

EARLY SCHOOL ADJUSTMENT PROBLEMS: Some Perspectives and a Project Report

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FACTORS HYPOTHESIZED

ENVIRONMENT (E)

Insufficient stimuli (e.g., prolon periods in impoverished enviro deprivation of learning opportunities at home or scho such as lack of play and prac situations and poor instructor inadequate diet)

Excessive stimuli (e.g., overly demanding home or school experience, such as overwhelming pressure to act and contradictory expectation

Intrusive and hostile stimuli (medical practices, especially birth, leading to physiological impairments; conflict in home faulty child-rearing practices, as long-standing abuse and rejection; migratory family; language used in school is a second language; social prejudices related to race, sex, age, physical characteristics, behavior)

* May involve only one P or
† Adapted from H. Adelman publisher, Scott, Foresman

students' attempts to act feelings of control, c nectedness with sign misbehavior reflects things that will lead behavior reflects reac threats that interfere example, students a enter situations in wh not perform effective cumstances, may re appropriate ways to e happening. Over a p active behavior, alt designed to defend tions, can become e: of coping.

A kindergarten and elementary school intervention program for dealing with early school adjustment problems is described. It is designed to accommodate greater individual differences in classrooms, improve and augment regular support, and provide specialized staff development and interventions. Initial findings are presented, and the evolution of the program so as to address problems of school newcomers is discussed.

From a reciprocal determinist perspective, a variety of environment and individual difference factors have been hypothesized as causally linked to psychoeducational problems (see TABLE 1). Working within this framework, success or failure in school can be viewed as a function of the transactions between an individual's motivational and developmental status (e.g., interests, expectations, strengths, limitations) and specific school and classroom situational factors (e.g., individual differences among teachers and differing approaches to instruction). Thus, successful adjustment in the primary grades is seen as depending not only on having the necessary skills and behavior for learning, but also on the characteristics of the classroom situation to which the student is assigned. Students need greater capability and higher motivation to succeed in demanding programs. In contrast, even students with deficiencies in skills and motivation may adjust well in programs that accommodate individual differences and remedy minor deficits.

When a program does little to accommodate such differences and deficiencies, the environment can be viewed as being at the root of many school adjustment problems. That is, initially at least, a student's behavior and learning problems may be an unintentional by-product of ineffectual attempts to cope in an unaccommodating situation. Of course, after a youngster has experienced a considerable degree of frustration and failure, the misbehavior he or she manifests may reflect a greater degree of intentionality (e.g., may be intrinsically motivated and rational). We have discussed this matter in detail elsewhere (Adelman & Taylor, 1990; Taylor & Adelman, 1990).

Briefly, as conceived by Deci and his colleagues, the intrinsic motivational bases for most intentional behavior can be viewed as stemming from a desire to feel self-determining, competent, and related to others (Deci, 1975, 1980; Deci & Chandler, 1986; Deci & Ryan, 1985). In this context, a substantial portion of misbehavior at school can be understood in terms of stu-

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Table 1

FACTORS HYPOTHESIZED AS CAUSALLY LINKED TO PSYCHOEDUCATIONAL PROBLEMS*

ENVIRONMENT (E)	PERSON (P)	INTERACTIONS AND TRANSACTIONS BETWEEN E AND P†
Insufficient stimuli (e.g., prolonged periods in impoverished environs; deprivation of learning opportunities at home or school, such as lack of play and practice situations and poor instruction; inadequate diet)	Physiological "insult" (e.g., cerebral trauma, such as accident or stroke, endocrine dysfunctions and chemical imbalances; illness affecting brain or sensory functioning)	Severe to moderate personal vulnerabilities and environmental defects and differences (e.g., person with extremely slow development in a highly demanding, understaffed classroom) all of which equally and simultaneously instigate the problem
Excessive stimuli (e.g., overly demanding home or school experience, such as overwhelming pressure to achieve and contradictory expectations)	Genetic anomaly (e.g., genes which limit, slow down, or lead to any atypical development)	Minor personal vulnerabilities not accommodated by the situation (e.g., person with minimal CNS disorders resulting in auditory perceptual disability enrolled in a reading program based on phonics; very active student assigned to classroom which does not tolerate this level of activity)
Intrusive and hostile stimuli (e.g., medical practices, especially at birth, leading to physiological impairments; conflict in home or faulty child-rearing practices, such as long-standing abuse and rejection, migratory family; language used in school is a second language; social prejudices related to race, sex, age, physical characteristics, and behavior)	Cognitive activity and affective states experienced by self as deviant (e.g., lack of knowledge or skills such as basic cognitive strategies, lack of ability to cope effectively with emotions, such as low self-esteem)	Minor environmental defects and differences not accommodated by the individual (e.g., student is in the minority racially or culturally and is not participating in many school social activities and class discussions because he or she thinks others may be unreceptive)
	Physical characteristics shaping contact with environment and/or experienced by self as deviant (e.g., visual, auditory, or motoric deficits, excessive or reduced sensitivity to stimuli; easily fatigued; factors such as race, sex, age, unusual appearance which produce stereotypical responses)	
	Deviant actions of the individual (e.g., performance problems, such as excessive errors in reading and speaking; high or low levels of activity)	

* May involve only one P and one P variable or may involve multiple combinations.

† Adapted from H. Adelman and L. Taylor (1983). *Learning disabilities in perspective*, with permission of the publisher, Scott, Foresman & Co.

students' attempts to act in ways that increase feelings of control, competence, and connectedness with significant others. Some misbehavior reflects proactive efforts to do things that will lead to such feelings; other behavior reflects reactive efforts to deal with threats that interfere with such feelings. For example, students are often compelled to enter situations in which they feel they cannot perform effectively and, under such circumstances, may react in negative and inappropriate ways to avoid or protest what is happening. Over a period of time, this reactive behavior, although it was initially designed to defend against aversive situations, can become established into patterns of coping.

We have been developing intervention strategies based on the above perspectives (Adelman, 1989; Adelman & Taylor, 1986, 1990; Taylor & Adelman, 1990). For example, our approach to learning and behavior problems is sequential—first with system changes in the school and classroom so as to accommodate student differences in both motivation and development better, and then with remediation, if necessary. With specific reference to early school adjustment problems, we have outlined a range of strategies stressing the importance of intrinsic motivation (e.g., strategies that recognize the importance of task options and of student choice and decision making, and that differ for proactive or reactive prob-

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lems). In addition, we have attempted to account for the fact that all school-based programs focused on school adjustment and psychosocial problems can benefit from additional personnel and parent involvement (Adelman, 1990; Berger, 1987; Cowen, 1986; Lyons, Robbins, & Smith, 1984; Wolfendale, 1983).

KINDERGARTEN AND ELEMENTARY INTERVENTION PROGRAM (KEIP)

For over a decade, the Los Angeles Unified School District's School Mental Health unit has operated an early intervention program called the Kindergarten Intervention Program (Munn, McAlpine, & Taylor, 1989). The program provides support to children manifesting specific school adjustment problems because of widespread recognition that such students are a high-risk group for school failure, eventual dropout, and mental health problems.

Based on the program's promise, the school district received a U.S. Department of Education grant in 1988 to expand it as an early intervention demonstration model. The project moved into kindergarten and first-grade classes at 24 elementary schools targeted for dropout prevention programs by the District (schools serving mostly students from poor, minority backgrounds). The expanded and experimental program was named the Kindergarten and Elementary Intervention Program (KEIP). Specifically, the project aims at improving early school adjustment through approaches designed to accommodate a wider range of individual differences in classrooms, improve and augment regular support, and provide specialized staff development and interventions.

Intervention Components

KEIP provides support for at-risk students, their parents, and teachers. The children targeted are those whom teachers describe as having a particularly difficult time adjusting to school or interacting with others. Teachers report such children as being

especially shy, nonverbal, reluctant to interact with others, fearful, inhibited, apathetic, angry, impulsive, hyperactive, scattered, negativistic, aggressive, and so forth.

School-based programs for students with problems vary in the setting in which they are carried out and the type of intervention involved. Some, for instance, are offered through special education, others are mainstream programs; some work with the child in the classroom, others remove the youngster for one or more periods; some emphasize mental health concerns, others focus on learning problems. In contrast to "pull-out" programs, such as special classes or the Primary Intervention Program based on Cowen's (1986) work, KEIP is based in regular classrooms. Special help for the targeted children emphasizes mental health concerns and is mobilized through three program components. The components are presented in detail in an operational guidebook (KEIP, 1989); a brief description of each component follows.

1. Volunteer component. Cowen (1986) has stressed that use of volunteers can increase tenfold the number of children who can be given specific help. For this component of KEIP, volunteer aides (e.g., college students, parents, senior citizens) are recruited, trained, and supervised to work directly in the classroom with identified students in order to provide additional psychosocial and educational support. Volunteers work under the direction of the classroom teacher, with supplementary supervision from school district mental health professionals.

Each volunteer spends three to five hours a week in the classroom. The primary objective is to establish a supportive relationship with targeted students and, on a one-to-one basis or in small groups, help them overcome problems. Group interactions are especially important in enhancing cooperative behavior with other students. One-to-one work is often needed to develop positive relationships with particularly aggressive or withdrawn students and in fos-

tering successful task who are easily distracted as at least a wide individual difference school adjustment, an aid in enhancing and skills.

2. Parent component. directed toward implementation in dealing with other potential problems. Minimally, parents to attend parent discussion groups at the school. Social conferences are in both instances is problems manifested of handling parenting in which the school together to prevent those that arise. In encouraged to volunteer an additional resource other child, and as opportunity for them encouraged to become activities the school of youngster's schooling.

3. Consultation. ized problem solving, tion are offered to professionals through changes. The emphasis needs of at-risk youth on planning and in steps and activities tion and success of

More specifically, explore with the teacher additional intervention Outreach and specifically moderate those who help to the class and to may be offered through encounters with specially inviting and personalized projects reflect parent interests and support and attentiveness

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tering successful task completion with those who are easily distracted. Such help is intended as at least a way of accommodating individual differences so as to improve school adjustment, and also, if possible, as an aid in enhancing a student's motivation and skills.

2. *Parent component.* This component is directed toward improving home involvement in dealing with school adjustment and other potential problems of identified students. Minimally, parents are encouraged to attend parent discussion and support groups at the school. When indicated, special conferences are also offered. The focus in both instances is on understanding the problems manifested by their child, ways of handling parenting dilemmas, and ways in which the school and parents can work together to prevent problems and deal with those that arise. In some cases, parents are encouraged to volunteer in a classroom as an additional resource for their own or another child, and as an additional learning opportunity for themselves. All parents are encouraged to become involved in other activities the school offers for improving each youngster's schooling.

3. *Consultation component.* Personalized problem solving and in-service education are offered to teachers by mental health professionals through one-to-one interchanges. The emphasis is on the general needs of at-risk youth in the classroom and on planning and implementing systematic steps and activities to enhance the motivation and success of the targeted students.

More specifically, the objective is to explore with the teacher how to provide additional interventions. These include: a) Outreach and special transitions to accommodate those who have problems adjusting to the class and to certain tasks. Activities may be offered that are designed to make encounters with school and learning especially inviting and positive (e.g., personalized projects reflecting the youngster's current interests and skills), that provide extra support and attention as needed, that iden-

tify an older student to act as a "big brother or sister," or that facilitate opportunities to assume valued roles such as that of a safety monitor. b) Specialized interventions designed for implementation by a volunteer or teacher (e.g., individual help to deal with specific problems of social and academic skills). In addition, the teacher is helped to make referrals for appropriate adjunct services, when necessary.

Over the three years of the project, each of the three components has continued to evolve, especially as an outgrowth of the project's efforts to facilitate adoption of the program (the KEIP operational guidebook also describes ways to facilitate such program diffusion.)

Initial Findings

Project findings are reported periodically. The following findings are from the most recent report (KEIP, 1990).

Students. During the first two years of the project, over 600 children specifically identified as manifesting school adjustment problems received additional help from over 500 volunteers who provided over 800 hours of aid per week. Teachers indicated that 91% of the volunteers were effective (assigning a combined volunteer mean efficacy rating of 3.4 on a 4-point scale).

As compared to a nontreatment group, the immediate impact on students targeted for help was seen in improved attitudes toward school. These attitude changes were manifested in the first-grade treatment group's better attendance, fewer late arrivals, and better behavior (e.g., higher grades for listening to directions and following them, finishing work on time, and dependability).

Total class comparisons were made that contrasted the treatment and control classrooms so as to determine if the interventions had a "ripple" effect on students other than those targeted. Kindergarten students in treatment classes showed a modest trend toward better academic performance (i.e., significantly higher grades for written lan-

guage and math). First-grade students in treatment classes tended to be better behaved, have fewer late arrivals, and score higher on oral language grades.

To gather follow-up data, a three-step system has been developed to trail students. *Step 1* involves postcard reporting of each transfer. A set of postcards is attached to each student's cumulative record. The school clerk fills out a card indicating where the student is going, and sends it to us. The cards are sent with the cumulative record to the receiving school with a note asking the clerk at the new school to send a card indicating that the student has enrolled. If no card is received from the new school, a letter is sent to determine whether the student has enrolled and to ask the clerk to send a postcard should the student transfer subsequently. Postcards are replenished as needed. *Step 2* involves periodic checks to identify unreported student transfers. *Step 3* involves a more exhaustive check of school files performed once a year.

This system provides not only data on transiency, but enables us to gather follow-up data on student performance; eventually it can provide a comprehensive set of data on those who drop out. (Additional funding is being sought with which to continue trailing students through high school.) At this point, for a sample trailed over two years, findings indicate a school-leaving ("transiency-out") rate of 27% (range = 12%–49%). These figures are comparable to the mean transiency-out of 21% reported by the school district for all grades at the participating schools.

Beside students identified as poor school adjusters, a comparison group of good school adjusters is being trailed for purposes of project evaluation. Initial findings indicate that significantly more poor school adjusters have changed schools (among good school adjusters, 155 stayed, 26 left; for a larger but comparable sample of poor school adjusters, 257 stayed, 74 left). The high degree of transiency among poor school adjusters underscores the importance of ex-

panding KEIP to target transferring students and to include a wider range of transition interventions for them.

Parents. The first step in increasing parent involvement was to invite them to a parent discussion group. Over the first two years, over 2200 parents attended 113 groups (an average of 16 per group, representing about 5% of the students at each school). Separate groups were provided in English and Spanish. Child care was offered to allow parents to participate without distraction. To increase parent involvement in schooling, parents were also recruited as volunteers.

Parents' ratings have been extremely positive regarding the opportunity provided by the groups for hearing and discussing problems and ideas about child rearing and schooling. For example, their ratings (on a 6-point scale) indicate that they find the sessions *a*) are worth attending ($M = 5.5$), *b*) improve their understanding of their children's problems ($M = 5.2$), and *c*) increase their motivation for solving the problems ($M = 5.1$). Parents state that they particularly appreciate learning more about communicating with their children, and they want more—more sessions to cover more topics, more time to talk at the sessions, more material to read (their mean rating for the likelihood of attending future meetings was 5.3).

A controlled study was conducted to determine whether personalized invitations could increase parent attendance (Klimes-Dougan, Lopez, Adelman, & Nelson, 1990). Positive results were found in that only 3% of those in the control group (who did not receive personal invitations) attended, while 19% of those extended a special invitation did so. Another controlled study demonstrated the feasibility of implementing school-based mutual support groups conducted for and by parents (Simoni & Adelman, 1990).

Not only were data gathered on parent participation in discussion groups, but also, through interviews, in order to clarify the

relationship of parent school adjustment and outcomes in parent involvement (Dougan et al., 1990). Previous research on the relationship of parent involvement and school adjustment as well as the positive attitudes toward the majority indicate that not surprisingly, fathers participating in significant activities whose children had adjustment indications. Although parents proficient in English are those who were, the degrees of involvement

Planned Expansion

In encountering recent immigrants and those who move frequently from one area to another, we have come to appreciate the value of intervention strategies that address the school adjustment needs of these newcomers. This project will receive the attention of Scammon, & Eckert, Johnson, Smith, & Patrick, 1990). The KEIP's evolution has a specific focus on early identification of the difficulties and parents and, by implication, the schools experiencing a constant flow of new

In general, the program conceived as a two-part process consists of school-based intervention for transferring-in students and the assimilation of the

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relationship of parent involvement to early school adjustment and to explore differences in parent involvement (Klimes-Dougan et al., 1990). The findings extend previous research on the positive relationship of parent involvement to school success. That is, although most of the low-income families reported low to moderate participation, a positive relationship was found between parent involvement and school adjustment as early as kindergarten. While all but a few parents reported positive attitudes toward school involvement, the majority indicated significant barriers. Not surprisingly, fathers were reported as participating in significantly fewer activities than mothers. For Latinos, parents whose children had made a good school adjustment indicated the most participation. Although parents who were not proficient in English reported more barriers than those who were, they indicated comparable degrees of involvement.

Planned Expansion of KEIP

In encountering the large number of recent immigrants and those students who move frequently from school to school, we have come to appreciate that additional intervention strategies are needed to address the school adjustment problems of such newcomers. This problem is just beginning to receive the attention it warrants (Ingersoll, Scammon, & Eckerling, 1989; Jason, Betts, Johnson, Smith, et al., 1989; Lash & Kirkpatrick, 1990). Thus, one direction for KEIP's evolution is in establishing a specific focus on early-age intervention to minimize the difficulties experienced by students and parents as they enter a new school and, by implication, to ease the problems schools experience in coping with a constant flow of newcomers.

In general, the expanded intervention is conceived as a two-stage process. The first consists of school-wide, normative transition-in interventions designed especially for transferring-in students. They seek to facilitate the assimilation of new students and

that of their parents into a school, both at the start of school and throughout the year. A major emphasis is on creating permanent systemic changes in a school that will minimize negative experiences during the transition-in process and ensure the existence of positive outreach.

The second stage entails specialized classroom strategies for students who manifest significant school adjustment problems. Teachers are instructed to use the first few weeks of each new student's participation to determine whether the student is encountering such problems. The current KEIP model can then be used to provide additional special help for the identified students and their parents.

CONCLUSIONS

Helpful intervention strategies are being demonstrated by KEIP. However, as with all piecemeal approaches, the program can only make modest inroads in dealing with the complex psychosocial and educational factors causing school adjustment problems. A comprehensive perspective on intervention points to the importance of attacking such problems with a full continuum of integrated community and school-based programs. As Kagan (1990) stressed in a recent policy analysis:

... three linked strategies ... offer hope (of moving) from well-intentioned, piecemeal programs to comprehensive services that reach new standards of excellence. . . . These include (1) moving from "programs to systems" models; (2) moving from a particularistic to universal vision; and (3) moving from short- to long-term commitments. (p. 17)

In the long run, a comprehensive, coordinated attack is likely to be not only more effective, but less costly. The problem is, of course, that in the short run comprehensiveness is expensive. Until society and its policy makers are ready to expend the necessary resources, programs such as KEIP must continue to do what they can within the limits of available funding to provide students, parents, and teachers with the support they desperately need.

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LETTERS TO

Survivors of Physical

TO THE EDITOR:

The paper by William (Integrating Affect in Survivors of Physical and January 1991) raises a question about the role of affect in survivors of physical abuse. Olio appropriately suggests that traumatic memories enhance the psychosocial and interpersonal functioning of survivors. I see their conclusions supported by the research on physical children, adolescents,

The authors' view emphasizes an "affected techniques" with memories of abuse. This conceptualization of either the enormity of the experience for people who have been physically abused or the following of both the therapist's treatment plan. For physical abuse during childhood to contribute to the formation of traits. Second, have been found to be emotional deficits beyond symptoms. Third, power abuse, such as guilt, the quality of the attachment to the therapist, self-esteem, anxiety, hypersensitivity, identifications with all have a bearing on psychotherapy. The implementation of survivors of a particular technique, as stated, it may be because of the de-

A great many short-term and long-term create vulnerability together with self-