory and developmental education and experiences.

Much emphasis is currently given in ECEC programs to language, cognitive and motor development. Although social-emotional areas of development are also addressed, most ECEC teachers do not have indepth training in

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[1]The letters ECEC will be used throughout this paper when referring to the pre-school classes for the exceptional or handicapped child.

psychological development nor the clinical experience to provide therapeutic intervention.

Greater emphasis needs to be placed on social-emotional growth and mental health at the pre-school level. Flapan & Neubauer (1979) stress the need for persons working with all pre-school children to be more discriminating about children's behaviors, and that they are in a crucial position to assess, screen, and differentiate those children with serious pathology who need treatment, children who need emotional support, and those who need only some modification in their environment. This is particularly important in ECEC classes. Fallen & McGovern (1978) say that handicaps may create special problems that affect the course of emotional and social development. The primary goal of early childhood special education is to identify exceptional children as early as possible so that the formative years may be spent in ways that make the most of the special child's potential (Fallen & McGovern, 1978). This attitude needs to include the emotionally disturbed child, yet the literature points out that only the seriously disturbed child gets recognition (Garfunkel, 1976).

To be able to recognize deviant behavior, one needs to be trained in both normal and pathological development. Hirshorn & Umansky (1977) found that while the early

childhood teacher is knowledgeable in normal patterns of development and may be skilled in working with children who show minor deviations in development, a separate training area in early childhood special education needs to be developed. Training for the ECEC teacher needs to include the social-emotional as well as cognitive, motor, and language development.

Flapan & Neubauer (1979) have developed an early childhood assessment outline that can be used by teachers and pre-school workers to evaluate the social and emotional development of children. This tool is valuable in that it uses a language understandable by non-clinicians and provides information comparable to that which a mental health clinician would compile. This is an excellent idea, but it depends upon the services of a mental health specialist such as a psychologist or psychiatrist to develop treatment plans and implement intervention. In a rare educational system this is possible. Early childhood classes seldom have direct access to such personnel. What can be done?

A possible answer to this problem would be to utilize persons who have received intensive training in psychodynamic therapy with children as teachers for these classes. The Child Therapy Training program in the Early

Childhood Clinic at Texas Research Institute of Mental Sciences (TRIMS) located in the Texas Medical Center at Houston is an example of one such program. The program provided clinical experience with emotionally disturbed children in coordination with academic training in the normal and pathological development of children and adults, aspects of parenting and parenting assessment, group dynamics and play therapy techinques.

Can a role model be developed that presents an ECEC teacher who also has and uses psychotherapeutic skills? If a role model can be produced it could be of value to future training in ECEC. If teacher therapists can be provided for ECEC classes, then more of the social-emotional needs of these children can be addressed which in turn may positively influence other areas of development.

The purpose of this study is to develop a model for the role of a Child Therapist or a person trained in psychodynamic therapy with children as a teacher in the ECEC classroom. The model is being developed for educators of Early Childhood Exceptional Child Teachers, in the hope that persons with psychotherapeutic, as well as teaching skills, can be provided for future classes.

The development of this role model will be limited to only Early Childhood Exceptional Child classes, although it could be modified for use in any pre-school setting.

The writer is a graduate of the TRIMS program and is basing the role model to be presented in this paper on the services a trained child therapist is capable of providing.

CHAPTER I

REVIEW OF THE LITERATURE

Although Early Childhood Exceptional Child programs have been provided in public schools since 1978, (Leeper, Skipper, and Witherspoon, 1979) there is a paucity of literature specific to these programs. Most information found concerns either the handicapped child or early childhood programs. Elements were found, however, that related to the specific problems encountered by pre-school handicapped children.

A review of the available literature will include: Aspects of P. L. 94-142 that pertain to ECEC; Current trends in Early Childhood Education; and the need for a therapeutically trained teacher.

Aspects of P. L. 94-142 Pertaining to ECEC

The Handicapped Children's Early Education Assistance Act (1968) provided for the development of model pre-school and early education programs for handicapped children. Some of these programs were housed in public schools, but it was not until Public Law 94-142, enacted in November of 1975 as the Education for All Handicapped Children Act, that it became mandatory for public schools to provide Early Childhood Education Programs for the Exceptional Child. Although this bill does not list

Early Childhood as a separate category, the policies of P. L. 94-142 cover all special educational programs. Van Osdol & Shane (1977) present policies of the bill in their book, Exceptional Children. The following specifically pertain to ECEC programs:

> * A free public education will be made available to all handicapped children between the ages of 3 and 18 by no later than September of 1978 and all those between 3 and 21 by September of 1980. . .
>
> * For each handicapped child there will be an "individualized educational program"--a written statement jointly developed by a qualified school official, by the child's teacher and parents or guardian, and if possible, by the child himself. . .
>
> * Handicapped and nonhandicapped children will be educated together to the maximum extent appropriate, and the former will be placed in special classes or separate schools "only when the nature or severity of the handicap is such that education in regular classes," even if they are provided supplementary aides and services, "cannot be achieved satisfactorily."
>
> * Tests and other evaluation material used in placing handicapped children will be prepared and administered in such a way as not to be racially or culturally discriminatory, and they will be presented in the child's native tongue.
>
> * There will be an intensive and continuing effort to locate and identify youngsters who have handicaps, to evaluate their educational needs, and to determine whether those needs are being met.
>
> * In the overall effort to make sure education is available to all handicapped children, priority will be given first to those who are not receiving an education at all and second to the most severely handicapped within each

> disability, who are receiving an inadequate education (p. 41).

Other policies listed include a statement of the state's responsibility for undertaking comprehensive personnel development programs; its jurisdiction over all education programs for handicapped children; and the rights of parental involvement in any decisions concerning the child's schooling.

Van Osdol & Shane, (1977) give a working definition of who is considered to be exceptional which includes "those children who are mentally, and/or emotionally, and/or physically unable to manage or cope with the regular school program on a full or part-time basis" (p. 1). Definitions for the specific conditions of exceptionality--i.e., mentally retarded; disadvantaged; gifted; physically, chronically, multiple, and severely handicapped; emotionally or behaviorally disturbed; sensorially impaired; and autistic--are given in Policies and Administrative Procedures for the Education of Handicapped Students administered by the Texas Education Agency.

Current Trends in Early Childhood Education

Research, done on recent learning theories and programs in early education to evaluate their effectiveness, reveals certain trends. These trends, although general, also apply to Early Childhood Exceptional Child

Programs. Leeper, Skipper, and Witherspoon, (1979) list some of them:

1. Because of the uniqueness of each individual child, genetically and experientially, no one approach is acceptable for all children.

2. Parents are important to the education of their young children and parent involvement in the program can be an essential ingredient for success.

3. Specific content itself is not as important as the use that is made of the content to establish positive attitudes toward learning and toward self.

4. Young children, including very young infants, can and do learn. Because many authorities now feel that the first five years of life, including infancy, represent a critical period with reguard to basic attitudes and values about self and others, the development of language, and the establishment of basic interpersonal relationships, programs for young children should not be entered into lightly and without careful planning and judicious use of qualified personnel.

5. Although aides, volunteers, and other paraprofessionals are now accepted as necessary and valuable personnel, adequately trained teachers and supervisory leaders are the most promising avenue to successful programs.

6. Traditional teacher education programs have not adequately prepared teachers for the emerging new schools for young children. New and innovative practices in the preparation of teachers at both the preservice and inservice levels are being developed to fill this need.

7. As the age for starting education has

moved downward from the traditional first-grade entrance at age six, there has been in each case mounting evidence that an earlier start to implement these findings are kindergartens for five-year-olds, Head Start, Home Start, a program to demonstrate alternative ways of providing Head Start type services, for three-, four-, and five-year old children where kindergartens were not available and Parent Child Centers for children from birth to three years of age. All represent efforts to enable large numbers of children to make use of learning opportunities provided by the nation's schools.

8. All recent programs place a new emphasis on the importance of early cognitive development, at the same time giving recognition to the profound influence of good health and nutrition, healthy psychological and social development, and stable and accepting family relationships on successful learning.

9. Teachers and other staff personnel in these programs must be aware of the total needs of each child and be able to work with professionals in other fields to see that these needs are met. In fact, most programs now provide fully staffed components and consultative services in these areas to compliment the educational process. Staffing of programs for young children is truly becoming interdisciplinary with differentiated but cooperative responsibilities.

10. The need for day care as mothers sought employment outside the home has brought about a reevaluation of many former programs for young and school age children. Without sacrificing quality care, innovative educational experiences are becoming an accepted component of full-day and year-round programs for infants and young children (p. 163).

The Need for A Therapeutically Trained Teacher

Early education can be a tool for responding to certain basic needs critical to the young child's development (Brophy, Good, and Nedler, 1975). Those basic needs are as follows: 1) Health needs,i.e., adequate nutrition, medical, dental, vision and hearing checks and related preventative measures; 2) Identification of physically handicapping conditions; 3) Providing conditions to optimize the way a child is able to use the language system; 4) Providing opportunities to interact directly with his environment; and 5) The social emotional development of the young child. They further state that social emotional and motivational factors directly influence the child's general level of competency. "If a child feels good about himself, if he believes he is capable of achieving, if he gets along well with his peers, and if he has reasonable expectations of success reinforced by his daily encounters at school, then we can expect his cognitive potential to be realized" (p. 7).

Exceptional children have the same basic needs as other children except that these needs may be more or less intense in specific ways. Going to school is more difficult for the MR child; safety, conformity to routines, languages and social readiness, ability in self help

activities and stability and emotional adaptability need to be considered carefully (Leeper, Skipper, and Witherspoon, 1979).

Fallen & McGovern (1978) feel that handicaps may create special problems that affect the course of emotional and social development:

> The residual effects of disabilities often cause negative emotions in the child. . . Negative body image is common because the child often feels she cannot live up to her parents expectations and is overcome with shame and guilt. Even by age four and five there is a significant amount of self-pity. The child's social roles are impaired particularly with her peer group; the more debilitating the disability, the greater degree of the social impairment. Because of the parents concern and perhaps over-protection, these children are often severely dependent on the parents, particularly the mother. Unfortunately, many parents become guilt ridden because they feel they have produced an imperfect child. Other parents completely deny the existence of the child's special needs, and place unrealistic demands upon her. The inability to meet these demands increases the self-pity and frustration imposed on the child by the disability (p. 253).

The disabled child may have limited social contacts (Baroff, 1974) and this in turn impairs normal social and emotional development. As a consequence, many disabled children have difficulty expressing anger, hostility, guilt and frustration appropriately. (Fallen & McGovern, 1978). Kolodny (1961) maintains that physical injuries or illnesses have an emotional impact, whatever their genesis and time of onset. Smith, McKinnon, & Kessler

(1971) referring to the mentally retarded child, assert he/she rarely likes himself or his retarded peers, has real problems with loneliness, and by the virtue of his more limited coping mechanisms, may be more vulnerable to stressful situations and therefore requires extra support.

Literature concerning early intervention programs supporting the pre-school concept as a facilitator of the emotional and social development in young children with special needs is presented by Fallen & McGovern, (1978) and covers (1) the pre-school experience, (2) significant adults, (3) peer relationships, and (4) curriculum and materials. Under each sub-heading are included other references.

The Pre-school Experience

A good pre-school experience is essential since many writers express the view of Allen (1974) who found that optimal opportunities to learn the necessary social responses are not always provided in the homes and neighborhoods of young children. It also provides opportunities to overcome the defects of developmental immaturity which tend to isolate the child from interpersonal experiences outside the home (Baroff, 1974).

Significant Adults

The prime variable for healthy social and emotional development is the nature of the child's past and present

relationships with salient adults in the environment (Heinicke, 1976). These relationships of course start with the mother and extend to other family members and adults as the child becomes more mobile and verbal. Also, closely related are the social developmental tasks of early childhood, i.e., trust vs. mistrust, autonomy vs. shame and doubt, and initiative vs. guilt, presented by Erikson (1963).

Peer Relations

Positive emotional and social development in young handicapped children is fostered by peer interaction. The integration of handicapped children with non-handicapped children in day-care centers and nursery schools is viewed as beneficial to both groups (Read, 1976). McLoughlin & Kershman (1977) maintain the purpose behind the philosophy of mainstreaming is to enhance the broad based acceptance of individual differences. Allen (1974) supports this thought by saying that segregating young handicapped children from their peers seems only to increase their atypical behaviors, especially in the realm of social development.

Curriculum and Materials

The specific intervention of early learning programs may be necessary to help children acquire appropriate social skill. Heinicke (1976) viewed the child's task

orientation as the most important social-emotional variable in the effective teaching of the young child which in turn is optimized through the development of positive adult-caretaking relationships with that child. The child's need to have effective educational procedures structured around his/her appropriate social-emotional developmental level is emphasized by Strain, Cook, & Apolloni (1976).

Fallen & McGovern (1978) feel that a primary goal of early childhood special education is to identify exceptional children as early as possible so that the formative years may be spent in ways that make the most of the special child's potential. Even so, the identification of the exceptional child is often a problem and usually is postponed until school age. The exceptional child whose handicaps are obvious, such as the severely crippled, seriously emotionally disturbed, or the markedly mentally handicapped are relatively easy for doctors, nurses, teachers, and neighbors to identify. Parents, on the other hand, are often reluctant to admit that their child is handicapped and are slow to seek professional help (Karnes & Zehrbach, 1977, and Fallen & McGovern, 1978). The less severe or moderate handicaps are not so easily identified even by persons outside of the family. This is especially true of the emotionally disturbed child. Garfunkel (1976) states, "The problem of detecting and

treating mild-to-moderate emotional disturbance in pre-school children and those of the mentally retarded child are similar" (p. 121). Some of those problems include: That much retardation/emotional disturbance is developmentally age linked and does not occur until school age; retardation cannot be measured at early ages; or retardation is not solely within the child, but is school specific, a result of interaction with a school environment. Mild-to-moderately disturbed children are often excluded from both private and public services. Their problems, consequently, are being ignored and not recognized until well after the minimal age for school entrance (Task Force on Children out of School, 1971). Garfunkel (1976) sums up the views prevalent over the last ten years concerning the emotionally disturbed child:

> Pre-school educators and researchers have developed programs and studies as if serious emotional and social disturbance did not exist, but special educators, including psychiatrists and psychologists involved in educational programs, have participated in programs and studies that would make it appear that severe disturbance was the only kind that was noteworthy (p. 123).

He goes on to list three reasons why the problems associated with the selection and education of emotionally disturbed pre-school children have not been attended to:

1) Preschool programs have been limited and biased concerning the population served. Also,

clinics and programs for the emotionally disturbed child have tended to focus on specific groups of children, such as the psychotic or the more severely disturbed.

2) Cultural factors related to recognizing and treating disturbances. Much resistance is shown by teachers and parents to designating any pre-school child as emotionally or socially disturbed. One reason for the resistance is fear that premature labeling may contribute to further re-inforcing the disturbance.

3) The inadequate language for describing early childhood disturbance.

The provision of services is dependent upon the identification of disturbance which in turn requires extended involvement, observation, and screening, follow-up, testing, and referral. Garfunkel (1976), Flapan & Neubauer (1979) and Frank & Gordetsky (1976) propose that persons who are in constant contact with the pre-school child are the most suitable to recognize children's behavior. They are "in a crucial position to assess, screen, and differentiate between children with serious pathology who need treatment, children who need emotional support, and children who need only some modifications in

their environment. . ." Flapan & Neubauer (1979, p. 3). The assessment of mental health in early childhood settings requires training. Fallen & McGovern (1978) state that three basic areas must be addressed; the observer must know the kinds of behaviors that are age appropriate, Knowing the typical problems faced by a child at this age gives clues to the kinds of stresses or traumas which may have precipitated a regression. Knowing the developmental tasks to be accomplished will give clues to the causes of a possible fixation and a knowledge of the usual coping mechanisms available to the child at his particular developmental level allows one to assess the effectiveness of defense measures being used. They further state, "The childcare specialist of whatever discipline is obligated to know an extensive amount about child development". Leeper, Skipper, and Witherspoon (1979) emphasize that the teacher is the primary factor in learning, and this is increasingly important in situations that require special program planning for individual needs. Other qualifications and specialized training are essential. In a research paper titled, "Certification for Teachers of Preschool Handicapped Children," Hirshorn and Umansky (1977) cite Karnes (1975)

> Teachers who are trained to work with normal children or with older handicapped children

> are unprepared to assume the multiple responsibilities of the teacher of pre-school handicapped. Such an individual is often a diagnostician, curriculum developer, manager and team leader, parent worker, trainer of volunteers and paraprofessionals, and public relations expert as well as a teacher of a unique population of children (p. 191).

The results of the study on certification of the pre-school teacher of the exceptional child found that only twelve states offered certification for ECEC, and five more states are currently in the process of developing certification guidelines for this area. There were also twenty-five states plus the District of Columbia who provided training with certification. They further state, "the early childhood educator is knowledgeable in normal patterns of development and may be skillful in working with children who show minor deviations in development. . . . Nevertheless, the needs that will be generated by P. L. 94-142 to provide staff to serve young children with moderate to severe handicaps demand recognition by the states of a separate training area in early childhood special education".

The need for specific training in the social-emotional area is further supported by Garfunkel. "The recognition of endemic and pathological deviancy and the states in between is necessary for preventative mental health. It is necessary for participants to be educated

to the fullest range of deviant possibilities if they are to deal with any part of that range, including normal behavioral variations" (p. 126).

In general, educators seem to be less inclined to look at behavior as deviant. Pre-school teachers seem to be quite good at developing low-demand classrooms in which even quite severely disturbed children can get along without attracting clinical and special educational attention. Furthermore, Garfunkel reports that when he and his colleagues developed a mental health clinic for a Head Start Program, he found that the identification of the children in need of special educational services was only possible after an extensive observational training program that made teachers and parents more discriminating about children's behavior.

The problem of not having a workable descriptive-diagnostic system that can be freely shared with teachers is addressed by Flapan and Neubauer (1979). They present an assessment outline, that when used by non-clinicians, was comparable to the assessments made by clinicians on the basis of observation and interview. He too, is placing the emphasis on educators and others who work with young children, to help identify children with emotional problems that are beyond the normal conflicts and anxieties of development.

Very little literature was found that presented the teacher as a therapist. There were, however, some programs developed to train teachers to work with disturbed children. (Braun & Esther, 1972).

Many attributes needed by the teachers of special children are the same one would seek to find in the psychotherapist. Edgecumbe (1975) says there is no border between education and therapy as far as the usefulness of a psychoanalytic theory of developmental processes and stages as exemplified in A. Freud's (1965) developmental profile and concept of developmental lines. The border is to be found rather in the differing way of using this understanding. Education is essentially directed towards strengthening and enlarging the ego; it seeks by means of external stimulation, guidance and example to tame drive behavior, to divert drive energy into play, learning and work activities; to promote adaptive defenses; to encourage sublimation of drive impulses and wishes into other interests and skills. Therapy (analysis that is) directs the child's attention inward. However, when the child is unable to form sufficiently mature and stable relationships and when his ego functioning is not adequate to cope with the demands made by education or the therapeutic process the teacher may resort to techniques that

may be broadly defined as therapeutic and the therapist use techniques that are in the widest sense educational.

Summary

Since the first five years of life is considered by many to be a critical period in nearly all areas of development, and teachers seem to be the most important element in a pre-schooler's learning experience, it is important that pre-school teachers be trained adequately in all areas, including social-emotional development. Persons who work with young children are in the best position to promote mental health, and to identify children with emotional problems that are beyond the normal conflicts and anxieties of development. Yet, to do this requires a great amount of knowledge in child development. Few teachers and pre-school workers, including supervisors, are trained to recognize even the normal developmental conflicts much less those that may be pathological. The need for this type of training is even greater when working with handicapped pre-schoolers, since those very handicaps may create special problems that affect the course of emotional and social development. The importance of early experiences in relation to later mental health needs to be recognized, and those working with pre-school children need to be trained to provide an atmosphere that will facilitate mental functioning.

CHAPTER II

METHODS AND PROCEDURES

Description of Sample

The focus in this study was on the Early Childhood Exceptional Child classroom of the 1979-1980 school year at Colonial Hills Elementary in the Aldine Independent School District. The Aldine ISD was located immediately north of Houston, Texas and consisted of 32 schools. Within the district, there were six ECEC units or classes in operation. ECEC units were designed to help prepare pre-school, handicapped children to more adequately master entry into either regular or special education classes at the kindergarten or first grade level.

Each ECEC unit had its own unique population of children which was determined by two factors; one was the severity of his physical and mental handicaps and the other was the location of the child's home. The children at the Colonial Hills school had handicaps which were medically diagnosed e.g., mental retardation, as well as learning disabilities, and speech handicaps. The majority of handicaps ranged from mild to moderate, with some speech problems only in articulation. Some children, however, had severe speech problems or very little language development at all and/or severe developmental delays in other areas.

All children in order to be accepted into the program, had to meet these criteria:

1) Has to be between three and six years as of September 1 of that school year.
2) Has to be delayed by at least one year in one or more of these areas: language (receptive and/or expressive), motor, cognitive, or social-emotional development as compared to his chronological age. Number two is to be determined by the school diagnostician through the administering of appropriate psychological tests.

Very few children were diagnosed as emotionally disturbed due to various factors such as funding and individual preference and comfort in using diagnostic categories. Most children, however, were placed into the category of LD and all have a secondary handicapping condition of speech since it was the policy for all ECEC classes to receive language development from a qualified speech therapist. Social-emotional problems did, however, exist in many of these children; some being the primary cause of the delays and others secondary or arising out of the difficulties encountered because of other handicaps.

The exact number of children enrolled fluctuated

throughout the year but there were approximately ten per session. There were two sessions, one from 8:30 to 11:30, and the other from 12:30 to 3:30. Specific time blocks were set aside for language, cognitive, and motor development, free play, snack, and trips to the restroom. Art, music, nursery rhymes, and songs were used in all areas as modes of learning, expression, mastery, and pure fun in doing. Story time promoted listening skills, interest in books, and reading, and provided themes for creative dramatics as well as puppet play. Play time is, of course, one of the most important parts of a child's life. It is his work, his time to be the master of who he is and what he does, his link to the world of fantasy and omnipotence. It is a tool for working through experiences, turning passive into active in order to assimilate them and for identifying and incorporating the roles and aspects of important people in his life. Some activities were more structured than others, structures being important in providing continuity and sameness, order and limit setting.

Therapeutic intervention took many forms and was initiated in play as well as in other activities. Helping the child to connect symbols to her feelings and moods was necessary as well as helping her to express those feelings openly. Interpreting her actions and mirroring help the child to a better understanding of her actions

and feelings, and help open channels for sharing fears and anxieties. Intervention, prevention, and general promotion of mental health were provided by conducting the whole classroom within a therapeutic milieu.

Staff working directly with the model ECEC classes were the teacher-therapist, speech pathologist, and the teacher-aide. The teacher-therapist was responsible for all curriculum planning and implementation, therapeutic intervention and guidance, emotional assessments, parent contact, and individual educational plans. She also took a major role in all classroom activities and duties, including role playing, modeling tasks, diaper changing, and potty training, cooking lessons, etc. The speech pathologist role was to provide structured group and individual language development with the aid of the teacher and to act as a guide to further language development carried out by the teacher and aide. Language Development was at least thirty minutes per day. The teacher-aide was essential to the class and teacher as support personnel in her role as friend and care giver. She aided in all aspects of the classroom including implementing lesson plans, trips to the restroom, diaper changing, cleaning up, etc. Other duties included riding the bus to and from school with both groups of children, aiding in paperwork, and putting up bulletin boards.

The Role Model

The product of this paper will consist of the description of a three-step program which integrates the particular therapeutic skills of a trained child therapist with those of the early childhood teacher of exceptional children and the ongoing activities of an educational program. Included in the model will be the following: First a description of the program's logistic issues are presented i.e., time scheduling, facilities, etc. Second will be a description of both the educational and emotional assessment procedures and tools to be used. Third, individual case studies will provide examples of the implementation of the psychological theories into the school day of the child. Care will be given to describing how the teacher-therapist coordinates therapeutic and educational efforts.

ROLE MODEL OF A CHILD THERAPIST: AS AN EARLY CHILDHOOD TEACHER

Logistic Description

Since the role model was developed for public Early Childhood Exceptional Child classes, it has been arranged for a half day situation. A sample for such a program follows, and a schedule of activities can be found in appendix A. Due to the age and handicaps of the children, accidents and diversions from the schedule are inevitable and flexibility is essential.

There are two classes, one beginning at 8:30 A.M., and ending at 11:30 A.M., the other is from 12:30 P.M., to 3:30 P.M. Classes are limited to eight.

Facilities

The room should be large enough to provide for a working area which includes: a table and chairs for eight; a play area that can accommodate a play house, and shelves for toys; space to store and use gross motor equipment i.e., tricycle, riding toys, vestibular board and barrel, balance beam, etc. There should be an area for a four by six foot piece of carpet for story time, play and other activities that require sitting on the floor. An uncarpeted area large enough for a circle with a six- to eight-foot diameter will allow room for group activities, teaching

basic concepts and circle games. Ideally, a restroom should be directly connected to the classroom. Otherwise, the restrooms need to be as close to the room as possible. A sink with running water inside the room is recommended, and almost a necessity with art and cooking activities.

Curriculum and Assessment Procedures

Language Development

A strong language program is suggested, since a large part of early childhood is spent learning to recognize and label things and persons in the environment. Piaget (1971) calls the development of language "symbolic representation" and believes that its development is dependent upon the prior development of sensori-motor operations. For this reason concrete objects and examples are presented to the children.

Language presentation should begin with those things that are the closest to the child and gradually incorporate other aspects of his environment.

The very young child first becomes aware of, and explores his mother's body as well as his own. Thus, learning to name body parts is a logical place to begin. The children need to be able to recognize themselves in a mirror, in pictures alone and in a group. They need to develop both receptive and expressive language. A language

development checklist has been included as appendix B. This checklist can be used as both an assessment tool and a curriculum guide. Simple assessments using the checklist can be done by the teacher or other personnel, but articulation assessments and therapy should be left to the Speech Therapist. The categories listed were taken from the Language Intervention Program Sequence Section I for Early Childhood.

Motor Development

The mastery of locomotion and other motor skills is one of the main tasks of early childhood. Learning to coordinate gross motor movements in walking, running, climbing, jumping, throwing, etc., not only builds self confidence but allows the sheer joy of movement and self control. Such things as somersaults, walking on tip toes, broad jumping, walking on the balance beam, jumping over ropes, and crawling under and through objects etc., can be incorporated into an obstacle course. Vestibular board and similar activities can help motor control and balance responses. Fine and gross motor activities can be an outlet for expression and can lead to a positive attitude towards trying, learning and problem solving. Fine motor activities like drawing, cutting, clay, puzzles, stringing beads, working pegboards, etc., are also considered visual motor in that they coordinate

eye-hand movements. Most motor activities either reinforce or provide a mode through which language and cognitive learning can take place. Moving or pointing to body parts, performing an action and then being able to name it, or moving the body in different directions i.e., inside, outside or in a circle are examples of such learning. Motor activities need less motivation than some other activities and for many children the potential for success is greater. Both a fine and gross motor check list has been placed in the appendix. Its use is suggested as a curriculum guide as well as an assessment tool.[1]

Social-Emotional Development

The social-emotional aspect is implemented throughout the program. There are certain activities however, that provide excellent outlets for expression, and working through conflicts.

Puppet Play is a special activity to get in touch with feelings and to role play. An example would be to read a story that denotes emotion i.e., fear, anger, love, etc., and then to model an interaction relating to the

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[1]See appendix C for gross motor check list and D for fine motor check list. Both check lists are a combination of "The Portage Guide to Early Education" and "The Behavioral Characteristics Progression" or (BCP).

story using one or more puppets. Then allow each child his or her own time to choose puppets and to manipulate them. (This can be done just as effectively without a story). Watch for the child's choice of puppets, the actions of the puppets, and listen to the dialogue if there is any. This activity will help to determine the child's thought content. Asking strategic questions about the interactions will further clarify the situation.

Creative Dramatics is another method to get in touch with emotions and determine thought content. Fairy Tales are exceptionally good for this activity. First read the story, being sure to answer questions along the way. Note children's affects and watch for excessive fear, excitement, etc. Ask some questions along the way to help identify some of the feelings. After reading the story say "Now, we are going to act out the story. Who do you want to be? I'm going to be the mother".

Watch for the child's choice of character. He may be identifying with that character or just the opposite by taking the role and changing the outcome. The following stories are some children's favorites that seem to elicit the most involvement: The Gingerbread Boy - Touches upon oral fantasies and fears (devouring and being devoured); The Three Little Pigs - deals with separation and autonomy from mother and the fantasies of what might happen without

her; Hansel and Gretel - is representative of the classical oedipal conflict (in this case the loving father is coerced into getting rid of the children by the mean stepmother, who is also represented later on by the witch). Other fairy tales, Jack and the Bean Stalk, Little Red Riding Hood, The Three Billy Goats Gruff, and The Three Bears, are just as exciting and contain other elements with which children can relate.

Both puppet play and creative dramatics have dual roles in that they touch upon the thoughts and feelings of the children while promoting active expression. The inhibited and/or withdrawn child may find this a mode of expression without fear, in that he is playing the role of someone else. You can later help the child to accept his own feelings when he is less fearful of retribution.

Books

Select other books that represent basic themes relevant to the children's developmental level i.e., a new baby, mother child relations, getting along with other children, anger, fear, dark spooky places, etc. All these promote thought and recognition of feelings and help to label them. Group activities allow children to know that they are not alone, that others have some of the same concerns and feelings.

Free Play

Free play is one of the most important activities in a child's life. It is a mode of learning and expression as well as an outlet for physical energy. Play is also the means by which the child works through experiences and conflicts, and identifies with and incorporates aspects of important persons in his life. The importance of play has been documented by many, yet often parents and educators feel that free play is wasteful and the children are not accomplishing anything. By taking a look at the psychoanalytic theories of play and others, we can see that this is not true.

Walder's Theory (1933) is repetition compulsion. Repetition compulsion happens when a child has experienced a difficult situation that can not be assimilated immediately. The child then has to repeat the experience in play to be able to master and assimilate it. Although the child's experience was a passive one he has now to turn it into an active one in order to master it. This is not a blind impulse nor is it fun, but a pressure of unfinished processes.

Another theory that uses the idea of a need to repeat is presented by Peller (1954), but she expands upon the thought:

"With Waelder we hold that the central function

> of play is gradual assimilation of anxiety, but we also include anxiety arising from intersystemic conflicts. Play, then, alleviates anxiety. . . Play has a cathartic function: it serves as a safety valve for pent-up instinctual pressures. . . Small quantities of anxiety are mastered in play, but anxiety of high intensity disrupts play. . . Play ceases to be play when the child loses his ability to stop when he wants to do so, when he becomes glued to one phase, to one episode. Play then has become a phobic defense" (p. 179).

In the above quote "intersystemic conflicts" are those that arise between the id, ego, and superego during each libidinal phase.

Appendix E consists of a survey of play activities developed by Peller. The survey is divided into seven categories and grouped according to phase development. The categories are as follows; Central theme of play, Deficiencies and anxiety, Compensating fantasies, Formal elements (style), Social aspects, Play material, and Secondary play gains. The survey can be of great value in analyzing play activities and in the recognition of emerging themes.

There are of course other forms of play. Gratificational play is the pleasure derived from success. It lasts for only a short period of time. Academic games, in which mastery is physical, help to prepare for later life. Functional pleasure is the pleasure of action itself.

It is important to observe children's play and to be

able to determine if it is representative of progress along a developmental continium, fixated, inhibited, or regressive. Play is serious business and should be taken seriously by those who work with or come in contact with children.

The social-emotional assessment procedures are much more complicated than the language and motor check lists. There are many areas to consider i.e., the psychosocial, psychosexual and emotional development, as well as the ego, superego, and aggressive development. Whether a child is progressing along the specific developmental lines, if he/she is fixated at a particular place along the way, or regressed to an earlier stage of development needs to be determined. Flapan & Neubauer (1979) have developed an assessment outline that can be of aid in simplifying this process. Though the outline is a very good instrument, there are other publications that will supplement and give further explanation and understanding. A list of the elements assessed in the outline along with other sources are listed in appendix F. The "Assessment Outline of Early Child Development" (Flapan & Neubauer, 1979) can be found in appendix G. The charts of criteria for assessment of each area can be found in appendix H.

Case Studies

The cases that follow were encountered in an ECEC class from September of 1979 to November of 1980. They represent a wide range of disturbances from psychosis to a reactive disorder. The children will be identified by a capital letter of the alphabet to avoid the use of names.

The assessments and diagnosis impression in the studies were determined by the writer and supported by informal psychological consultation outside of the school district.[1] The aforementioned were developed as a guide to working with the children and to aid in this presentation and were at no time intended to be formal or considered a label.

Case I

Presenting Problem

R was a beautiful blue-eyed blond male of three years and two months, whose mother sought help for him only because he didn't talk.

Presenting Picture

R's behavior was extreme in that he oscillated from autistic withdrawal, to responding only sporadically to attempts at interaction.

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[1] An integral part of the training received by the writer in the Therapeutic Nursery at TRIMS included intake assessments which demanded diagnosis impression, treatment planning and implementation under the direction of the child psychiatrist who was at that time head of the Therapeutic Nursery.

At times he would stand over fifteen minutes in one spot holding his lunch and looking blank. When asked to put his lunch away or sit down he might respond with echolalia but when seen again he would still be in the same spot. At other times he would be more in touch and would follow simple commands with a surge of energy after quickly avoiding eye contact and physically jerking away from the speaker.

Family History

R lives with his mother and two sisters. Sister A was four years and eight months and sister B was seven months. Although they live alone the apartment is just across from R's maternal grandmother who keeps the children during the day. R's mother and father recently divorced, but separated when R was about two. The separation came when R's father moved in with an older woman who had four children of her own. At that time R's mother was pregnant with B and living in Alabama. R's mother soon after moved back to Houston, where she was born and raised, to be close to her mother. R's mother was an attractive friendly woman of twenty-eight who had met her ex-husband while she was in the army. She confessed to being so angry at her ex-husband for leaving her that she would liked to have throttled him. This was particularly significant since she repeatedly referred to R as being just like him, even down to the small size of his penis.

The volume of information received from R's mother was unusual in an educational setting, such as this one, since formal history gathering was not a part of the program. In fact, R's mother was so open and friendly from the start it raised questions about her own dependency needs and object relations.

Several other things in the family history point towards her problems with relationships and R's deprivation. They are as follows:

First, R's mother reported an incident that occurred before R's birth, when his sister A was an infant. Her sister-in-law reported her to a family planning center for

failing to stimulate her infant. She then explained that she thought she was doing fine with the child and didn't know that it needed more attention. She also was very angry at her in-laws and would have nothing to do with the center.

Second, R was an unwanted pregnancy. She expressed feeling overwhelmed with the idea and thought about aborting, but towards the end of the pregnancy decided it would be all right.

Third, sister A did not develop language until she was three years of age and was hospitalized with Spinal Meningitis for two weeks. Then she began to speak to the nurse on the last day. Since then her language has developed. On several occasions R's mother brought both sisters to the school parties. Sister A exhibited clinging, fearful and demanding behavior. At the Valentines party A had a valentine for the teacher. Her mother told her to take it to the teacher and tell her "Happy Valentines Day". A just stood there as if she did not know what to do and continued to be very disoriented even after her mother repeated her command several times. Their mother then turned to R and said the same thing and he immediately did so. A then burst into tears and was so upset that I went to her and told her it was O.K. that she could give me the card too. She then stopped crying, gave me the card and seemed pleased. Another episode was at the Christmas party. A was carrying a bag of candy for the stockings, and her mother said "give the candy to the teacher". I reached for the bag and she jerked it back as though she feared its loss. She had been told what it was for earlier by her mother, but was unable to separate from it. She had a panicked look and was about to cry as she said "it's our candy." The feeling was not one of stinginess, but more like the candy shared a significance equal to her mother. Her behavior was like what Flapan & Neubauer relate as pathological for the latter part of the oral phase.

Fourth, R experienced extreme separation anxiety from his socks and shoes. He had no anxiety in separating from his mother,

but he cried uncontrollably until his socks and shoes were replaced. This continued for about six months, until he developed an attachment to me. At this point he allowed me to take off his shoes only while he was sitting on my lap. The first time he was fretful until I reasured him it was all right. Later he was able to remove them himself.

Fifth, R had chronic attacks of diarrhea that would be accompanied by severely detached behavior. The diarrhea was at first once a week or so, but here again after an attachment was made this symptom began to be less frequent.

Sixth, R appeared at school five or six times with over fifty ant bites on his lower back and torso. When inquiring about this, R's mother stated that R was left outside the majority of the day because thats where he wanted to be. She continued with the statement "he doesn't demand anything, and just plays by himself". Interesting, though is the fact that grandmother dotes on sister B. "the baby", and spends all her time with her even to the point of taking her with her on vacation. R and A did not get to go. R's mother also said that her father (R's maternal grandfather) spent some time with sister A because she could talk but rarely had anything to do with R. She consequently feels that he has been neglected. R's mother said "I have done what I swore I would never do and what was done to me. I was a middle child and was neglected. R is a middle child, and he is not demanding. B is the baby and gets more attention. A cries and demands my attention and so R gets neglected." Sister B is now over two years old, has appropriate affect, object relations, and language development. From observation and information supplied by R's mother I believe that B is on target in all areas of development and is generally able to hold her own with the other children.

R's Assessment

Motor Activity and Coordination: R was generally hypomotile, but exhibited some periods of quick movement when trying to avoid contact. His fine and gross motor development was severely

delayed. His coordination was poor and his posture was rigid.

Perceptual Abilities: R's perceptions were impaired due to his failure to develop adequate ego functions, i.e., impaired object relations, reality testing, judgement, thought processes, stimulus barrier and autonomous functioning.

General Orientation: R was disoriented as to person, time, space, and place.

Affect: Was generally bland and/or blank but occasionally had a knowing smile that was not appropriate to external events.

Speech and Language: Speech was almost nonexistant although there was some echolalia. The extent of language development was unmeasurable since very little interaction took place. He was admitted to the ECEC program by being delayed in all areas. The delay was so severe that a basal score could not be obtained on any screening instrument.

Thought Content: Avoidance when in touch with reality. Otherwise unknown.

Mechanisms of Defense: Massive withdrawal, regression and denial.

Object Relations: Severely impaired object relations. He had given up trying to get his needs met. He passively accepted what mother had to give but no separation anxiety or normal attachment. Almost total avoidance of all others.

Formulation: R was a beautiful three year old boy who had failed to maintain object attachment. He was operating on a psychotic level, and had failed even to reinstate drive energy into motoric avenues. The over all picture was of severe and long standing maternal deprivation.

Diagnostic Impression: Childhood Psychosis (GAP)

Anna Freud (1965) while speaking of the therapeutic elements according to diagnostic category states:

> Children with grave libido defects relate to the analyst on the low level of object relationship on which they have been arrested, i.e., they transfer symbiotic or need-fulfilling attitudes, absence of object constancy, etc. Here, interpretation proper will not have the desired effect of restarting development except in cases of traumatic or initially neurotic origin of the arrest (p. 231).

Instead, where the defect is due to severe early deprivation in object relations, she feels that the intimacy of the therapeutic relationship is favorable for libidinal attachments. Thus a "corrective emotional experience" may cause favorable forward movement to more appropriate levels of libidinal development.

Treatment

> Treatment for R consisted of stimulating object attachment to the teacher-therapist. Later interpretation and clarification was used when it became evident that it could be useful.
>
> To get R to attach, posed a problem since he actively avoided eye contact when aware of his environment, and was not in touch with reality the rest of the time. He did not play or manipulate objects, nor did he have any contact with the other children. I had to begin by physical contact and the use of the pleasure principle. At first R would pull away from me but as time went by he allowed longer periods of contact. This contact consisted of my holding on to him and talking to him while he struggled to be released. In no way was the contact allowed to become traumatic in that if he showed panic or struggled very hard to get away then he was allowed to do so.

This was done mostly during free play but a point was made in all other activities to touch him in some way. His chair was next to mine at the table to aid the ease of contact. Getting him to sit quietly during structured activities was not a problem since that was what he did most of the time. Getting him to attend to what was being done was a problem however, and we never knew what he was absorbing. Once he was interested in something he would methodically and very diligently work at it. A good example was cutting with scissors. Progress was slow but he would not get frustrated and give up.

After a while R began to grin or laugh when I touched him but still averted his eyes and often made feeble efforts to get away. I then began to use interpretation with him. I would tell him I knew he did not want to see me, and later adding that he didn't want to see me because he was afraid he would like me and I would go away. His reaction to my words was to giggle and try even harder to look away as if we were playing a game. Soon our periods of contact grew to over five minutes and he began to let me rock him and occasionally made eye contact. After that we would rock nearly every day and he would help move the rocker and cling then move away and again cling. His ambivalence to being there was quite evident. Soon the body play started. I initiated it by touching his nose, mouth, eye, hand, foot, ear and so on saying the word. He would just sit or lay in my arms and absorb the sensation while avidly attending to my face and words. Within weeks he began to do to me what I had done to him. When I added R's to the body part he in turn added Miss Net to his play. Miss Lenett is what I had the children to call me. Before this R would repeat a word during language development but only in recognition of the object. As the attachment grew he became more aware of his surroundings and began to explore and to use some toys for play. One incident that alerted me to his intellectual ability was when he took a wood block and sat by himself at a table and placed the wheels off of another vehicle under the

block. He then moved the block back and forth making the wheels move and said "wheels".

R continued to have periods of detachment throughout the school year, and I continued to interrupt them as often as I could. Bringing him back to reality was much harder though when the detachment was accompanied by his bouts of diarrhea or the ant bites. The class began in September and by the end of December R was allowing me to remove his shoes with out going into hysterics, and was allowing me to carry him to the bus. Around the end of January a new child, S, joined the class. This is significant in that after a while she picked up on R's needs and the way I was treating him and began to mother him. She would sit with her arm around him on the bus and looked after him all the time. She also was a little bossy but that didn't bother him at the time. R seemed to be lapping up all this attention. This relationship continued even into the next school year only changing forms as R changed.

Other teachers were aware of R's needs and as he was such a handsome little boy he got a lot of attention. One teacher would talk to and hold him at snack time after he had finished his snack. I would like to point out here that at first R would not have given up his food for anything, but at this time would gladly leave half his food to visit the teacher. One day this teacher had a lot to do and told him so. Consequently she did not take the time to hold and talk to him. Unfortunately, she was absent after that for about a week. The next time she saw R he would have nothing to do with her. He completely ignored her when she called him several times and when I told him she was there he still acted as though he didn't see her, but he responded to me with a smile and strong eye contact. I asked him if he were angry at the teacher and he said yes. I then told the teacher this and why I thought it was so. I returned to R and explained

that the teacher still loved him and wanted to see him but that she had been sick and had to stay at home. When she called him again he went to her. They talked and she explained to him also what had happened and that she wanted to see him. When I next saw R he had big tears rolling down his face.

Our relationship had developed to the stage of symbiosis by the end of the school year but his language and cognitive skills had more than doubled that of object relations. I feel that one reason for this is that his mother worked with him on the shapes and numbers at home but their interpersonal relationship left much to be desired. It had improved somewhat though since she was able to take some of my suggestions and follow them through at home.

R's memory is phenomenal in that he was able to remember the names of nearly everything that was presented during the language lessons. At the beginning of the 1980 school year we were amazed in that twelve months ago he had no language and now asked and replied to questions in complete and correct sentences. His articulation was also correct, but the flow of words was stiff and slow to come out and it had a mechanical quality to it. He also had become quite active motoricly, although there was still a rigid hunch to his shoulders. He now was experiencing separation anxiety from his mother, and there were no more episodes of diarrhea. I had to leave the classroom in November but made a point of checking on him. He now makes S angry because he does not want her to mother him so closely. He plays with other children to some extent although it's mostly parallel play. One thing is for sure, his ego functions had developed to the point that he could play musical chairs with seven other children and win. At the end of the 1980-1981 school year R was re-tested by the diagnostician and was found to have an IQ of 105 and was cognitively ready for kindergarten. He was then four years and eleven months of age.

R's intellectual functioning however, is much ahead of his object relations, which I believe have regressed somewhat. Indications of this regression are seen in increasing periods of detachment, and reports that his mother has not been involved with any party or activity at school nor had she made any other contact with the teacher. The school nurse is concerned that R may be being physically abused because of his strange behavior. She says he will jerk away from her when she touches him only minutes after he was conversing with her and touching. This to me is more representative of his fluctuating states of awareness.

Case II

Presenting Problem

T is a petite blond female of four years and one month, who was admitted to the ECEC class because of severe articulation problems.

Presenting Picture

T was reported to be on target developmentally in all areas including language. Her speech however, was severely distorted. Her behavior was slightly oppositional and she was not as active as might be expected. She began to have separation anxiety from her mother each day after she brought her to school. This was representative of a fear connected with her mother and not separation anxiety proper. When this behavior intensified I decided to try to determine the cause.

Family History

T attended the class for only two months when her family moved out of the area. They had been living with T's mother's brothers (T's uncles) family for several months. This arrangement came about when the aunt and her four children were in a car wreck that killed her and two of the children. T was reported to have been very fond of the aunt and spent a lot of time with her.

T's mother was a very large woman both in height and weight. Although she dressed T very

neatly and femininely, she sorely neglected her own appearance. T's little brother M also attended the class and for the same articulation problems. T's father lives with the family but was never seen nor referred to except for once when T's mother reported that T was her fathers little girl.

T's Assessment

Motor Activity and Coordination: T's motor development seemed appropriate for her chronological age but was a little restricted. Her coordination also seemed O.K.

Perceptual Abilities: T's perceptual abilities were intact.

General Orientation: T orients well to person, time, place and space.

Affect: T expressed the full range of affects which were appropriate to the situation.

Speech and Language: Language was adequately developed. Speech was severely distorted due to articulation problems.

Thought Content: Fearful that mother will go away. Ambivalence towards mother and maternal figures as well as negative fantasies about them. Preference for father's company.

Mechanisms of Defense: Sublimation, reaction formation, undoing, identification with parent of the same sex.

Object Relations: Relates to mother ambivalently. Relates to father possessively and identifies with mother.

Formulation: T was functioning on target in all areas of development. She was experiencing phase adequate fantasies and fears. The fear of losing her mother had been blown out of proportion by the accidental death of her aunt. T's separation anxiety was accelerating to phobic strength and needed to be

> dealt with before it inhibited her adequately negotiating the oedipal phase.

Diagnostic Impression: Reactive Disorder of Early Childhood (GAP)

This case is a very good example of why persons who work with young children need to know the major aspects of development and to be able to assess them. Being able to determine where T was developmentally and what the phase adequate conflicts were, along with the important information relayed by her mother, made it possible to catch a reaction that could have effected the resolution of that phase and consequent ones.

Anna Freud (1965) addresses the "normal" childhood conflicts and their relation to analysis. She writes:

> Under normal condition, these developmentally determined inner disharmonies are dealt with by the ego of the child himself, assisted by support, comfort and guidance supplied by the parents. Where the latter is insufficient and the child's distress considerable, the help of child analysis may be sought since clarification, verbalization and interpretation, used consistently, reduce anxieties as they arise, dissolve crippling defenses before they become pathogenic, and open up, or keep open, outlets for drive activity which bring relief (p. 217).

She continues with the assertion that the above helps the child to maintain a better equilibrium and thus is the basis for the statement that all children could benefit from analysis, not only the disturbed ones.

Treatment

Treatment for T consisted of verbalizing and interpreting her fears, and consequently clarifying for her that her thoughts and fantasies would not happen just because she wished them.

T's fear of separating from her mother had been increasing, but on this day her panic was overwhelming. As her mother left she burst into frantic tears and was rooted to the spot. It was luck that she was the first child there and a little early. I went to her and told her that we were going to talk about her fear since it had gone on long enough and was not getting better. I picked her up and sat down with her in my lap at which time she stopped crying. I then began to ask her about her fear. I asked "are you afraid that something will happen to mommy?" She nodded, but when I asked if she could tell me about it she could not. I then asked her questions about her aunt i.e., did you like to be with her, do you miss her, etc.? I then told her that sometimes little boys and girls had bad wishes towards their mommies, daddies, and other people that they cared about and that there was nothing wrong with that. I then came right out and asked her if she thought she had something to do with her aunt going away. All this time she listened avidly but said very little. When I asked the last question she nodded yes. The next question was "how do you think you caused her to go away?" She was very hard to understand but I gathered that she had made her aunt get out of the bed the day the trip began and was angry at her. She could not tell me the exact wish but together we came to the conclusion that she had wished something negative for her aunt that day. I then told her that wishes would never come true without acting upon them. To do this I gave her a concrete example. I said, "I wish I had a candy bar!" and held out my hand as if waiting for one to magically appear. I looked and she

looked and there was no candy bar. I then told her that the only way to get a candy bar was to go to the store and buy one. Again I said that just wishing for it to be there would not make it happen. I then told her that there was absolutely no way that she could have had anything to do with her aunts leaving and that her wishes could not cause anything to happen to her mother. I have never wittnessed such a change as happened then. T got up and began to play. She was twice as active as before the talk and had a happy and relieved look on her face. In the days that followed she continued to be happy and active. She no longer showed any fear when her mother left, in fact she never looked back after saying goodbye. Quite often she even told her mother to leave. Even the diagnostician who had tested her for the program commented on the different little girl she was seeing.

APPENDIX A

Schedule

8:30	- 8:40	Arrival, greeting, and restroom
8:40	- 9:10	Language Development
9:10	- 9:40	M, W, & F Gross Motor Development T & T Art activities
9:40	- 10:10	Freeplay and clean up
10:10	- 10:40	Snack
10:40	- 10:50	Restroom
10:50	- 11:15	M, W, & F Story time, alternating: puppet play, creative dramatics, and T & T Fine Motor Development
11:15	- 11:20	Get ready to go
11:20	-	Bus

APPENDIX B

LANGUAGE CHECKLIST

Child knows own name _____

Child knows if girl/boy _____

NOUNS

1. Body parts Ex.___ Rec.___ Date _____

   Head, eyes, nose, mouth, ears, hair, stomach, legs, neck, arm, hands, feet, fingers, thumb

2. Toys Ex.___ Rec.___ Date _____

   Doll, wagon, airplane, kite, balloon, truck, drum, top, football, blocks, boat, tricycle

3. Clother Ex.___ Rec.___ Date _____

   Shirt, pants, dress, shoes, socks, hat, coat, purse, belt, watch, ring, boots, skirt, sweater, glasses, scarf, gloves, baithing suit

4. Food Ex.___ Rec.___ Date _____

   Fruits - apple, banana, orange, grapes, peach, pear, plum, lemon, strawberry, grapefruit, cherries

   Vegetables - carrot, lettuce, tomatoes, potatoes, onion, corn, celery, green beans

   Meats - chicken, ham, steak, fish, bacon, hamburger

   Desserts - cake, cookies, candy, doughnuts, pie, ice cream, pudding, chewing gum

   Other - milk, bread, soup, eggs, cereal, cheese, peanuts, pecans, macaroni, noodles, crackers,

flour, sugar, pepper, baking powder, cinnamon

5. Household Ex.___ Rec.___ Date_____

Livingroom - couch, soft chair, T.V., coffee table, lamp, book case

Kitchen - icebox, stove, dishwasher, sink, cabinets, dishes, spoon, fork, knife, plate, cup, bowl, glass, pots and pans, table, & chairs

Bedroom - bed, dresser, chest-of-drawers, lamp, mirror

Bathroom - commode, sink, bathtub, shower, towel, soap, comb, brush, toothbrush, mirror

6. Animals Ex.___ Rec.___ Date_____

Farm - cow, horse, pig, sheep, chicken, dog, cat,

Zoo - elephant, giraffe, zebra, lion, monkey, tiger

Woods - rabbit, squirrel, fox, skunk, deer, bird, frog, bear, raccoon

7. Transportation Ex.___ Rec.___ Date_____

Car, truck, bus, boat, airplane, helicopter, train

8. Family Members Ex.___ Rec.___ Date_____

Mother, father, sister, brother, grandmother, grandpa

9. Garden Ex.___ Rec.___ Date_____

Tree, flower, grass, leaf, dirt, rocks

ACTION VERBS

walk	run	eat	sleep
swim	play	drink	look (see)
drive	jump	cook	cut
throw	catch	stir	peel

PRONOUNS

I, me, mine, my Ex.___ Rec.___ Date _____

ADJECTIVES

hard - soft, sweet - sour, hot - cold, wet - dry
full - empty, fat - skinny, smooth - rough,
ugly - pretty, scary - funny

DIRECTIONAL WORDS

in, on, over, under, up, down, top, bottom,
in front, in back, beside, by

NOUNS (continued)

10. Occupations Ex.___ Rec.___ Date _____

policeman, fireman, nurse, doctor, mailman, farmer,
dentist, teacher, garbageman, waitress

COLORS

red, blue, green, yellow, orange, purple, brown,
black, white

SHAPES

circle, square, triangle, rectangle, diamond, star,
oval

APPENDIX C

GROSS MOTOR CHECKLIST

Student_____Date_____ Age_____

Teacher_____School_____

1.0 One to Two Years

___ 1.1 Creeps upstairs

___ 1.2 Stands up alone w/o support

___ 1.3 Throws object from standing position (demonstrate)

___ 1.4 Pushes self on riding toy

___ 1.5 Picks up object form floor while maintaining bal.

___ 1.6 Kneels w/o support

___ 1.7 Walks independently

___ 1.8 Climbs into chair unassisted

___ 1.9 Squats and returns to standing

___ 1.10 Pushes and pulls toy while walking

___ 1.11 Walks upstairs with aid

___ 1.12 Rolls ball in imitation

___ 1.13 Throws ball overhanded

___ 1.14 Walks downstairs with support

___ 1.15 Backs self into small chair

___ 1.16 Runs 10 feet

2.0 Two to Three Years

___ 2.1 Jumps in place w/both feet

___ 2.2 Walks backwards

___ 2.3 Throws ball 5' w/o moving feet

___ 2.4 Kicks large stationary ball

___ 2.5 Stands on one foot momentarily (right; left)

___ 2.6 Attempts walking on balance beam (one off is ok)

___ 2.7 Alternates feet walking upstairs w/o aid

___ 2.8 Jumps from height of 8 inches

___ 2.9 Runs well with coordinated alternating arm movements

___ 2.10 Walks on tip toes

___ 2.11 Forward somersaults with aid

___ 3.0 Three to Four Years

___ 3.1 Catches ball w/two hands

___ 3.2 Pedals tricycle (10 feet or more)

___ 3.3 Balance 2 seconds on each foot

___ 3.4 Walks 3 to 4 feet on low balance beam, alt. feet

___ 3.5 Makes broad jump from standing position both feet together (use a standard sheet of paper)

___ 3.6 Plays running games ie., drop the handkerchief

___ 3.7 Somersaults forward without aid

___ 3.8 Marches

4.0 Four to Five Years

___ 4.1 Bounces and catches a large ball

___ 4.2 Stands on one foot 4 to 8 seconds

___ 4.3 Hops on one foot forward (alternate feet)

___ 4.4 Walks well on balance beam

___ 4.5 Walks downstairs, alternating feet

___ 4.6 Jumps forward 10 times, feet together

___ 4.7 Makes broad jump from running start

___ 4.8 Jumps over rope 2" off floor

___ 4.9 Bounces a ball with one hand (alternate)

___ 4.10 Walks backwards and sideways on balance beam

___ 4.11 Jumps backwards six times

___ 4.12 Pedals tricycle, turning corner

___ 4.13 Fast walking up and down stairs, alternating feet

5.0 Five to Six Years

___ 5.1 Balances on one foot for 5 seconds, with eyes closed, arms to sides/arms folded in front

___ 5.2 Bounces ball with each hand 9 times

___ 5.3 Gallops

___ 5.4 Runs through an obstacle course, avoiding obj.

___ 5.5 Walks on heels 6 feet

___ 5.6 Skips, alternating feet swinging opposite arms

___ 5.7 Walks 6 feet on toes

___ 5.8 Catches soft ball or bean bag in one hand

___ 5.9 Picks up object from ground while running

___ 5.10 Jumps rope by self

___ 5.11 Hangs from horizontal bar, 10 seconds

___ 5.12 Jumps over 6" high rope feet together/15" rope

___ 5.13 Hits ball with bat or stick

___ 5.14 Lifts body with knees on floor to complete push-up

___ 5.15 Touches toes while in a sitting position

___ 5.16 Lifts body from floor to complete one boy's push-up

APPENDIX D

FINE MOTOR CHECKLIST

Student_____Date_____Age_____

Teacher_____School_____

1.0 One to Two Years

___ 1.1 Places round object in round hole

___ 1.2 Puts four rings on peg

___ 1.3 Puts one peg in large pegboard

___ 1.4 Builds tower of 3-4 blocks

___ 1.5 Marks with crayon or pencil

___ 1.6 Zips and unzips

___ 1.7 Strings large beads

___ 1.8 Rolls clay into snake shape

___ 1.9 Imitates circular motion

___ 1.10 Matches like objects

___ 1.11 Matches the three primary colors

2.0 Two to Three Years

___ 2.1 Turns door knobs, handles, jar lids to open

___ 2.2 Builds tower of 8 blocks

___ 2.3 Turns pages one at a time

___ 2.4 Matches big and little objects

___ 2.5 Unwraps small objects

___ 2.6 Matches circles, squares, triangles, diamonds

___ 2.7 Puts together three piece puzzle or formboard

___ 2.8 Matches shapes to shape box

___ 2.9 Folds paper in half in imitation

___ 2.10 Takes apart and puts together snap toy

___ 2.11 Rolls clay balls

___ 2.12 Pounds five out of five pegs

___ 2.13 Pours from container

___ 2.14 Snips with scissors

___ 2.15 Unfastens snap on clothing

3.0 Three to Four Years

___ 3.1 Spreads paste randomly on paper, places another paper on top

___ 3.2 Paints with large brush

___ 3.3 Folds paper with definite crease

___ 3.4 Snaps or hooks clothing

___ 3.5 Spreads paste on one side and turns over to stick to another paper

___ 3.6 Builds tower of 9 blocks

___ 3.7 Unbuttons and buttons large buttons

___ 3.8 Strings small beads

___ 3.9 Places small pegs in small holes

___ 3.10 Uses templates

___ 3.11 Cuts along straight line w/in $\frac{1}{4}$ inch of line

___ 3.12 Builds a five block bridge

4.0 Four to Five Years

___ 4.1 Cuts curves w/in $\frac{1}{4}$ inch of line

___ 4.2 Makes clay shapes put together with 2-3 parts

___ 4.3 Screws together threaded object

___ 4.4 Cuts out small square, triangle, circle

___ 4.5 Buckles and unbuckles

___ 4.6 Sharpens pencil

___ 4.7 Draws simple recognizable pictures (house, man, tree)

___ 4.8 Copies letters, numbers using a model

5.0 Five to Six Years

___ 5.1 Folds paper in half with edges together

___ 5.2 Prints capital letters, large, single, anywhere on page

___ 5.3 Spreads fingers, touching thumb to each finger

___ 5.4 Hits nail with hammer

___ 5.5 Can lace

___ 5.6 Colors remaining with in lines 95% of time

___ 5.7 Copies complex drawings

___ 5.8 Tears simple shapes from paper

___ 5.9 Prints own name

APPENDIX E

SURVEY OF PLAY ACTIVITIES — by LILLIE E. PELLER

Group	Central Theme of Play: Object-Relations:	Deficiencies Anxiety (denied):	Compensating Fantasy:
I 1 to 12 months	Relation to Body . . . . . . Anxieties concerning body	My body is no good I am often helpless	My body (its extensions, replicas, variations) is a perfect instrument for my wishes. Imagery of grandeur, of perfect ease.
II 20 months to 2 years	Relation to Preoedipal Mother . . . . . . Fear to lose love object	My mother can--desert me; Do as she pleases;	I can do to others what she did to me. I can go on (or quit)
III 3 years to 6 years	Oedipal Relations & Defenses against them. . . . . . . Fear to lose love of love object	I cannot enjoy what grownups enjoy.	I am big; I can do as big people are doing. Family Romance
IV 6 years to pre-adolescence	Sibling Relations . . . . . . Fear of superego and superego figures.	I am all alone against threatening authority. I cannot start all over again.	Many of us are united. We observed rules conscientiously. I can live many lives.

SURVEY OF PLAY ACTIVITIES (continued)

Group	Formal Elements, Style:	Social Aspect:	Play Material:
I 1 to 12 months	Hallucinations (pos. & neg.) rather than fantasies. Imagery increases pleasure, persistence	(functional pleasure) Solitary (pre-stage of play)	Extensions & Variations of body functions & body parts
II 20 months to 2 years	Short fantasies. Endless, monotonous repetitions. Few variations. No risk, no climax, no real plot. Tit-for-tat	Solitary or with mother. Other children rank with pets or things--not as co-players. Sporadic mirroring play	Maternal play with dolls, stuffed animals, with other children, and mother herself. Peek-a-boo. Earliest tools.
III 3 years to 6 years	Spontaneity. Infinite variety of emotions, roles, plots, settings. Time is telescoped. In later times: drama, risk.	Early co-play. (variety) Attempts to share fantasy. Fantasy always social. Activity may be solitary or social.	Doll play; wide variety of events, of father, mother images: (pilot, nurse, magician, etc.) Creative play, Imaginative play. Use of emblems, props, insignia.
IV 6 years to pre-adolescence	Codified plot and roles. Importance of rules, program, rituals, formal elements.	Organized co-play Fantasy tacitly shared.	Team games, board games. Organized games. Games with token armies.

SURVEY OF PLAY ACTIVITIES (continued)

Group	Secondary Play Gains:	Inantimate Objects:	
I 1 to 12 months	Increased body skills & mastery. Initiation into active search for gratification.	Uses moving objects that become an instrument of his own body. Extension. Does not tell a story, more functional play.	Note: This Column is an addition to the Survey. It was not part of the original developped by Peller, but added by Falice Cohen during a teaching seminar.
II 20 months to 2 Years	Range, anxiety mitigated Ability to bear delay, frustration. Initiation into lasting object relations.	Now uses objects for what they are. To serve ego, to accomplish.	
III 3 years to 6 years	Preparation for adult roles, adult skills. Co-play prepares co-work. Initiation into adventure, accomplishment.	Satisfactions for destructive and libidinal drives in fantasies. Mood - usually a happy naivete - invincible.	
IV 6 years to pre-adolescence	Dissolving oedipal ties. Co-operation with brothers, followers & leaders.		

APPENDIX F

Assessment Outline Elements	Supplements
Social Development Separation-Individuation Expanding Social Relations Quality of Relationships Concern for Others	Childhood and Society Erik H. Erikson (1963)
	The Psychological Birth of the Human Infant Margaret Mahler (1975)
Emotional Development Characteristic Mood Variety and Range of Emotions Emotional Expression Social Orientation	GAP Symptom List (1966)
	Clinical Application of Ego Function Profile (1973)
Ego Development Motor Development Communication Mental Development Development of Competence Social and Sex Identity	"Psychosexual Development: The Oral, Anal, and Phallic Phases" Edith Buxbaum (1949)
Phase Development Libidinal Phases Aggressive Drive	Normality and Pathology in Childhood Anna Freud (1965) (covers all assessment areas)
Superego Development Stages of Superego Development Indices of Development Symptoms	

APPENDIX G

ASSESSMENT OUTLINE

IDENTIFYING DATE

Child's Name _____ Date _____

Birth date _____ Sex _____ Birth Position _____ Number of Siblings _____

Birthdate of Father _____ Birth date of Mother _____

Education of Father _____ Education of Mother _____

Occupation of Father _____ Occupation of Mother _____

Date Child Entered School _____ Date Child Entered Present Group _____

Previous Schooling on Group Experience:

Previous Test Records:

Other Pertinent Information About the Child:

Directions for the Next Page

On the next page you will find nine items that deal with the development of various abilities. Indicate how this child compares with other children the same age by circling the appropriate number.

Circling (1) indicates that on the given item this child seems like children much younger than his chronological age.
Circling (2) indicates that on the given item this child seems like children somewhat younger than his chronological age.
Circling (3) indicates that on the given item this child seems about average for his chronological age.
Circling (4) indicates that on the given item this child seems above average for his chronological age.

In addition, in order to individualize your assessment of this child, in the column on the right you may record:

(a) recent changes
(b) conditions under which the ability varies
(c) how the ability is manifested
(d) any other comments

Hypothetical example:

Item	Comparison with others the same chronological age	Recent changes, conditions under which the ability varies, how the ability is manifested, any other comments.
Ability to deal with difficult or new situations	1 2 3 4	Has recently become worse. Handles some new situations adequately, but often withdraws or retreats inappropriately when a stranger comes into the room.

In this hypothetical example, the respondent has indicated that this child's ability to deal with difficult or new situations is below average compared to other children the same age, and that this ability has recently lessened.

ASSESSMENT OUTLINE

Item	Comparison with others the same chronological age	Recent changes, conditions under which the ability varies, how the ability is manifested, any other comments.
Coordination of large body movement	1 2 3 4	
Coordination of small body movement (dexterity)	1 2 3 4	
Vocabulary	1 2 3 4	
Verbal communication with adults	1 2 3 4	
Verbal communication with children	1 2 3 4	
Ability to use various materials	1 2 3 4	
Ability to deal with difficult or new situations	1 2 3 4	
Ability to wait and/or take turns	1 2 3 4	
Ability to pay attention and to concentrate	1 2 3 4	
Curiosity, interest in exploring and learning	1 2 3 4	

Directions for the Next Two Pages

On the next two pages you will find items that deal with affection, aggression, and mood, as well as items that are labled "miscellaneous." Indicate how often the child shows the various qualities of behaviors or emotions by circling the appropriate number for each.

Indicate that this child shows the particular quality of behavior or emotion by circling: (0) Not at all (1) Rarely (2) Some of the time (3) Most of the time

(If you cannot respond to a specific item, leave it blank until you have further information. Often there is not enough information available about the child's interaction with a parent, and it is only after a period of sensitive observation that the item can be marked.)

In addition, in order to individualize your assessment of this child, in the column on the right you may record:

(a) recent changes
(b) circumstances that stimulate the specific quality of behavior and/or emotion
(c) whether emotions felt are directly expressed or are covered up
(d) how the feelings are expressed
(e) any other comments

Hypothetical example:

Item	Qualities of Behaviors or Emotions			
Expression of affection with	extreme, intense	artificial, exaggerated, overdemonstrative	very controlled or inhibited	open, direct spontaneous
mother	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
father	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
teacher	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
children	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

In this hypothetical example, the respondent has indicated that most of the time this child is very controlled or inhibited in his expression of affection w/mother, father, teacher, and children.

Recent changes, circumstances that stimulate the specific quality of behavior and/or emotion, whether emotions felt are directly expressed or are covered up, how the feelings are expressed, any other comments.

ASSESSMENT OUTLINE

Item	Qualities of Behaviors or Emotions				Recent changes, circumstances which stimulate the specific quality of behavior and/or emotion, whether emotions felt are directly expressed or are covered up, how the feelings are expressed, any other comments.
Expression of affection with	extreme, intense	artificial, exaggerated, overdemonstrative	very controlled or inhibited	open, direct spontaneous	
mother	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
father	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
teacher	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
children	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Response to expression of affection from	shows strong need for it	anxious, uncomfortable	ignores, acts uninterested	accepts easily, pleased, responsive	
mother	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
father	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
teacher	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
children	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Expression of aggression	extreme, intense	artificial, exaggerated, caricatured	very controlled or inhibited	moderate direct, spontaneous	
mother	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
father	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
teacher	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
children	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Response to reprimands of	extreme, aggression	anxiety, with-drawal	seems to ignore, not notice	tolerates, responds moderately	
mother	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
father	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
teacher	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	

(0) Not at all
(1) Rarely
(2) Some of the time
(3) Most of the time

ASSESSMENT OUTLINE

Item	Qualities of Behaviors or Emotions				Recent changes, circumstances which stimulate the specific quality of behavior and/or emotion, whether emotions felt are directly expressed or are covered up, how the feelings are expressed, any other comments
Response to expression of aggression by children	extreme aggression 0 1 2 3	anxiety, withdrawal 0 1 2 3	seems to ignore, not notice 0 1 2 3	tolerates, moderately 0 1 2 3	
Characteristic mood	angry, annoyed 0 1 2 3	slow, cautious fearful 0 1 2 3	sad, unhappy 0 1 2 3	happy contented 0 1 2 3	

Miscellaneous

Item	Characteristic Descriptions				Recent changes, circumstances that stimulate the specific behavior, any other comments.
Body activity	rigid, stiff 0 1 2 3	slow, cautious 0 1 2 3	wild and/or uncontrolled 0 1 2 3	free and spontaneous 0 1 2 3	
Social interaction	alone 0 1 2 3	with teacher 0 1 2 3	with one child 0 1 2 3	with group of children 0 1 2 3	
quality of play	solitary 0 1 2 3	parallel and/or imitative 0 1 2 3	competitive, challenging 0 1 2 3	cooperative 0 1 2 3	

(0) Not at all
(1) Rarely
(2) Some of the time
(3) Most of the time

Directions for the Next Three Pages

On the next three pages you will find items that outline developmental characteristics and social relationsips. Indicate how often the child shows the characteristic or behavior by circling the appropriate number for each.

Circling (0) indicates that the characteristic or behavior is observed not at all.
Circling (1) indicates that the characteristic or behavior is observed rarely.
Circling (2) indicates that the characteristic or behavior is observed some of the time.
Circling (3) indicates that the characteristic or behavior is observed most of the time.

(If you cannot respond to a specific item, leave it blank until you have further information. Often there is not enough information available about the child's interaction with a parent; and it is only after a period of sensitive observation that the item can be marked.)

In addition, in order to individualize your assessment of this child, in the column on the right you may record:

(a) recent changes
(b) circumstances which stimulate the characteristic or behavior
(c) how the characteristic or behavior is shown
(d) a phrase that better describes the child
(e) any other comments

Hypothetical example

Characteristic	Father	Mother	Teacher	Boys	Girls	Recent changes, circumstances that stimulate the characteristic or behavior, how the characteristic or behavior is shown, a phrase that better describes the child, any other comments.
Complains to, whines when with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	Complains to parents about what other children have that he does not have; to teacher that other children have wronged him; to girls when he feels they are not playing fair. Complaining less.

ASSESSMENT OUTLINE

Characteristic	Father	Mother	Teacher	Boys	Girls	Recent changes, circumstances which stimulate the characteristic or behavior, how the characteristic or behavior is shown, a phrase that better describes the child, any other comments.
Obedient, compliant with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Clings to	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Apathetic, withdrawn with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Dependent on	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Demanding with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Complains to, whines when with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Asks for help from	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Negative, defiant to	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Stubborn toward	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Bossy, domineering with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	

(0) Not at all
(1) Rarely
(2) Some of the time
(3) Most of the time

ASSESSMENT OUTLINE

Characteristic	Father	Mother	Teacher	Boys	Girls	Recent changes, circumstances which stimulate the characteristic or behavior, how the characteristic or behavior is shown, a phrase that better describes the child, any other comments.
Friendly, co-operative with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Competitive, bragging, challenging with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Assertive, forceful with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Passive, unassertive with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Actively seeks attention of	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Avoids attention of	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Shows off to	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Seductive, manipulating with	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Shows concern and sympathy for	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	
Aware of and responsive to the needs and feelings of	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	

(0) Not at all (2) Some of the time
(1) Rarely (3) Most of the time

ASSESSMENT OUTLINE

Characteristic	Frequency	Recent changes, circumstances which stimulate the characteristic or behavior, how the characteristic or behavior is shown, a phrase that better describes the child, any other comments.
Gets hurt by other children	0 1 2 3	
Hurts other children	0 1 2 3	
Hurts self	0 1 2 3	
Is organized, orderly	0 1 2 3	
Is disorganized, disorderly	0 1 2 3	
Admires self, proud of self	0 1 2 3	
Admires other	0 1 2 3	
Criticizes self, finds fault with self	0 1 2 3	
Criticizes others, finds fault with others	0 1 2 3	
Expresses or shows guilt; anticipates punishment	0 1 2 3	

(0) Not at all (2) Some of the time

(1) Rarely (3) Most of the time

ASSESSMENT OUTLINE HEALTH

Check those boxes and answer the questions that apply to this child

General Health:	Poor	Fair	Good	Excellent	Describe any problems:
Hearing:	Poor	Fair	Good		Describe any problems:
	Not checked within last six months		Checked within last six months		
	Poor	Fair	Good		Describe any problems:
	Not checked within last six months		Checked within last six months		
Speech Impediments:	Yes, and interfere with communication		Yes, but do not interfere with communication	NO	Describe speech impediments:
Other Handicaps:	Yes, and interfere with functioning		Yes, but do not interfere with functioning	NO	Describe handicaps:

Does this child have any symptoms or difficulties that you consider to be significant? (e.g. spitting, biting, excessive thumb-sucking, eating difficulties, inappropriate fears for his age, difficulties in toilet training, excessive daydreaming, separation difficulties, etc.) Yes_____No_____Describe the symptoms or difficulties:

ASSESSMENT OUTLINE

Your concerns about this child:
(You may include here reference to the child's family or life situation, as well as the development of the child.)

Strengths of this child:
(You may want to include the child's intelligence, learning capacity, adaptive functioning or other aspects of his personality which are not covered in this Assessment Outline but which you consider significant.)

Specific areas which need further investigation and clarification:

ASSESSMENT OUTLINE

A. Final Assessment
Circle either 1, 2, 3, or 4 to indicate which best expresses your opinion. (It may be difficult to decide whether to put a child into group 2 or group 3, and this in itself is an important statement.)

1. This child is able to progress developmentally.
He is within the expected range for his age and sex. His functioning would be considered age adequate. No special help or attention is necessary.

2. This child is progressing developmentally though he has problems in some areas.
He has conflicts and difficulties which are beyond the norm. (Certain symptoms occur in response to the environment and are not as significant as other symptoms. Therefore, any symptom is to be looked at within the total picture of developmental progression.)

3. This child's development is not progressing appropriately.
There are problems that interfere with development in significant areas. (Such problems might include still depending on mother and being unable to move away from her toward other people; showing hyperactivity or impulsivity without appropriate controls; having serious learning difficulties; showing difficulty in expressing feelings; etc.)

4. This child had problems that had interfered with his developmental progression but is currently showing improvement.
This is based on a recent change in the child in the direction of overcoming a symptom or coping with problems. It includes even children who are slowly starting to change; it is the change that is significant. The child might be recovering from a traumatic event, such as the illness of a parent, the birth of a sibling, change of residence, etc. Because of the trauma, there may have been some inhibition or regression before the development began moving forward again.

ASSESSMENT OUTLINE

B. Possible Explanations for 2, 3, or 4.
Of the following explanations, circle as many numbers as you feel are necessary; and if you circle #1, underline all the phrases which you think are possibilities.

1. These problems are probably a reation to a recent or current situation. e.g., Starting nursery-school, a separation of parents, death of a significant person, birth of a sibling, change of residency, trip.
Other _____

2. These problems are probably a direct consequence of the particular group the child is in at school.

3. These problems are part of the child's general behavior pattern.

4. These problems are due to _____

C. Recommendations for action.
Circle as many numbers as necessary.

1. Helping within the educational setting. Providing special consideration for the child, such as the teacher giving him more individual time, arranging for him to engage in special activities, providing more opportunities for contact with specific other children, assisting in impulse control, assisting in developing motor skills, assisting in the separation process, or in other ways providing a corrective experience within the educational setting.

2. Parental guidance. Discussing the child's problems with the parents in the hope that by giving the parent(s) an awareness of the child's difficulties, the parent(s) would then be able to act in a way to help the child or to minimize the problems. Specific goals with parents _____

3. Changing the educational setting. Putting the child into a different group at school in the hope that moving him from a group that precipitated or accentuated the problem would in itself be therapeutic.

4. Consulting with a mental health professional to discuss and evaluate the child's behavior.

5. Referring the child to a mental health resource for treatment.

6. Deciding that no special action is necessary in the expectation that the problem is transitory and will disappear in the natural course of development.

7. Other (e.g., physical check-up, speech therapy, dance therapy, art therapy, special attention to physical handicaps, etc.)

CONTINUOUS RECORD

Date	Grouping of Child (Group 1, 2, 3, 4)	Items or areas that have not changed and continue to be significant	Items or areas that have changed

APPENDIX H

ASSESSMENT CRITERIA

Social Development

Emotional Development

Ego Development

Phase Development

Superego Development

SOCIAL DEVELOPMENT — Relationship with Mother

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	First half-year, need-fulfilling relationship. Mother exists only for child's satisfaction; may be seen only as instrument to provide for satisfaction of needs. Child "wants" to be given everything and depends on mother for gratification.	Predominantly clinging relationship; seeking to get needs satisfied. Wants to be given to without making efforts.	Has given up trying to get needs satisfied. Has turned away from mother; apathetic; aloof. May rebuff her, refuse her help.
	One-half to one-and-one half years, may see mother as powerful object to influence in order to get what is needed; may make efforts to please or win her. Fears loss of mother. Establishes trust.	Constantly needs mother's presence, support, assurance; continually seeks contact. Appears over-dependent, passive, obedient, overcompliant. Often insecure, apprehensive, tense, anxious in relation to mother.	May appear precociously independent or may have turned to another adult as a mother-substitute. Difficult for mother to satisfy. Demanding, insistent, complaining, impatient in relation to mother. Greedy, insatiable; acts as if there is feeling of deprivation. Lack of trust.

SOCIAL DEVELOPMENT	Relationship with Mother		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Toddler: 1½ to 3 (Anal Phase)	Relationship with negativistic tinge. Control an important factor. At times may torment, harass, tease. Much ambivalence, sometimes love predominating, sometimes hate. Fears loss of mother's love. Negativism with insistence that mother be around. Object is needed to be there though child says, "No."	Extremely controlling with mother. Dominating and bossy. Extremely sensitive to mother's criticism. Cries easily. Feelings easily hurt by mother.	Extremely negativistic and defiant, with much strain in the relationship. "Difficult." Interaction intense, urgent, with much ambivalence. Quarrelsome, stubborn, obstinate. May torment or harass, with angry interaction and conflict. Frequent arguing, fault-finding, scolding, interrupting, provoking, teasing. Masochistic -- provoking retaliation, hurting by mother; sadistic -- cruel. May be destructive (I hate you and don't love you).
Differentiating Stage: 3 to 4½ (Phallic Phase)	Developing awareness of his/her own sex identity; may affect some interaction with mother. Bids for mother's attention, admiration, and praise.	Overly concerned about sex identity; uses it in exaggerated attempts to get mother's attention, admiration, and praise. Constantly showing mother how big, attractive and	Indifferent to sex identity; denies any interest in mother; actively avoids her. Avoids attention and/or praise from mother; may even reject

SOCIAL DEVELOPMENT	Relationship with Mother		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	Tries to show mother how big, attractive, powerful he/she is. Responsive to mother; more or less cooperative. Relationship mutually satisfying.	powerful he/she is -- to get reassurance, approval. Overly responsive, cooperative.	mother's attentions. Emphasizes smallness, powerlessness. Unresponsive, uncooperative.
Family integration: Boy 4½ to 6 (Oedipal Phase).	With increasing awareness of his own sex identity, more seductive with mother and more possessive of her. May identify with father and act protective with mother. Copies father's behavior toward mother. May show some concern about whether mother prefers father or him. Shows preference for mother rather than father. May play parents against each other. Objects to parents going out together. Friendly to mother; easily accepts her authority; turns to her when necessary for help. Shows some interest in and sensitivity to	Extremely possessive with mother -- rivalrous with father or siblings for mother; jealous of contacts mother has with others. Extremely seductive with mother, almost in caricatured, exaggerated ways. Has to show mother he is better than father and that father is no good. Adores and idealizes mother. Exaggerates masculine behavior, in relating to mother. Excessive interest in and sensitivity to mother's feelings, moods. Extreme concern for mother's well-being.	Inhibits all contact with mother. Fearful of winning mother in competition with father. Fearful of retaliation by father if wins mother; avoids mother because of the danger. Great concern to show he is not a man, cannot win mother, is different from father. Inhibits masculine behavior in relating to mother. Lack of interest in or sensitivity to mother's feelings, moods. Lack of concern for mother's well-being.

SOCIAL DEVELOPMENT Phase	Relationship with Mother Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	To:
	mother's feelings, moods. Shows some concern for mother's well-being.		
Family integration: Girl 4½ to 6 (Oedipal Phase)	With increasing awareness of her own sex identity, more competitive with mother for father. May show some hostility toward mother; but also fear of retaliation and fear of hurting mother (who is also a love object). May anticipate being harmed by mother. Tries to be like mother, identify with her but to show her up; or may inhibit feminine behavior and appear tomboyish. May show some anxiety about being separated from mother because of own wishful fantasies. Objects to parents going out together. May play parents against each other. Shows some interest in and sensi-	Great concern that father prefers her to mother, that she is "better" than mother. Exaggerates own femininity. Extremely rivalrous with mother. Lacks concern about mother's well-being. Lacks interest in or sensitivity to mother's feelings, moods. Avoids mother.	Fearful about competing with mother; fearful of retaliation by mother, so actively avoids contact with father. Shows perference for mother rather than father. Great concern to show she is not a woman, cannot win father, is different from mother. Inhibits all feminine behavior. Intense anxiety about separation because of own fantasies. Excessive interest in and sensitivity to mother's feelings, moods. Extreme concern for mother's well-being.

SOCIAL DEVELOPMENT Phase	Relationship with Mother Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	To:
	tivity to mother's feelings, moods. Shows some concern for mother's well-being.		

SOCIAL DEVELOPMENT — Separation - Individuation

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	First half year, no clear differentiation of self. Sense of identity undeveloped and fluid -- as if mother (or mother-substitute) should know his wishes-needs and meet them. Mother exists only for child's satisfaction of needs. No existence of her own. Depends on mother for gratification; needs to be given everything. Mother's other concerns or activities are experienced as rejection-desertion. One-half to one-and-one-half, beginning to notice "the world" -- reach out for and handle what is seen; respond to surroundings -- sounds, sights. Beginning to distinguish between self and world around him. Can accept brief separation from mother, after	Establishment of identity continues undeveloped and fluid; no clear differentiation of self even begins. Needs to be given everything and does not make efforts to satisfy own needs. Great dependency. Little interest in "the world"; little or no attempt to reach out for anything; seldom manipulates things; "shuts out" the world.	Cannot tolerate separation. Exclusive in relating to mother; able to have relationship only with mother. Great anxiety when mother is not present. Or, has turned away from mother. Feels he cannot get needs satisfied by her or get what he wants. May appear unresponsive to her. May avoid contact with mother, rebuff her. No difficulty separating from mother. Has abandoned her, rejected her ("I don't want you because you don't satisfy my needs, don't give me love.")

SOCIAL DEVELOPMENT — Separation - Individuation			
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	some protest. Some object constancy, so positive image of mother maintained. Differentiates known from unknown. Beginning to develop ability to accept mother-substitutes (either other family members or familiar baby-sitters).		
Toddler: 1½ to 3 (Anal Phase)	Aware of self as separate from others -- trying to control others and/or trying not to be controlled by others. Aware of some of own wants, likes and dislikes. May talk about self as a third person ("Betty wants that.") Looks at and describes self from viewpoint of (significant) others -- e.g. "good boy." Able to leave mother and play by self in another room; can tolerate some distance from	Extreme concern about maintaining separateness -- not being controlled by other. Avoids mother and/or other family members. Physically distant as much of the time as possible. Prefers to visit grandparents, neighbors; be with strangers.	Fear of being separate -- tries to be "one" with more powerful being -- desperately clings. Loses self in desire to be "good," not lose love and acceptance of mother and/or other family members. More aware of approval-disapproval of mother and family than of own wants-likes.

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	To:
	mother. Temporary separations from mother can be lengthened. Can move out toward other family members and familiar adults. Temporary separations from mother and home are possible, to go with familiar adult, such as grandparent.		
Differentiating Stage: 3 to 4½ (Phallic Phase)	Aware of own sexual identity. Enjoys mother's presence but can accept being separated from rest of family and from home. After short transition period, can accept attending nursery school. Can exchange visits at homes of peers.	Individuation only in terms of sex; exaggeration of sexual identification; confusion re sexual identification; denial of sexual identification. Uses separation from mother-family-home to deny fears, weaknesses, vulnerability; prove strength, power, "bigness," courage. Too easily leaves mother at nursery school.	Uses inability to separate from mother-family-home to deny "growing up," power, strength; emphasizes smallness, helplessness. Unable to accept nursery school -- unless mother stays with him all the time. Unable to visit peers.

SOCIAL DEVELOPMENT — Separation - Individuation

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Family Integration $4\frac{1}{2}$ to 6 (Oedipal Phase)	Aware of identification with and competition with same-sex parent; aware of identification with family -- as a member of the family. Able to attend school regularly; able to accept overnight visits to homes of friends. Becoming aware of self as a member of the community. Identification with peers at school. Able to attend day-camp; be away from home for a weekend.	Overidentifies with same-sex parent; overidentifies with family. Not aware of other facets of individuation. Avoids mother or father because of danger from rivalry. Avoids family -- away from home most of the time.	Intense anxiety about separation because of own fantasies. Has to stay near mother-family-home because of what might happen while he is gone. Unable to attend school regularly; unable to stay away from home overnight.

SOCIAL DEVELOPMENT	Relationship with Father		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Recognition of father; some contact with father, and responsive to overtures from father, though may prefer mother as caretaking person.	No relationship with father; unaware of father; unresponsive to father; uninvolved with him at all. Rejects father, pushes him away.	Clings to father, continually seeking contact with father. Relates to father as mother-substitute, to depend on and get his needs satisfied, give him affection. Prefers father to mother as caretaking person. submissive, dependent, overcompliant with father. Continually tries to please father, get his approval and/or sympathy. Demanding of father; difficult to satisfy.
Toddler: 1½ to 3 (Anal Phase)	Relationship with father predominately friendly. Enjoys being with father, but can accept being separated from him. Some struggle re control; may try to boss, tell father what to do and how; may argue,	Minimal contact with father. Fearful of father, apprehensive, cautious, timid; shy. Anticipates father will not like him or accept him, and avoids father. Relationship with father appears transitory, shallow, superficial.	Unfriendly, extremely negativistic. Relationship intense, urgent, with much strain and anxiety. Child characteristically has angry interaction or conflict with father. Frequent arguing, finding fault,

SOCIAL DEVELOPMENT Phase	Relationship with Father: Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological — Ranging from:	To:
	defy.		scolding, provoking, teasing. Extremely defiant, difficult, quarrelsome, hostile, stubborn, obstinate in relating to father. Masochistic -- provoking retaliation, getting hurt by father; sadistic -- cruel.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Developing awareness of his/her own sexual identify may affect interaction with father. Continued bids for father's attention, admiration, and praise. Tries to show father how big, attractive, powerful he/she is. Boy may anticipate being harmed (castrated) by father. Responsive to father; more or less cooperative with father. Relationship mutually satisfying.	Uses sexual identity in exaggerated attempts to get father's attention, admiration, and praise. Constantly showing father how big, attractive and powerful he/she is -- to get reassurance, approval. Overly responsive to father; overly cooperative.	Indifferent to sexual identify; denies any interest in father; actively avoids him. Avoids attention and/or praise from father may even reject father's attentions. Emphasizes smallness, powerlessness. Unresponsive, uncooperative with father.

SOCIAL DEVELOPMENT — Relationship with Father

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Family Integration: Boy 4½ to 6 (Pedipal Phase)	With increasing awareness of his own sexual identity, more competitive with father for mother. May show some hostility toward father, but also fear of retaliation and fear of hurting father (who is also a love object). Tries to be like father, identify with him but to show him up; or may inhibit masculine behavior. May show some anxiety about being separated from father because of own wishful fantasies. Objects to parents going out together. May play parents against each other. Shows some interest in and sensitivity to father's feelings, moods. Shows some concern for father's well-being. Shows preference for mother rather than father.	Great concern to show mother prefers him to father, that he is "better" than father. "Puts down" father. Exaggerates own masculinity. Extremely rivalrous with father. Shows much hostility to father. Lacks any concern about father's well-being. Lacks any interest in or sensitivity to father's feelings, moods. Avoids father.	Fearful of competing with father; fearful of retaliation by father; so actively avoids contact with mother. Shows preference for father rather than mother. Great concern to show he is not a man, cannot win mother, is different from father. Inhibits all masculine behavior, intense anxiety about separation because of own fantasies. Excessive interest in and sensitivity to father's feelings, moods. Extreme concern for father's well-being.

SOCIAL DEVELOPMENT	Relationship with Father		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Family Integration: Girl 4½ to 6 (Oedipal Phase)	With increasing awareness of her won sexual identity, more seductive with father and more possessive of him. May identify with mother and act solicitous with father. Copies mother's behavior toward father. May show some concern about whether father prefers mother or her. Shows preference for father rather than mother. May play parents against each other. Objects to parents going out together. Friendly to father; easily accepts his authority; turns to him when necessary for help. Shows some interest in and sensitivity to father's feelings, moods. Shows some concern for father's well-being.	Extremely possessive with father -- rivalrous with mother or siblings for father; jealous of contacts father has with others. Extremely seductive with father, almost in caricatured, exaggerated ways. Has to show father she is better than mother and that mother is no good. Adores and idealizes father. Exaggerates feminine behavior in relating to father. Excessive interest in and sensitivity to father's feelings, moods. Extreme concern for father's well-being.	Consciously inhibits all contact with father. Fearful of winning father in competition with mother. Fearful of retaliation by mother if wins father; avoids father because of the danger. Great concern to show she is not a woman, cannot win father, is different from mother. Inhibits feminine behavior in relation to father. Lack of interest in or sensitivity to father's feelings, moods. Lack of concern for father's well-being.

SOCIAL DEVELOPMENT — Relationship with Siblings

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Recognition of siblings; some contact with them, responsive to overtures from siblings; some interest in their activities. At times tries to imitate, copy, sibling behaviors.	No relationship with siblings; unaware of them; unresponsive to them; uninvolved with them in any way; no interest in their activities. Rejects siblings, pushes them away.	Relates to siblings as mother-substitute, to depend on and get needs satisfied; prefers sibling to mother as caretaking person. Always plays "baby" with sibling. Submissive, dependent, overcompliant. Continually tries to please siblings, get their approval and/or sympathy. Clinging with siblings. Demanding of siblings; difficult to satisfy.
Toddler: 1½ to 3 (Anal Phase)	Enjoys being with siblings, but can accept being separated from them. Some struggle re control; may try to boss them, tell them what to do and how; may try to control by "mothering." May argue, provoke, tease at times.	Fearful of siblings, apprehensive, cautious, timid, shy. Avoids contact with siblings. Anticipates siblings will not like him and/or accept him. Relationship with siblings appears transitory, shallow, superficial.	Usually in conflict with siblings. Unfriendly, extremely negativistic. Relationship intense, urgent, with much strain and anxiety. Angry interaction, frequent arguing, finding fault, scolding, provoking, teasing. Extremely defiant, difficult, quarrelsome, hostile, stubborn, obstinate.

SOCIAL DEVELOPMENT	Relationship with Siblings		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Differentiating Stage: 3 to 4½ (Phallic Phase)	Can participate in some play with siblings, can take turns and share. Asserts self with siblings, but shows some sensitivity to needs and feelings of siblings. Competes with siblings for attention and for toys. Feels "close" to same-sex sibling. May engage in sex play with sibling.	Inhibits self-assertion with siblings. Overly concerned about taking turns, sharing. Inhibits competition with siblings. "Too nice" with siblings; "too generous." Extremely sensitive to needs and feelings of siblings.	Extremely competitive with siblings, in all areas. Extremely assertive with siblings. No sensitivity to needs and feelings of siblings.
Family Integration: 4½ to 6 (Oedipal Phase)	Reciprocal relations with siblings. "Family" play with siblings. Can lead or follow. Easily shares, takes turns. Friendly, responsive, cooperative with siblings, most of the time. Shows interest in and sensitivity to siblings' moods. Shows concern for siblings' well-being.	Excessive interest in and sensitivity to siblings' feelings, moods. Extreme concern for siblings' well-being.	Relates as if much younger child, using techniques of earlier phases. No interest in or sensitivity to siblings' feelings, moods. No concern for siblings' well-being.

SOCIAL DEVELOPMENT	Relationship with Teacher		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, Pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Relates to teacher as a mother-substitue, to depend on and get his needs satisfied, to give him care and affection.	Completely unresponsive to teacher; uninvolved with teacher. Apathetic, withdrawn. Distant in relating to teacher.	Overdependent on teacher; excessively clinging; constantly trying to get contact, sympathy, attention. Does not individualize teachers. Overly demanding, insistent, impatient in relating to teacher. Difficult to satisfy; usually wants more than teacher can give; complaining.
Toddler: 1½ to 3 (Anal Phase)	Struggle for control with teacher. Tries to tell her what to do and how to do it. At times, bossy; at times may argue, defy, be negativistic.	Fearful of teacher, apprehensive, cautious, timid, shy. Anticipates teacher will not like him or accept him and actively avoids teacher. Relationship may appear transitory, shallow, superficial.	Unfriendly to teacher; extremely negativistic, defiant. Quarrelsome with teacher; hostile, stubborn, obstinate. "Difficult" child. Much angry interaction and conflict with teacher; arguing, finding fault, scolding, provoking, teasing.
Differentiating Stage: 3 to 4½ (Phallic	At times may try to identify with teacher and be like her; at other times may compete with teacher. Bids for	Extremely competitive with teacher. Overidentifies with teacher. Constantly seeking teacher's attention -- e.g., by clowning,	Ignores teacher. Avoids teacher's attention. Unable to assert himself with teacher, unable to make desires

SOCIAL DEVELOPMENT	Relationship with Teacher		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Phase)	teacher's attention, admiration, praise. Able to assert own desires and ideas to teacher. Able to ask for help.	"acting up," "being difficult," "showing off," making excessive demands. Extremely assertive with teacher.	and needs known.
Family Integration: 4½ to 6 (Oedipal Phase)	Friendly in relating to teacher. Usually responsive, cooperative. Easily accepts teacher's authority and teacher's help. With awareness of his own sexual identity, boy may act "gallant," "charming," "seductive" with teacher. Girl may be coy. Shows some interest in and sensitivity to teacher's feelings, moods. Shows some concern for teacher's well-being.	Overly friendly with teacher; overly cooperative; "too nice." Has to accept teacher's authority and teacher's help. Excessive interest in and sensitivity to teacher's feelings, moods. Extreme concern for teacher's well-being.	Avoids teacher; makes active effort to stay at a distance from teacher. Unresponsive to teacher. Will not accept teacher's authority or teacher's help. No interest in or sensitivity to teacher's feelings, moods. No concern for teacher's well-being.

SOCIAL DEVELOPMENT	Relationship with Other Children		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Notices other children. Some interest in other children for brief periods of time -- as an observer. Some response to overtures of other children. Characteristically, spends most of the time playing with own hands and feet, materials, toys and/or equipment, household items. Other children show some interest in him; give some attention to him; make some overtures toward him.	Completely unresponsive to other children, uninterested in them, uninvolved with them. Unrelated to other children. Apathetic, withdrawn. Rejects other children; pushes them away. Most of the time in solitary play, physically and emotionally distant from other children -- "isolated." May wander around alone, aimless, with no focus. Most of the time this child has no effect on other children. They are oblivious to him or not interested in him; They ignore him.	Relates to other children as mother-substitute to depend on and get needs satisfied. Always a "baby," always a "follower." Submissive, dependent, overcompliant, clinging, with other children. Continually tries to please, get their approval and/or sympathy. Demands more than other children are willing to give. Other children try to avoid him. Sees other children as treating him unfairly, picking on him. Complaining.
Toddler: 1½ to 3 (Anal Phase)	Some struggle with other children for control; tries to tell them what to do and how to do it. May try to take the "authority" role, or to control by "mothering." At times bossy, at times arguing.	Fearful, apprehensive, cautious, timid in relating to other children. Feels other children will not like him or accept him; avoids them. Shy. Lack of interaction; distant with other children. Avoids all fights or arguments. Any	Unfriendly in relating to other children. Defiant, negativistic, quarrelsome, hostile. Frequent angry interaction and conflict; frequent arguing, finding fault, scolding, interrupting, provoking, teasing. Bullies other

SOCIAL DEVELOPMENT	Relationship with Other Children		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	Most of the time in play parallel to other children. May play alone, but next to another child and may be doing same things as other child. Much of the time this child arouses interest of other children who may watch his activity.	relationships with other children appear transitory, shallow, superficial. Very controlled, inhibited in play with other children. Cannot "let himself go."	children; makes them cry. Sadistic, cruel. Torturing possessiveness. Masochistic -- provokes other children to hurt him. Easily offended by other children.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Can participate in play with other children. Asserts self, but also shows some sensitivity to needs and feelings of other children. Competes with other children for attention and for toys. Spends most of his time with one child who is special friend, but may also spend time with other children, or some time alone. Shows some social skills. Exchanges visits with other children. Much of the time, he arouses interest of other	Inhibits self-assertion with other children. Inhibits competitiveness with other children. Extremely sensitive to needs and feelings of other children. "Too generous," "too nice."	Extremely assertive with other children. Extremely competitive with other children. No sensitivity to needs and feelings of other children. Much of the time stimulates other children by his activity to point where they may act in an excited, uncontrolled way. Often has disruptive effect.

SOCIAL DEVELOPMENT	Relationship with other Children		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	children who may try to participate with him in ongoing activity. Some children seek him out as playmate.		
Family Integration: 4½ to 6 (Oedipal Phase)	Reciprocal relations with other children. Constancy and depth in relationships. Friendly, responsive, cooperative. Increasing social skills, sympathetic. Can lead or follow. Most of the time a participant in cooperative play with another child or a small group of children. Boys may prefer to play with other boys and girls with other girls. However, much more "family play" with girls and with boys.	Avoiding play with same-sex children; preferring to play with opposite sex children. Has to be leader.	Relates as if much younger child, using techniques of earlier phases. Can only be a follower.

SOCIAL DEVELOPMENT Phase	Participation in Groups of Children Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	May passively participate just by being present in the same situation with other children.		
Toddler: 1½ to 3 (Anal Phase)	Sometimes interested in ongoing activities of a small group; occasionally can function in a group situation.	Has to get into the group. Pushes himself into groups. Becomes overexcited and overstimulted by group and may act in uncontrolled way. Erratic in group participation.	Avoids groups and/or not interested in groups. Minimal participation in groups. Cannot function as a member of a group and/or does not become involved in group activities. May be oblivious to group; or fearful and anxious.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Much of the time can function adequately as a member of a group. Can participate actively, making contributions, offering ideas or suggestions. Alert and responsive in discussions. Active in some group projects.	Cannot function well in group -- too assertive, too competitive; alienates other children in group. Unable to function cooperatively. Tries unsuccessfully to manipulate other group participants.	Passive observer in group. Unable to take initiative; unable to arouse the interest of other members of group.

SOCIAL DEVELOPMENT	Participation in Groups of Children		
Phase	Characteristic, Expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Family Integration: 4½ to 6 (Oedipal Phase)	Most of the time he is in small group situations with two or three other children. Participates actively as group member, cooperates with others. Creative in group situation; invents new play. Can lead at times, follow at times.	Has to be a leader in the group. Tries to be "autocratic parent." Does not know how to charm others in group into accepting his ideas.	Stereotyped, unoriginal in group play. Copies other group members; cannot originate group activities. Can function in group as a follower. Denies interest in group and/or avoids group.

EMOTIONAL DEVELOPMENT Phase	Variety and intensity of Affect; Characteristic Mood		
	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Stage)	Periods of tension (pain)-irritability followed by periods of contentment (pleasure). Glow of contentment when satiated and needs met. Most of the time conveys sense of general comfort. Occasional indications of frustration-anger; anxiety. Beginning to show some feelings of trust, some affection.	Persistent, unrelieved tension (pain) -- irritability, with subsequent anger (rage) and/or exhaustion. Most of the time irritable, cranky, fussy, restless, discontented, uncomfortable. Frequent signs of frustration-anger.	Chronically depressed, dejected, or apathetic. Most of the time unresponsive, listless, air of hopelessness. Indifferent.
Toddler: 1½ to 3 (Anal Phase)	Child is able to experience and to express some variety of feelings. Much of the time, strong "peak" feelings; excited, lively kinds of feelings -- enthusiasm, interest, joy. Unpleasant moods or sudden outbursts may	Extreme intensities of feelings are experienced; high levels of tension. Shifts from extremes of "high" and "low." Great excitability. Rages. Much disgust. Strong reactions to control by others. Outbursts frequently occur and may last a long while, in attempts	Child is able to experience and to express only a limited variety of feelings. Child expresses primarily one or two feelings. Some feelings are seldom experienced or expresses; some feelings are "never" experienced or expressed (i.e., certain affect is repressed,

EMOTIONAL DEVELOPMENT Variety and intensity of Affect; Characteristic Mood

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	occasionally occur, but are soon over.	to control others. Characteristic mood is angry, attacking, annoyed, resentful.	inhibited, denied). Child may appear bland, sullen, solemn.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Increasing differentiation in the variety of feelings experienced and expressed. Child is able to experience a moderate range of affect -- more so with his own family than with other people. Somewhat subdued feelings; experience of affect is mild. Characteristic mood is satisfied, content, pleased, happy. Evidence of some feelings of embarrassment, shame, self-consciousness.	Extremely strong, intense emotions. Rage, fury. Characteristic mood is attacking, "hyper"-active.	Child is able to experience a small range of affect; little variety of affect. Child has little awareness of variation in feelings. Characteristic mood is anxious, apprehensive, fearful, insecure and/or joyless, unhappy, sad, disappointed. Affect is inhibited or restricted, so that child is unaware of variation in feelings.
Family Integration: 4½ to 6 (Oedipal)	Great differentiation in the variety of feelings experienced and expressed. Expressions of tenderness, pity, sympathy,	Extreme feelings.	Extreme constriction of feelings. Lack of feelings for others.

EMOTIONAL DEVELOPMENT Variety and intensity of Affect; Characteristic Mood

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Phase)	compassion beginning to appear; also guilt. Sensitive to others' feelings and responses.		

EMOTIONAL DEVELOPMENT	Expression of Affect		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	To:
Infant: Birth to 1½ (Oral Phase)	Affect expressed immediately. Undifferentiated, global responses. Expression of feelings often with whole body. Also, smiling, crying, grimacing; making of sounds, agitated movements.	Cries easily. Violent display of undirected energy. Screaming, kicking, holding breath, hitting head against wall or furniture, biting self.	Subdued expression of affect. Whimpering, moaning, whining, silent staring.
Toddler: 1½ to 3 (Anal Phase)	At times, short delay in expression. Expression of feelings is in actions more than in words -- in body movements, gestures, smiling, crying. Occasionally child may say he feels "good" or "not good." Child is able to express some variations in feelings.	Uncontrolled in expressing affect. Unable to delay expression -- affect is expressed immediately and with great intensity, e.g., screaming, throwing self on floor, agitated movement (temper tantrums), throwing things. Explosions of messy, destructive behavior; fury.	Feelings are expressed by brooding, sulking, whining. Outbursts rarely occur. Unpleasant moods may persist for long periods. Child primarily expresses one or two feelings.
Differentiating Stage: 3 to 4½	Some verbal expression of feelings, e.g., I'm mad, I'm happy. Also, conscious use of gestures, postures,	Feelings may be expressed in an artificial, exaggerated way. Child "overdramatizes" expression of feelings, is	Child expresses some affect, but there is restraint, guardedness, hesitation -- within the family, as well as

EMOTIONAL DEVELOPMENT — Expression of Affect

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
(Phallic Phase)	facial expressions, body movements, to express feelings. Feelings expressed openly and directly (girls less open than boys in expressing feelings). A "settling down" for both sexes in expression of feelings. Increasing mastery of the chaotic emotional states within; expression of affect can be delayed to some extent, is under better control. Expression of affect seems appropriate to the situation. Affect stable, though occasional outbursts occur. Displays of anger of short duration.	histrionic as a way of getting attention, of exhibiting self, showing off. Affect is labile; rapid and sudden shifts. Expression of affect may seem inappropriate to the precipitating conditions or to the ongoing situation -- either as an overreaction or as a "wrong" reaction. Affective expression is extreme and/or intense	outside. Affect is inhibited or restricted. Feelings may be expressed indirectly or in devious ways, e.g., in fantasy. Unhappy moods may persist for unusually long periods of time. (More often seen with girls than with boys at this age). Face may appear impassive, frozen. Feelings "held in."
Family Integration: 4½ to 6 (Oedipal	Increasingly able to express feelings verbally rather than in actions. Increasingly able to express a	Regression to earlier ways of expressing feelings, e.g., nonverbal.	Child expresses only a very limited variety of feelings.

EMOTIONAL DEVELOPMENT		Expression of Affect	
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Phase)	range of feelings with peers and teachers, as well as with own family members. Increasingly able to delay expression. Boys more often open or intense in expressing feelings than girls; boys more often open than at earlier age. Girls cry more than boys.		

EGO DEVELOPMENT	Mastery		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	In the beginning, complete dependence for physical needs and bodily care. Bodily needs dependent on outside -- to be turned, moved, fed, dressed, toileted. Beginnings of mastery -- turning, sitting, crawling, walking, feeding self, reaching for objects. Needs much help. Signals hunger and discomfort and desire for assistance. Beginning to distinguish between self and world around him. Handling toys, pots, stuffed animals, etc. Pushing and/or pulling toys.	More attacking than dependent (fighting against object). Strenuous efforts to become independent. Cannot accept dependency.	Delay in turning, sitting, crawling, walking. Little or no attempt to reach for objects, feed self. Extreme helplessness. Gets help by crying, appearing helpless. Great dependency.
Toddler: 1½ to 3 (Anal Phase)	Gaining control of own body -- feeds self, toilets self, tries to dress self. Asserting own controls	Strong insistence on doing everything himself. Cannot let self depend on others. Fear of being controlled by others.	Little or no attempts to control own body -- feed self, toilet self, dress self. Does not accept controls.

EGO DEVELOPMENT — Mastery

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	(negative phase of independency). Does what he wants and in his way. Body movements coming under control, becoming smooth. Coordination good; dexterity good. Running, climbing. Good use of materials and equipment. Uses moderate variety of them, enjoys them, is discriminating in their use. Attention span adequate in both self-originated and adult-initiated projects. Can become engrossed in what he is doing. Can give many activities attention.	if depends on them. Overcontrol of body movements; body movements hesitant, overcautious. Restricted in physical activities. Sits unusually long time. Perseveration and/or repetition of tasks. Limited in use of materials and/or equipment. Avoids certain ones while dealing exclusively with others. Little imagination, creativity, flexibility, freedom in their use. Overly concerned about being careful in their use. Extremely prolonged attention span.	Little control of body movements, movements awkward, clumsy, stumbles, falls, is sluggish. Coordination poor, dexterity poor. Constantly active, cannot "sit still." Poor use of materials and/or equipment. Sloppy and/or destructive with toys. Uses them in inappropriate, careless, wasteful ways. No pleasure from "doing." Not easily involved. Distractible. Attention span short. Flies from one activity to another.
Differentiating Stage: 3 to 4½ (Phal-	Increasingly self-sufficient; needs little attention; most activities self-initiated; needs little help. Usually does	Cannot ask for anything, because has to prove his strength and power to overcome his own doubts. Never asks for and usually rejects help, if	Unable to carry out what he wants to do. Few techniques for getting what he wants. becomes easily discouraged about

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	 To:
lic Phase)	not need to ask for help, but can ask for it when it is needed and/or after own efforts have not succeeded; can accept help. Asks for what he wants. Able to plan what he is going to do and carry out his plans. Usually "keeps trying," finishes what he begins. Functioning seems adequate for his age. Behavior organized, purposeful, yet adaptable and spontaneous. Girls more likely than boys to show inhibited mobility, more likely than boys to have good coordination, good dexterity.	help is offered. Will not accept help even when it is needed. Cannot ask for what he wants -- sees it as admission of weakness. Mode of getting what he wants appears to be stereotyped, nonadaptable, unspontaneous.	achieving what he set out to do and quickly asks for help or just "gives up" without finishing what he started. Behavior often appears to be disorganized, purposeless and/or nonadapting. Functioning seems inept, inadequate for age. Usually afraid to "try." Needs to have much structure and firmness from adult.
Family Integration: 4½ to 6 (Oedipal	Usually makes active attempt to master or cope with difficult, new, or challenging situation and usually is able to cope with	Has to deal with situation himself. Extreme determination. Forces himself to cope with it. Has to take responsibility. Rebuffs	In difficult, new, or challenging situation, usually moves away and/or becomes passive. Usually does not try to master situation or else

EGO DEVELOPMENT — Mastery

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Phase)	it. Usually has a sense of his own power; aware of his abilities and uses them freely. Often takes initiative, takes responsibility, thinks for himself, tries to solve problems, increasingly able to handle pressure from external environment. Good adaptation to school. Willing to take some risks; has courage. Appears moderately independent, autonomous, adaptable, flexible. Mastery of materials. Girls more likely than boys to show rigidity in functioning.	encouragement, reassurance, support from others. Insists on coping with difficult, new or challenging situations himself. Even where unsuccessful in handling them himself, will not ask for help and will reject offers of help. Cannot acknowledge any shortcomings. Takes too many risks, constantly proving he has courage. Inflexible.	tries and is unable to cope with it. No sense of power. Feels helpless. Needs encouragement, reassurance, support from others to use his abilities. Seldom takes initiative; avoids or refuses responsibility. Cannot handle pressures from environment. Poor adaptation to school. Gives up easily, asks for help; discouraged. Afraid to try new things; afraid to risk.

EGO DEVELOPMENT — Communication

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Communicates by crying, by noises, by body movements, by gestures; smiles. Beginning to use simple words.	Incessant efforts to communicate, often frantic -- crying, screaming, agitated body movements or gestures.	Little effort to communicate, even by cries and sounds. "Quiet baby"; "You hardly know the baby is there." Delay in attempts to use words.
Toddler: 1½ to 3 (Anal Phase)	Communicates by actions, one-word sentences, simple sentences. Language used to get needs met, to tell others what to do. Monologues, much talking, verbal curiosity, inquiries.	Continuous talking -- used as a way to control other people, to hold on to them. Has to comment on everything he is doing, everything he sees.	Inhibits communication. Little use of words. Can understand what is said and knows the words, but holds back. May be negativistic, may be fearful.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Able to express himself more or less adequately in speech. Good vocabulary. Able to exchange ideas, explain to others, ask questions, express desires, describe events, exchange information. Speaks with ease. Has good pronunciation.	Talks incessantly, to "show off," to compete with others, to get attention. Able to exchange ideas, explain to others, ask questions, but does these in extremely wordy way. Overwhelms others with a "flood of words."	Unable to express himself in speech. Inhibits communication; difficulty learning vocabulary. Little ability to exchange ideas, explain to others, ask questions. May be due to speech difficulty; may be because unable to assert self, unable to compete.

EGO DEVELOPMENT	Communication		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Family Integration: 4½ to 6 (Oedipal Phase)	Communication moves from ego-centric to socio-centric. Directs his language toward others and tries to influence their actions and thoughts. Learning to use language to plan activities with others and to coordinate group activities.	Communication resembles that of a younger child. Primarily egocentric. Absorbed in own words. Does not "communicate" in mutual give-and-take. Pushes others away with words.	Restricted communication. Minimally answers others. Does not initiate conversation. Limited vocabulary. Silent most of the time.

EGO DEVELOPMENT — Curiosity -- Exploration, Thinking, Learning

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Beginning to notice "the world," to show curiosity, to explore. Handles objects; crawls and pokes into corners, cupboards, shelves, etc. Alert; responsive to surroundings -- to sight, sound, touch.	"Attacks" or "devours" the world with eyes, hands. Has to get into everything.	Little interest in "the world"; no explorations. Seldom manipulates things. Unresponsive to surroundings; sluggish quality. Limited awareness of things.
Toddler: 1½ to 3 (Anal Phase)	Curious about self and world. Expanding capacity to perceive world and explore it. Walks into various rooms, climbs, wanders in park; inquisitive. Shows interest and freedom to explore environment. Interest in solving problems. Thinking often unrealistic, magical.	"Pushes" to "find out" everything. Intense curiosity about everything. Much questioning. "Gets into" everything; frequently requires restraint by others.	Capacity to perceive world and explore it is inhibited. Shows little curiosity or freedom to explore. Inhibits curiosity about and interest in self and/or world. Any explorations are frightening, brief, erratic.
Differentiating Stage: 3 to 4½	Beginning to learn simple concepts of distance (space), time, number. Interest in learning. Some	Great and intense interest in learning. Continual questioning, searching for answers. Great and intense	Confusion about basic concepts of distance, time, number. Inhibits any interest in learning or in

EGO DEVELOPMENT — Curiosity -- Exploration, Thinking, Learning

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
(Phallic Phase)	progress in learning -- is about where he is expected to be for his chronological age. Expresses and shows curiosity about differences between boys and girls, about differences between children and adults. Development from magical thinking to more realistic thinking. In contact with reality, though some fantasy. Able to maintain contact with reality and to interpret reality correctly. Better able than previously to differentiate between fantasy and reality.	curiosity about differences between boys and girls, about differences between children and adults. "Bound" by reality; does not permit himself to engage in fantasy.	intellectual functioning. May be resistant to learning situations; may avoid learning situations. Little progress in learning -- is behind what is expected for his chronological age. Frequent and prolonged periods of time spent in fantasy. Difficulty interpreting reality; difficulty differentiating between fantasy and reality.
Family Integration: 4½ to 6 (Oedipal Phase)	Seems to realize his own potentialities in school and at home. Pleasure in intellectual functioning. Expansiveness; curiosity, freedom in exploring.	"Strains" to function beyond potentialities. Pushes self. "Overachiever." Little creativity in the use of materials and/or equipment.	Intellectual functioning does not seem to be up to child's potentialities. Learning difficulties; learning "blocks"; difficult to teach.

EGO DEVELOPMENT	Curiosity -- Exploration, Thinking, Learning		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	Can anticipate, use judgment, plan, reason, organize, synthesize. Moving from concrete to abstract thinking; from perception to conception to explanation to inference and interpretation. Developing creativity in the use of materials and/or equipment. Improving in making judgments and in decision-making.		"Underachiever." "Poor in making judgments and/or in decision-making.

EGO DEVELOPMENT — Delay of Gratification; Frustration Tolerance; Impulse Control

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	 To:
Infant: birth to 1½ (Oral Phase)	First half year, unable to wait; needs immediate gratification. Low frustration tolerance. Intense reaction when hungry, uncomfortable, not given what he wants. Deprivation elicits aggressive response. Impulsive--grab what he wants. Little or no control over impulses.	Cannot wait even a short time. No frustration tolerance. Any delay or frustration is intolerable and he becomes frantic.	Waits without reaction of displeasure. "Takes delay and/or frustration without reacting as expected. Mild indication of hunger, discomfort, but then appears to resign himself.
	One-half to one-and-a-half, gradually develops capacity for delay and capacity to be diverted. Accepts schedule. Develops some control over impulses. As he feels assured satisfaction will follow, he shows capacity for increasing delay of gratification.	No capacity for substitute gratification; no capacity to be diverted. Cannot accept routines, schedules. No control over impulses.	
Toddler: 1½ to 3 (Anal Phase)	Able to wait a moderate length of time for gratification. Also,	Immediate, intense reaction to any frustration or interference	Inhibition of impulses. Cannot act impulsively at any time.

EGO DEVELOPMENT Delay of Gratification; Frustration Tolerance; Impulse Control

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	increasing capacity for substitute gratification and increasing capacity to be diverted. Moderate frustration tolerance when he is not given what he wants or cannot do what he is trying to do. Increasing control over impulses, though still some impulsivity. Increasing capacity to delay gratification and/or accept substitute gratification -- though he may express his disappointment and irritation. Increasingly able to accept limitations of reality and postponement of gratification.	with desires. Reacts as if still in oral phase.	Appears to have extreme frustration tolerance. Inhibits overt expressions of frustration. Gives impression of great patience.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Able to tolerate anxiety and has "defense mechanisms" against anxiety.	Reacts as if still in oral or anal phase (see above)	Reacts as if still in oral or anal phase (see above).

EGO DEVELOPMENT Delay of Gratification; Frustration Tolerance; Impulse Control

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Family Integration $4\frac{1}{2}$ to 6 (Oedipal Phase)	Shows control over impulses. Can tolerate "average" delays of gratification, can accept substitute gratification at times. Able to tolerate moderate amounts of frustration as part of daily living.	Reacts as if still in oral or anal phase (see above).	Reacts as if still in oral or anal phase (see above).

EGO DEVELOPMENT — Social & Sex Identification

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	No clear differentiation of self. Feels mother (or mother-substitute) should be able to "read his mind"; world should know his wishes. Sense of identity is poor and fluid. Beginning to distinguish between self and world around him -- respond to surroundings (sounds, sights); reach out for and handle what is seen.		
Toddler 1½ to 3 (Anal Phase)	Aware of self as separate from others -- trying to control others and/or trying not to be controlled by others. May talk about self as a third person. Aware of some of own wants, likes and dislikes. Looks at and describes self from viewpoint of others, e.g., "good boy."		

EGO DEVELOPMENT	Social & Sex Identification		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Differentiating Stage: Boy 3 to 4½ (Phallic Phase)	Indications of identification of self as a boy -- aware of sex-appropriate behaviors for a boy (e.g., more aggressive than girls in play and fantasy; more likely than girls to use overt conflict, with hitting, shoving, wrestling); prefers activities and objects defined as appropriate for boys (e.g., guns).	Exaggerated masculinity -- almost caricature of stereotype of "boy." Has to reject any behaviors, interests, activities which might be considered "for girls."	Confusion re sexual identification; may identify with opposite sex; may slip from one sex to the other.
Differentiating Stage: Girl 3 to 4½ (Phallic Phase)	Indications of identification of self as a girl -- aware of sex-appropriate behaviors for a girl (e.g., less aggressive than boys in play and fantasy; somewhat passive and dependent; more likely than boys to use verbal conflict rather than physical conflict); prefers activities and objects defined as appropriate for girls	Exaggerated feminity -- almost caricatures stereotype of "girl." Has to reject any behaviors, interests, activities which might be considered "for boys."	Confusion re sexual identification; may identify with opposite sex; may slip from one sex to the other.

EGO DEVELOPMENT	Social & Sex Identification		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	(e.g., cooking, jewelry).		
Family Integration: 4½ to 6 (Oedipal Phase)	Recognizes self as a member of his family and of his social group in the community. Boy identifies with and imitates father, e.g., in walk, mannerisms, voice, facial expressions, interests; girl identifies with and imitates mother.	Boy avoids father, wants to be different from father; imitates mother; doesn't like to play with other boys; doesn't like "masculine" activities; walks and talks like a girl. Girl avoids mother, wants to be different from mother, imitates father; doesn't like to play with girls; doesn't like "feminine" activities; walks and talks like a boy.	Does not recognize that he is a member of his family -- rejects family, "searches" for a family to belong to. Cannot identify with father or mother; seeks someone to identify with.

PHASE DEVELOPMENT — Pleasure-seeking

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Able to find satiation-pleasure in eating, sucking, oral exploring or mouthing, biting, chewing, kissing. Able to give self gratification, e.g., thumb - or finger-sucking, sucking pacifier, toys. Pleasure from the natural rhythm of sleeping-resting. Pleasure in body functions. Pleasure in exploration. Pleasure in use of musculature -- movements of body, arms, legs, turning, sitting, crawling.	Great indulgence in oral behaviors -- voracious, overeating; continues frequent bottles beyond usual age of weaning; extensive oral exploring. Frequent and prolonged thumb-or finger-sucking, sucking other objects, mouthing, being held. Extended periods of sleeping -- "too much" sleeping, as if to avoid the world, escape. Much biting, grinding teeth, spitting, drooling.	No pleasure from eating -- poor appetite, finicky eater, eats very little, habitually vomits. "Rejects" food. No attempts to give self gratification when it is lacking in the situation -- does not show the expected oral exploring or mouthing, sucking, etc. No pleasure from body contact; avoids body contact; pushes away when held or cuddled. Resists going to sleep; restlessness in sleep; bad dreams; wakefulness. "Fights" sleep.
Toddler: 1½ to 3 (Anal Phase)	Pleasure in acquiring control of own body functions -- urinating, defecating. Pleasure in use of musculature, large and small, and in acquiring control -- climbing, walking,	Toileting (and/or eating and/or sleeping) used as a statement vs. object ("I won't because you want me to") or as source of contention, rather than for pleasure. Anal zone	No pleasure from body functions. Denies pleasure for self. Holding in -- constipation. Excessive control. Disgust with body functions as reaction formation.

PHASE DEVELOPMENT — Pleasure-seeking

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	handling objects. Body control in relation to time and place. Pleasure in movement.	unduly eroticized. Asking to be wiped after toileting; not wiping self well. Diarrhea (no control). Aggressive use of wetting or soiling (because disappointed in mother or suffering object loss). Excessive use of musculature -- hyperactive, reckless. Frequent soiling, bed-wetting, day-wetting.	Extremely clean and fussy with regard to body functions. Restricted use of musculature. Restricted in activity, cautious. Overly compulsive re toileting and/or cleanliness. Overly shy about excretory functions and procedures.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Able to find pleasure in masturbation, playing with genitals, handling other parts of own body, e.g., playing with hair, stroking arm. Enjoyment of being nude, exhibiting self, "showing off." Pleasure in "poking," "piercing." Enjoyment of dressing up, looking handsome/pretty.	Frequent and prolonged masturbation -- as reassurance and/or for comfort, intensive handling of own body or hair -- "I can't stop." Excessive exhibing of self -- to get attention or as reassurance against own doubts. Buffoonery or clowning as distortion of exhibitionism -- "showing off" displaced from asset to defect. Ex-	Denies self pleasure, masturbation; avoids exploring own body, inhibition of masturbation. Inhibition of nudity. Excessive modesty -- as reaction formation of exhibitionistic tendencies. Shame re body. Reaction against exhibitionism appears as neglect of dress and/or hair. Avoids attention. May be "bored"

PHASE DEVELOPMENT — Pleasure-seeking

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
		cessive attempts to get attention. Constantly wanting to dress up, "look handsome/pretty," as reassurance against own doubts.	as a result of suppressing masturbation or fantasies re masturbation.
Family Integration: 4½ to 6 (Oedipal Phase)	Pleasure in exploring; in achievement; in mastering difficulties; in solving problems; in coping with novel situations. For boys: pleasure in "masculine" activities in being "a little man," in identifying with father, in flirting with women and girls. For girls: pleasure in "feminine" activities; in being a "little woman," a "little mother," in identifying with mother, in flirting with men and boys.	"Pushes" self to achieve -- to overcome own doubts. "Pushes" self to master difficult situations. "Pushes" self to explore; to solve problems. For boys: "pushes" self to engage in masculine activities, to prove masculinity; "pushes" self to be a "little man." Avoids all feminine activities. Exaggerated interest in masculinity. Excessive flirting with females. For girls: "pushes" self to be "a little woman," "a little mother." Avoids all masculine activities. Exaggerated interest	Inhibits exploring, achieving, succeeding in difficult situations. Minimal pleasure in achievement, in exploring. For boys: avoids masculine activities; engages in feminine activities. Inhibits flirtatiousness with females. For girls: avoids feminine activities: engages in masculine activities. Inhibits flirtatiousness with males.

PHASE DEVELOPMENT — Pleasure-seeking

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
		in femininity. Excessive flirting with males.	

PHASE DEVELOPMENT — Themes and/or Central Issues

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Concern about object being there -- losing the caretaking person, being abandoned, being left alone (fear of annihilation due to loss of caretaking object). Concern about being given care -- being neglected. Concern about being satisfied -- being deprived; getting his share -- not getting his share; devouring -- being devoured.	Intense concern about losing the caretaking person, being abandoned -- "I can't be without you" -- panic when caretaking person out of sight. Intense concern about being given care -- continually needing and demanding care; being greedy, seeing others as unfair. Intense concern about being satisfied -- deprived; getting his share; "taking in." Intense anxiety about being devoured.	No bond established with the caretaking person; little interest in presence or absence of the object. Little expectation of being given care; child has "given up," is apathetic, uninvolved. Indifferent to satisfaction; may even "reject" satisfaction. Swings between extremes of demanding satisfaction and care, and exaggerated indifference.
Toddler: 1½ to 3 (Anal Phase)	Concern whether can control others or will be controlled by others (omnipotence-helplessness). Concern about giving in to others. Concern whether will lose love of objects (if say no); concern about pleasing	Intense concern about being controlled by others; has to control them to avoid being controlled. Intense concern about losing love of object -- continually seeking reassurance, trying to please, behaving so as not to incur any criticism.	Fearful of controlling others; tries to get others to control him. Fearful of showing concern about losing love of object. Goes to opposite extreme -- acts as if does not want love, is unconcerned about pleasing.

PHASE DEVELOPMENT	Themes and/or Central Issues		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	authority (fear of criticism and punishment). Concern whether can establish own control system, can control self or will "lose control." Includes concern about cleanliness-dirtiness, orderliness-disarray, keeping-losing, aggression (hurting-- getting hurt, destroying -- being destroyed).	Extreme concern about losing control of self -- becomes overcontrolled, rather than admit does not want to control self. Great concern about cleanliness-dirtiness, orderliness-disorderliness, keeping (hoarding), aggression by self or others (hurting others or getting hurt).	Fights against controlling self -- appears to lack control of self; will not control self. Swings between extremes of overcontrol and lack of control.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Concern about being extraordinary (special) or worthless, being admired-ridiculed; concern about size (being bigger-smaller), about strength (being powerful -- strong or weak -- vulnerable); concern about being attractive-unattractive. For boys: concern about male attributes,	As reaction to feeling worthless, great emphasis on being special, being admired (with fear of being ridiculed). As reaction to feeling small and weak, great emphasis on being big and strong and powerful. Great preoccupation with being attractive, admired, lovable. As reaction to concern about body-damage, castration,	Denial of special worth -- may appear as overly modest; may act in ways to prove worthlessness. Fear of being big and strong, so emphasizes smallness and weakness and vulnerability. Lack of interest in appearance; or going to the opposite extreme and denying any interest in appearance. Denies desire to be

PHASE DEVELOPMENT	Themes and/or Central Issues		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	intactness and damage to body, castration, appearance as a boy; concern about being a boy, own worth as a boy. For girls: concern about female attributes; appearance as a girl; concern about being a girl, own worth as a girl.	takes risks unnecessarily. For boys: intense concern about masculinity and efforts constantly to show masculinity; anxiety about being castrated and constant anticipation of being castrated and protective maneuvers to prevent castration. For girls: intense concern about femininity and efforts constantly to show femininity. Or, resigns self to "second-class" status and accentuates worthlessness as a girl.	lovable -- acts unlovable. For boys: denial of interest in own maleness; appears unmasculine. For girls: denial of interest in being feminine; appears unfeminine. Denial of "second-class" status as a girl and efforts to show she is more worthy than a boy; constantly competing with boys.
Family Integration: 4½ to 6 (Oedipal Phase)	For boys: concern about being like or different from father; about competing with father for mother and competing with mother for father; concern about succeeding in competing with father	For boys: doubts he is like father, intense concern to prove he is like father; intense competition with father; great concern that mother prefers him to father; intense concern about being better than	For boys: fear of being like father; tries to be different from father; fear of consequences if competes with father and succeeds; strong need to fail. Avoids mother because of the danger, or avoids father.

PHASE DEVELOPMENT	Themes and/or Central Issues		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	as a male, persevering, or giving up because dare not succeed; concern about replacing father; concern about loving-getting rid of father. For girls: concern about being like or different from mother; about competing with mother for father and competing with father for mother; concern about succeeding in competing with mother as a female, persevering, or giving up because dare not succeed; concern about replacing mother; concern about loving-getting rid of mother. For both boys and girls: concern about sex, reproduction, marriage.	father. For girls: doubts she is like mother, intense concern to prove she is like mother; intense competition with mother; great concern that father prefers her to mother; intense concern about being better than mother. For both: overly concerned about sex, reproduction, marriage.	Appears to have great fear of females and/or males. Cannot let self replace father. For girls: fear of being like mother; tries to be different from mother; fear of consequences if competes with mother and succeeds; strong need to fail. Avoids father because of the danger, or avoids mother. Appears to have great fear of males and/or females. Cannot let self replace mother. For both: absence of any interest in sex, reproduction, marriage.

PHASE DEVELOPMENT	Play and Interests		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Play at feeding and being fed; being "baby," being taken care of; eating, swallowing, devouring and being eaten, swallowed, devoured; biting others and being bitten. Play at losing and finding (as in peek-a-boo games, or hiding and finding toys, or dropping things and having them returned). Play at sleeping.	Intensive interest and/or prolonged play re feeding and being fed; being "baby"; devouring and/or being devoured. Intensive interest and/or prolonged play re losing and finding -- people, things, toys.	Avoidance of playing "baby", playing at devouring or being devoured. "Panic" or other strong reaction in refusing such play. Little interest in surroundings -- in touching, handling.
Toddler: 1½ to 3 (Anal Phase)	Sublimation of anal and urethral preoccupation in painting, finger painting, modeling clay, water play, play with sand, other "messing" activities or dirtying activities. "Toilet" play. Play at being angry, scolding, at "destroying"; at hurting and getting punished or being hurt (e.g., with	Intensive interest and/or prolonged play with water, sand, clay, paint, "messing," "dirtying." Extreme messiness, dirtyness. Great amount of "toilet" talk, "toilet" play. Much angry play; much destructive play; much hurting play. Destructive with materials and toys. Much teasing play, scaring	Avoidance of painting, finger painting, modeling clay, water play, play with sand, "messing" activities or "dirtying" activities. Extreme cleanliness and orderliness. Denial of body functions and avoidance of any "toilet" talk or "toilet" play. Cannot let self engage in any angry play or

PHASE DEVELOPMENT	Play and Interests		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	dolls). Play at being witch, devil, monster. Collecting materials and toys; some hoarding. Interest in bowel movements; in toileting -- his own and others; in buttocks -- his own and others.	other children. Extreme wastefulness. Intensive interest and/or prolonged attention to body functions; much concern expressed and much discussion of them.	any destructive play. Inhibits expression of anger even in play. "Saves" materials, is cautious, thrifty, in their use; much hoarding.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Interest in looking at others' genitals, touching; showing own genitals to others; watching others dressing, bathing, nude. Questions about differences between boys and girls. As sublimation of sexual curiosity, enjoys taking things apart to see what makes them work. Investigative play. For boys: engages in boy-type play -- play at shooting, stabbing, warring; play with	Great interest in and/or prolonged attention to looking at others' genitals, showing own; watching others dressing, bathing, nude. Continuous and/or prolonged questioning about differences between boys and girls. Constantly taking things apart; investigative play. For boys: great emphasis on boy-type play and avoidance of all activities considered characteristic of girls. For girls: great emphasis on girl-type play and	Denial of any interest in genitals. Avoidance of looking at others and/or showing self. Extreme modesty. Denial of any sexual curiosity. Avoidance of questions about differences between boys and girls. Embarrassed by such discussions or references. For boys: avoidance of boy-type play; great interest in girl-type play and activities considered characteristic of girls. For girls: avoidance

PHASE DEVELOPMENT — Play and Interests

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	cars and trucks and airplanes; play at social roles, such as policeman, fireman, milkman, and other culturally emphasized roles; play with both sexes. For girls; engages in girl-type play -- play at mothering and homemaking; play with dolls; play at social roles of ballerina, nurse, teacher, and other culturally emphasized roles; play with both sexes.	avoidance of any boy-type play; avoidance of all activities considered characteristic of boys.	of girl-type play; great interest in boy-type play and activities considered characteristic of boys. Little play at social roles -- male or female.
Family Integration: 4½ to 6) (Oedipal Phase)	Much time in family play -- playing same-sex parent, most of the time; but sometimes playing child or opposite-sex parent. Some sex play. Talk about wanting to marry, about wanting to be a parent (father/mother). Girls play	Practically all the time is spent in family play, to the exclusion of other kinds of play. Much sex play. Constant talk about wanting to marry. Excessive questioning about where babies come from. Intense interest in exploring, learning.	Avoidance of any family play. Avoidance of any sex play. Avoidance of any talk about marrying or about being a parent (father or mother). Uncomfortable in such discussions. Acts naive. Avoidance of any questions about where babies come from.

PHASE DEVELOPMENT — Play and Interests

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	at being hostess, developing social skills; boys play at being guest. Questions about where babies come from; interest in taking care of a baby. Interest in exploring, learning. Interest in social activities of the group. Complex dramatic play. Interest in small-group games. Play at achieving, mastering difficulties, solving problems.	Intense interest in the group. Forces self to enter and deal with difficult situations -- in an effort to overcome own anxieties and doubts. For boys: great emphasis on always playing daddy; unwilling to take other roles in play. Constant talk about wanting to be a father. For girls: great emphasis on always playing mother; unwilling to take other roles in play. Constant talk about wanting to be a mother.	Embarrassed by such talk. Denies interest in exploring, learning and/or avoids exploring-learning activities. Denies interest in social activities of the group and/or avoids group. Insists on setting up own individual play -- extreme degree of independence and isolation.

PHASE DEVELOPMENT — Character Traits

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase	Passive -- expects to be given to. Receptive -- to what is given. Dependent -- for physical and emotional needs; some attempts to be independent. Wanting to be "fed" -- demanding. Compliant -- as a way to get needs met. Trusting -- in expectation needs will be met and he will be taken care of.	Fearful (anxious?) and therefore clinging for gratification and protection. Extremely passive and/or dependent. Extremely compliant, obedient, submissive, ingratiating -- so as to be taken care of. Much whining.	Complains about not getting enough; wants what others have; sees others treating him unfairly. Always wants more, greedy, grabbing, extremely demanding, insistent. Because disappointed in object or frustrated, has turned away and become precociously independent. Cannot be dependent, receptive, fed. Untrusting. Swings between being extremely independent and extremely demanding.
Toddler: 1½ to 3 (Anal Phase)	Emphasis on "me" and "mine." Attempts to control others. Some bossiness, some dominating. Efforts to protect self from being controlled by others. Negative, defiant, opposing, stubborn, obstinate. Teasing; quarrelsomeness.	Extreme resistance to control by others. Extreme negativism, defiance, opposition, stubborness, obstinacy, quarrelsomeness. Much bossiness; very dominating; very controlling of others. Much teasing; much insulting others.	Unaggressiveness as indication of conflict with anal striving. Child presents too little trouble and difficulty for adults; will not permit self to be negative, defiant, stubborn, quarrelsome. Must agree. Masochistic -- seems to

PHASE DEVELOPMENT

Phase	Character Traits		
	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	Ambivalent; indecisive. Efforts to be clean, orderly, punctual; to control self.	Easily feels insulted, hurt. Sadistic -- seems to enjoy hurting others. Extreme ambivalence; extreme indecisiveness, e.g., clinging as expression of ambivalence and/or control rather than for protection. Will not be orderly, punctual, clean. Absence of self-control.	enjoy being hurt. As reaction against wish to be bossy, dominate, control others -- lets self be bossed, dominated, controlled. Extremely orderly, punctual, clean. Overly self-controlled.
Differentiating Stage: 3 to 3 (Phallic Phase)	Competing (to be best, biggest, strongest, most attractive, most loved); challenging others; bragging-boasting. Exhibitionistic -- admiring self, pround of self. Seeking attention. Forceful, assertive, "thrusting" (girls not as forceful as boys).	Extremely competitive; continually challenging others, bragging. Exhibiting self, "showing self off"; constantly seeking attention of adults and/or other children by questioning, talking, performing, clowning, provoking. Preoccupation with being attractive, admired, lovable. Boys show exaggerated "masculinity" as overcompensation for own fears and doubts (e.g.,	Does not dare to assert self -- appears passive. Avoids competing, challenging. As reaction against wish to exhibit, is extremely retiring, shy. Avoids any exhibitionism. Avoids attention; becomes embarrassed when given attention. Denies desire to be lovable -- acts in unlovable ways to prove it. Boys deny "masculinity" -- cannot be active, aggressive, tough.

PHASE DEVELOPMENT	Character Traits		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
		castration fear). Girls show exaggerated "femininity."	Girls deny "femininity" -- cannot meet cultural expectations, cannot let self be gentle; act more like a boy than a girl -- tough, aggressive.
Family Integration: 4½ to 6 (Oedipal Phase)	Seductive, manipulating, "appealing." Responsive, friendly, cooperative. Charming with opposite sex (adults and children), flirtatious, coy. Competing with same sex (adults and children) and then often appeasing. Challenging same sex -- establishing own sexual identity.	Extremely manipulative. Exaggerated seductiveness. Extremely flirtatious with the opposite sex (adults and children). Unable to cooperate. Distant. Constantly competing with same sex.	Self-defeating in encounters with same sex (adults and children). Self-punishing. Avoids opposite sex -- may rebuff them. Unable to compete with same sex. Overly cooperative, "too nice," too friendly, too responsive. Constantly appeasing same sex.

PHASE DEVELOPMENT

Phase	Characteristic, expected, typical	Problems and/or Symptoms: Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Oral autoerotic gratification -- sucking thumb, finger, toys, etc.; drooling, spitting, licking lips; sticking out tongue, rolling tongue. Occasional eating problems. Occasional sleep disturbances. Rocking, swaying, other rhythmical movements.	Continual eating problems -- refusing to eat, vomiting, fussy eater, etc. Much biting self, others, toys, etc. Continual sleep disturbances, nightmares. Much rocking, headbanging. Much restless activity; "high." Frequent and prolonged crying. Excessive irritability.	Chronically engaging in oral autoerotic behaviors such as sucking. Chronically depressed, dejected. Apathetic.
Toddler: 1½ to 3 (Anal Phase)	Needs some assistance after toileting, such as pulling up pants. Resists going to bed or resting. Needs special blanket or toy to sleep or rest. Some conflict over eating, dressing, etc. Compulsions, rituals, obsessions. Avoidance of or flight from anxiety-provoking situations. Magical thinking.	Frequent bed-wetting, pants-wetting. Diarrhea. Frequent soiling. Refuses to wipe self. Asks to be wiped after toileting. Chews things. Extreme and persistent anger. Much destructive behavior. Extremely dirty, disorderly, wasteful.	Refuses to toilet except at home. Chronic constipation. Picks at fingers, scabs, nose. Bites fingernails; grinds teeth. Cannot express aggression toward others -- turns it inward. Extreme cleanliness, orderliness, hoarding.

PHASE DEVELOPMENT	Problems and/or Symptoms		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Differentiating Stage: 3 to 4½ (Phallic Phase)	Phobias, fears. Realistic fears are age-appropriate. Fears as response to danger, to feelings of helplessness. Some fears about being hurt, about bodily damage. Some masturbation handling or holding genitals, stroking skin stroking or twisting hair.	Keeps fears hidden. Cannot admit fears or show fears. Maintains "brave front." Too few fears are observable. Denies fears. Severe nightmares or bad dreams. Frequent and prolonged masturbation. Excessive concern re being hurt, damaged.	Extensive and/or intensive phobias and fears, e.g., panic re cat or dog. Fears frequently interfere with functioning. Denial of any pleasure in own body. Inhibits any masturbation or autoerotic activity.
Family Integration: 4½ to 6 (Oedipal Phase)	Temporary regression to symptoms or problems of earlier phases. Some guilt re own wishes and fantasies.	Prolonged regression to earlier phases, e.g., soiling, wetting, excessive oral behaviors and activities.	Great fear of males and/or females. Great fear of leaving parent -- as reaction against own destructive wishes. Excessive guilt. Fear of growing up to be a "bad" man or a "bad" woman.

PHASE DEVELOPMENT — Assertion-Aggression

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Expresses wants, makes demands, imposes self on world. No consideration for others. Grabs. Reacts to restraint with aggression; with crying, yelling, striking out. Also, reacts to interruption of activity and to delay of gratification. Can be diverted, placated. Oral aggression -- "biting," "devouring!"	Continually expressing wants, making demands. Maximally imposes self on environments; little effort to adjust to environment. Frequent displays of strong aggression -- global, undifferentiated rage -- for extended periods of time. Cannot be diverted, placated. Much oral aggression -- biting, oral attacking, devouring.	Minimally imposes self on environment; usually tries to "adjust" self to demands of environment. Always tries to please, obey, comply. Extreme passivity. Undemanding. Helpless. Waits for others to give him what he desires or wishes. Seldom any display of aggression -- even when it would be expected.
Toddler: 1½ to 3 (Anal Phase)	Anal aggressive. Swings between love and hate -- ambivalence -- libido and aggression not fused with each other. Enough aggression to go after what he wants and to reach goals. At times, aggressively controlling. Can usually control his own aggression -- keep it within limits --though	Extreme aggressivity. Aggression interferes with relations. Balance of love and hate swings toward hate, hostility, cruelty. Sadistic -- much "hurting" others -- insulting, teasing. Much hitting, kicking, scratching, throwing. Hurting by explosions of messy, destructive behavior. Outbursts of	Unaggressive. Cannot assert self. Reaction formation against sadistic impulses --over-concern re others' pains and wounds. Turns aggression on self. Accident-prone. Masochistic -- much being hurt; easily feels insulted; sensitive to criticism. Hurting by keeping in, hiding feelings.

PHASE DEVELOPMENT — Assertion-Aggression

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging From:	To:
	sometimes loses control. Tries to control others to some extent.	destruction. Uncontrolled aggression much of the time -- destroys social relations. Great aggressiveness as reaction to fear.	Overcontrol of aggression. "Pacifism" as reaction to wish to attack or as expression of fear of being attacked. Little initiative; not enough aggression to reach goals; waits for help.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Phallic aggressive. In most situations, able to express aggression in moderate amounts and in socially acceptable ways (in words and/or in actions). Some consideration for others. Independent achievement strivings. Can compete with other children for toys, favors, attention. Can show anger when appropriate; can assert self; can pursue own ends and get wants satisfied.	Competitiveness may be extremely aggressive. Aggression as overcompensation for castration fear. Asserts self in extreme ways and/or attacks others. Fiercely pursues own ends. Marked aggression, externally directed, disrupts relations. Marked aggression is less typical of girls than of boys -- but may come out by competing with boys, "castrating" boys.	Unable to show aggression directly, unable to assert self and/or unable to get what he wants. Inhibits aggression or expresses it in devious ways or in self-inflicted injuries. Psychosomatic disorders. Passive resistance, "accidentally" hurting others. Aggression expressed in fantasy rather than in activity. Girls are more likely to inhibit aggression than are boys.

PHASE DEVELOPMENT — Assertion-Aggression

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	Aggression channeled into acceptable expressions -- poking, tickling, verbal provocations, exaggeration. Girls more often than boys may express aggression indirectly, and/or in fantasy.		
Family Integration: 4½ to 6 (Oedipal Phase)	Balance between attempts to master (cope with) environment and attempts to satisfy own desire for pleasure (neutralization and fusion). Both the expressions of pleasure and of aggression checked by reality. Pleasure principle giving way to reality principle. Ego-oriented, reality-oriented. Able to maintain satisfying relations with others and still get what he wants. Aggression may come out in show of initiative, in	Extreme emphasis on attempts to master environment. Manipulates aggressively. May manipulate by being seductive. Particularly aggressive toward same-sex parent.	Little or no effort to master environment, manipulate others. Constriction of initiative. More "superego"-oriented than ego-oriented or reality-oriented. Excessive generosity as reaction formation to mask aggression.

PHASE DEVELOPMENT	Assertion-Aggression		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	developing autonomy; in attempts to master environment or to take "social action."		

PHASE DEVELOPMENT	Response to Aggression by Others		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Reacts to aggression by others with crying, yelling, striking back.	Prolonged and intense reaction to aggression by others.	Passively accepts others aggression. Does not defend self or respond with counteraggression. Usually turns to adult for help; or, may just whine helplessly.
Toddler: 1½ to 3 (Anal Phase)	Reacts to others' aggression, but shows some control of his response. May use language, may shove other, may cry. Reaction is immediate and short-lived. May scold or criticize or lecture other.	Reacts in extremely aggressive and angry way to any display of aggression by others. May bite, kick, scratch, inflict injuries, throw blocks or toys. Overreacts, cannot control self. May scream, yell, strike out physically.	Weak response to aggression. Made anxious or fearful by display of even moderate aggression. May run away in fear, show hurt withdrawal, cry, or stand immobilized.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Easily tolerates moderate show of aggression by others. Takes it in stride. May respond by asserting self, by acting aggressive in words or actions but in socially acceptable ways. Girls are more likely than boys to respond	Cannot tolerate any show of aggression by others; overreacts. May become either extremely physically aggressive or extremely verbally aggressive. Violent attack, challenge.	Shows "superiority" by ignoring the aggression in obvious ways. May regress to passive, helpless acceptance of aggression.

PHASE DEVELOPMENT	Response to Aggression by Others		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	in verbal ways.		
Family Integration: 4½ to 6 (Oedipal Phase)	Response to aggression by others is increasingly verbal. Insistence on compromise, justice, democratic process. Girls more likely than boys to be peacemakers.	Regresses to earlier ways of responding to aggression by others.	Extreme guilt and blames self for being cause of others' aggression. Excessively appeasing to aggressive one.

PHASE DEVELOPMENT — Expression of Affection

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Able to express affection -- by hugging, cuddling, kissing, stroking -- to mother and maybe other family members.	Excessive show of affection; overly affectionate (continually hugging, kissing, touching, stroking others). Affection as a way of clinging for protection and gratification, for reassurance.	Shows only limited expression of affection, if any -- only to mother or mother-substitute.
Toddler: 1½ to 3 (Anal Phase)	Able to express affection in actions, and sometimes verbally, to family members and an occasional friend of the family who is familiar.	Uses affection as a way of controlling others, as a way of being aggressive -- e.g., hugging too hard. Excessive affection.	Inhibits or restricts demonstrations of affection. Very selective re persons toward whom shows affection. Uninterested in showing any affection. It is not that he inhibits affection he feels, but rather he does not experience affectionate feelings.
Differentiating Stage: 3 to 4½ (Phallic Phase)	Able to express affection verbally and in actions -- to family members, teachers, and/or peers -- in an easy and unselfconscious way.	Intense show of affection. Indiscriminate re object of affection. May use affection in exhibitionistic way. Overly affectionate.	Uneasy about expressing any affection. Limited expression of affection. Show of affection may be accompanied by embarrassment, self-

PHASE DEVELOPMENT	Expression of Affection		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
			consciousness, silliness, clowning. May express affection only in indirect, devious ways. May express affection primarily in fantasy.
Family Integration: 4½ to 6 (Oedipal Phase)	Especially affectionate with parent of opposite sex and with other substitutes for this parent. Less affectionate with same-sex parent and with other substitutes for this parent.	Uses affection in extremely manipulative ways. Overly affectionate with opposite-sex parent and with substitutes for this parent. Unable to show any affection for same-sex parent or with substitutes for this parent.	Unable to be affectionate -- especially with opposite-sex parent and with substitutes for this parent.

PHASE DEVELOPMENT — Response to Affection by Others

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Able to accept affection from mother and other family members. Responds to affectionate overtures. Enjoys being cuddled, kissed, hugged, stroked.	Overly responsive to affection -- undiscriminating about who is giving it -- "hungry" for it.	Unresponsive to affection -- "as if numb." Cannot let himself be cuddled. Pushes out of person's arms or lap. Does not like to be kissed, hugged, handled.
Toddler: 1½ to 3 (Anal Phase)	Accepts affection in an easy way from family and familiar adults or children, and may even appear pleased by it. At times may refuse, as a way of showing he is in control of the situation. Negativistic.	Usually searching for affection; shows anxiety about the possible loss of affection. Asks for demonstrations of affection and for reassurance. If affection is shown, may respond by becoming overaffectionate. Seeks affection to counteract own ambivalence and negativism.	Uncomfortable about accepting affection from others and untrusting of their affection. Sees affection as attempt to control him. May reject or withdraw from all affectionate overtures from others. May be able to accept only limited expressions of affection from certain persons. Uninterested in and unresponsive to any affection from others. Does not look for affection or expect it.

PHASE DEVELOPMENT	Response to Affection by Others		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Differentiating Stage: 3 to 4½ (Phallic Phase)	Responds to affection by peers, as well as by teacher and other familiar adults.	Affection accepted with embarrassment, self-consciousness, silliness, clowning, hyperactivity.	Shy in response to affection. May show uneasiness when others are affectionate.
Family Integration: 4½ to 6 (Oedipal Phase)	More responsive to affection from opposite-sex parent, or substitutes for that parent, than to affection from same-sex parent.	Overly responsive to affection from opposite-sex parent. Rejects any affection from same-sex parent.	Rejects affection from opposite-sex parent. Overly responsive to affection from same-sex parent.

SUPEREGO DEVELOPMENT — Emergence of Superego

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Does not yet "know" the difference between right and wrong, good and bad, which actions are approved and which disapproved, what he should do and what he should not do. Acts to gratify impulses, whether or not adult is present. May act "good" or "bad" depending on own impulses and desires. May act antisocially, take others' possessions, bite. Learning to respond when someone says "No." Learning inhibition of biting, grabbing.	Does not respond to "No." No inhibition of biting, grabbing, other antisocial actions.	Overresponds to "No" or to scolding or spanking. Withdraws into self. Becomes frightened and/or apathetic.
Toddler: 1½ to 3 (Anal Phase)	"Knows" in a gross way that some actions are considered good and some bad, some ways of behaving are regarded as right and some wrong. "Knows" which actions are approved	Does not comply with parents' requests or demands. Little guilt. "Tests" limits of adult. May deliberately provoke adults, e.g., by breaking rules.	Perceives parents as very powerful, superhuman, supermoral. Always acts in ways he thinks "good", even when adult is not present. Can never let himself do anything

SUPEREGO DEVELOPMENT		Emergence of Superego	
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	and which disapproved by parents, what parents think he should do and should not do. Knows certain behaviors will be punished and avoids these when others are around. Says "No," but then follows directions. Most of the time acts in ways parents say are "good." May at times do things even though "knows" they are "bad." Can follow rules if adult present. May voice some concern about his badness and others'. May ask questions about what is right and wrong.	Acts in ways he thinks are "good" only when an adult is present; little capacity to decide right and wrong -- does not "know" specific actions approved or disapproved by parents. Much variation, depending on whether at school or at home. No concern about disapproval or about badness.	"wrong" or "bad". Has to follow rules. Great concern about badness in self and others. Very strong feelings about right and wrong. Much questioning about what is good and what is bad. Too afraid of disapproval.
Differentiating Stage: 3 to 4½ (Phallic	Knows difference between right and wrong, good and bad, as defined by his family members and their social group. Knows	Usually does not accept rules or schedules, usually resistant to and does not follow directions. Does not comply with internal represen-	Preoccupied with being good. Extremely conscientious. Expressed in fears or extreme orderliness. Strict with self and with

SUPEREGO DEVELOPMENT	Emergence of Superego		
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Phase)	what behaviors are approved and disapproved by adults, rewarded and punished; also which behaviors are expected of boys and which of girls, which are considered appropriate for each sex. Criticizes others or complains about them not acting appropriately. Can accept limits; can accept authority. Respects others' possessions. Can share, can take turns most of the time. Can accept and follow rules and schedules, respond to suggestions, follow directions, handle routines and transitions, though at times may need help from adult. May be "good" even though adult is not present. (Girls more	tatives of external demands. Will not share, will not take turns. Difficulty handling routines and/or transitions; will not accept authority. Difficulty accepting any "demands" made on him; resistant to any suggestions. Cannot accept limits, expressed in "acting-out."	others. Extremely polite. Rigid, desperate quality in following routines, following directions, accepting suggestions. Always follows rules, accepts authority. Great concern about following schedules. Must share -- often gives the other a bigger share than self. Must take turns -- often gives the other a longer turn than self. Makes rules for others, directs them.

SUPEREGO DEVELOPMENT — Emergence of Superego

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	strict with self than are boys, especially at school and outside the home.) Awareness of and some concern about goodness-badness in others. Criticizes "bad" children and warns other children not to be "bad."		
Family Integration: 4½ to 6 (Oedipal Phase)	Beginning internalization of norms; autonomous "code" of behavior. Independent capacity to decide right and wrong in many instances. Forbids self to want certain things (e.g., opposite-sex parent) and feels guilty for wishes and anticipates punishment for them. Forbids self to do certain things and feels guilty after acts. More strict with self than at earlier age (girls more so than boys).	Little capacity to decide right and wrong. Little guilt. Little internalization of norms.	Preoccupies with being "correct," acting "right." Overly severe superego; great guilt. Regards most of his actions and thoughts as "bad," feels guilty, "hates" self. Even thinking something he thinks is "bad," child feels guilty, sees self as "bad," "hates" self.

SUPEREGO DEVELOPMENT

Punishment

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Does not anticipate punishment. If punished or reprimanded, may cry, and then move on to other activities.	Punishment has little effect. May immediately return to the forbidden act.	Extreme reaction to punishment or reprimand -- as if fears abandonment for being bad.
Toddler: 1½ to 3 (Anal Phase)	May take role of authority toward self -- may scold self after doing something forbidden; may slap own hand. In play, may teach dolls or animals what is approved and disapproved. May anticipate punishment after wrong doing and try to avoid it by blaming others (such as another child, imaginary friend, pet). May deny the act actually happened. If reprimanded, may seek affection afterwards as reassurance.	Lack of concern about punishment, lack of interest in the rules.	Terrified of doing wrong, making a mistake. Extremely fearful of punishment. Sees faults in others and has punitive attitude toward them, as well as toward self. If reprimanded, acts as if he fears the loss of love. If reprimanded, must seek reassurance afterwards.

SUPEREGO DEVELOPMENT

Punishment

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Differentiating Stage: 3 to 4½ (Phallic Phase)	After wrongdoing, expects punishment. Most of the time, takes it in stride. May try to lessen punishment by promising not to act that way again. If reprimanded, may act injured; may act ashamed.	Completely unconcerned about punishment and unaffected by it.	Extreme overreaction to punishment.
Family Integration: 4½ to 6 (Oedipal Phase)	Expects punishment if breaks rules or acts in forbidden ways. When reprimanded, feels guilty. Feels guilty, even if no one else sees the wrongdoing, and may punish himself for what he has done or may try to make amends.	Shows no guilt. No anticipation of punishment for wrongdoing. No reaction to punishment; no regret, no indication of future change in actions.	Extremely guilty. Always anticipates punishment, even for minor acts. Always affected by punishment -- extremely contrite; having to atone and make amends. Guilt may continue for extended time after punishment. May feel guilty even if he has not been punished.

SUPEREGO DEVELOPMENT — Self-Esteem

Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
Infant: birth to 1½ (Oral Phase)	Not yet developed.		
Toddler: 1½ to 3 (Anal Phase)	Feels good when parent praises; feels bad when reprimanded. Enjoys being praised, admired; acts in ways to get praise, admiration. Self-feeling shifts back and forth between high and low, depending on others' evaluations. Few standards of his own. Frequent shifts in self-feelings and in confidence which is easily shaken.	Parent's praise or criticism has no effect; untouched by their opinions.	Focused on what parents will say. Most actions oriented toward getting their approval, avoiding their criticism.
Differentiating Stage: 3½ to 4 (Phallic Phase)	Proud of being a boy/girl; proud of body, appearance, capabilities. Feels lovable, good, worthwhile, attractive, competent. Expects to be liked by others. Positive feelings about self	Ashamed of being a boy/girl or of his/her body, appearance, capabilities. Feels unlovable, bad, worthless, hateful, unattractive, inadequate, incompetent. Expects not to be liked by others. Appears to	Appears grandiose, as overcompensation for low self-esteem. Acts superior -- to cover up. May show extreme shifts back and forth between very high and very low self-esteem, depending

SUPEREGO DEVELOPMENT		Self-Esteem	
Phase	Characteristic, expected, typical	Uncharacteristic, unexpected, atypical, pathological	
		Ranging from:	To:
	when "good" or acts appropriately; negative feelings when "bad" or acts inappropriately. Most of the time appears to have a good opinion of self. (Girls more likely than boys to have self-feelings influenced by others' evaluations and by the situation.)	have low self-esteem. Opinion of self is not good. "Inferiority feelings."	on others' evaluations and on the situation.
Family Integration: $4\frac{1}{2}$ to 6 (Oedipal Phase)	Achieves own standards and sees self as successful. Appears to feel self-confident, self-assured; secure about his abilities; competent. Usually proud of his own work; takes pride in doing things well. Wants to emulate ideal of parents. Idealizes and identifies with parents and wants to comply with their demands.	Usually sets standards unrealistically high. Cannot meet own standards and sees self as unsuccessful. Feels inadequate in meeting own standards, feels stupid, bad. Appears to lack self-confidence; feels insecure about own abilities; doubts self. Usually not proud of own work.	Precociously identified with parental values; acts like "small adult." Perfectionistic. Righteous about own behavior. Intolerant with others. May appear smug.

GLOSSARY

Definitions are a combination of those listed by Fallen & McGovern (1978), those given in Policies and administrative Procedures for the Education of Handicapped Students administered by the Texas Education Agency, and a psychiatric glossary.

Child Find Programs - Interagency activities associated with the early identification of handicapped infants and young children for the purposes of intervention with appropriate medical and educational treatment.

Disability - an incapacity in one or more aspects of development that may be classified according to the categories of exceptionality; developmental disabilities (mental retardation, cerebral palsy, epilepsy, autism, and multiple handicaps), sensory disabilities (hearing impairment and visual impairment), language disabilities (speech impairment and learning impairment), and behavioral disabilities.

Behavioral Disabilities - a deviation from age-appropriate behavior which significantly interferes with 1) the child's own growth and development and/or 2) the lives of others.

Emotionally Disturbed - are students whose emotional condition is psychologically or

psychiatrically determined to be such that they cannot be adequately or safely educated in the regular classes of the public schools without the provisions of special services.

Developmental Disabilities

Autistic - are students whose disturbances of speech and language, relatedness, perception, developmental rate, and motility are such that they cannot be adequately educated in the public schools without the provision of special services.

Cerebral Palsy - a group of conditions, usually originating in childhood, characterized by paralysis, weakness, incoordination or any other aberration of motor function caused by pathology of the motor control center of the brain. It may include learning difficulties, psychological problems, sensory defects, convulsive and behavioral disorders of organic origin.

Epilepsy - a sudden onset and sudden offset of phenomena affecting consciousness and/or sensory-motor or automatic functions.

Mentally Retarded - are students with significantly subaverage general intellectual

functioning existing concurrently with deficiencies in adaptive behavior and manifested during the developmental period such that they cannot be adequately educated in the regular classes of the public schools without the provisions of special services.

Multiple Handicapped - are students handicapped by any two or more of the handicapping conditions described that may result in multisensory or motor deficiencies and developmental lags in the cognitive, affective, or psychomotor areas such that they cannot be educated in the regular classes of the public schools without the provision of special services.

Orthopedic Impairment - a crippling condition which interferes with the normal functions of the bones, joints, or muscles to such an extent that special educational provisions are necessary for the individual.

Other Health Impairments - health problems which are physical conditions that render a child sufficiently limited to require special educational consideration.

Language Disabilities

Speech Handicapped Students - the results of brain injuries, malfunction of the speech mechanisms caused by injury or deformities, or emotional problems.

Speech Impairment - when it deviates so far from the speech of other people that it calls attention to itself, interferes with communication, or causes its possessor to be maladjusted.

Learning Disabled - are students who demonstrate a significant discrepancy between academic achievement and intellectual abilities in one or more of the areas of oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, mathematics reasoning, or spelling; for whom it is determined that the discrepancy is not primarily the result of visual handicap, hearing impairment, mental retardation, emotional disturbance, of environmental, cultural, or economic disadvantage; and for whom the inherent disability exists to a

degree such that they cannot be adequately served in the classes of the public schools without the provisions of special services.

Sensory Disabilities

Auditorially Handicapped - are students whose hearing is so impaired that they cannot be adequately educated in the regular classes of the public schools without the provision of special services.

Hearing Impairment - deaf; those whose sense of hearing is nonfunctional for the ordinary purposes of life and hard of hearing; those persons sense of hearing, alghough defective, is functional with or without a hearing aid.

Visually Handicapped - blindness; visual acuity of 20/200 or less in the better eye with maximum correction, and partial blindness; is visual acuity of between 20/70 and 20/200 in the better eye after maximum correction.

Deaf-blind - are those whose hearing and vision, after all necessary medical treatment and use of hearing and optical aides, remain legally non-functional or otherwise result in serious educational handicaps requiring special provisions for

minimal educational achievement.

Exceptional Child - the child who deviates from the average or normal child . . . to such an extent that he/she requires a modification of school practices, or special educational services, in order to develop to his maximum capacity.

Handicap - a physical, mental, sensory, linguistic, or emotional deficiency that prevents normal achievement.

Pathology - Condition produced by disease or injury.

Psychotherapy - a treatment method for emotional disorders. It is based primarily on verbal or nonverbal communication, rather than on drug and/or shock therapy.

Psychodynamics - The systemized study and theory of human behavior emphasizing unconscious motivation and the functional significance of emotion.

Special Child - commonly used as a synonym for exceptional child.

Special Education - that additional service, over and above the regular school program, that is provided for an exceptional child to assist in the development of his/her potentialities and/or the amelioration of his disabilities.

Speech Pathologist - A professional who is trained and certified to evaluate, diagnose, and treat speech and language problems.

Defense Mechanism - Unconscious intrapsychic processes serving to provide relief from emotional conflict and anxiety. Conscious efforts are frequently made for the same reasons, but true defense mechanisms are unconscious.

> Denial - A defense mechanism, operating unconsciously, used to resolve emotional conflict and allay anxiety by disavowing thoughts, feelings, wishes, needs, or external reality factors that are consciously intolerable.
>
> Identification - A defense mechanism, operating unconsciously, by which a person patterns himself after some other person. Identification plays a major role in the development of one's personality and specifically of the superego. To be differentiated from imitation or role modeling, which is a conscious process.
>
> Reaction Formation - A defense mechanism, operating unconsciously, in which a person adopts affects, ideas, attitudes, and behaviors that are the opposites of impulses he harbors either consciously or unconsciously (e.g., excessive moral zeal may be a reation to strong but repressed

asocial impulses).

Regression - Partial or symbolic return to more infantile patterns of reacting or thinking. Manifested in a wide variety of circumstances such as normal sleep, play, physical illness, and in many mental disorders.

Sublimation - A defense mechanism, operating unconsciously, by which instinctual drives, consciously unacceptable, are diverted into personally and socially acceptable channels.

Undoing - A defense mechanism, operating unconsciously, in which something unacceptable and already done is symbolically acted out in reverse, usually repetitiously, in the hope of relieving anxiety.

Libido - The psychic drive or energy usually associated with the sexual instinct. (Sexual is used here in the broad sense to include pleasure and love-object seeking.)

Object Relations - The emotional bonds between one person and another, as contrasted with interest in and love for the self; usually described in terms of capacity for loving and reacting appropriately to others.

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