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A COMPARISON OF SOCIAL-EMOTIONAL PATTERNS OF DAY  
VERSUS RESIDENTIAL STUDENTS ENROLLED IN  
AN ORAL EDUCATIONAL SETTING

DAWN MARIE SELOVER

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Sponsored by Dr. Ginger Kuehn  
Central Institute for the Deaf  
Washington University  
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A COMPARISON OF SOCIAL-EMOTIONAL PATTERNS OF DAY VERSUS RESIDENTIAL  
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INTRODUCTION

Most studies dealing with the psychological development of hearing-impaired children indicate that they display more adjustment problems and are less socially mature than hearing children (Meadow, 1980; Cohen, 1980; Delgado, 1982). Hearing-Impaired children have also been found to exhibit characteristics of rigidity, egocentricity, impulsivity, and suggestibility. These characteristics are attributed to such factors as degree of hearing loss, age of onset, school setting, and most of all, communication deprivation (Altshuler, 1974). A major consequence of communication deprivation is social isolation which affects the hearing-impaired child's social development (Mindel & Vernon, 1971). Two other factors that affect the child's psychological development are the impact of the handicap on the family and the reactions of society to the child's attempts at communicating.

EFFECTS OF COMMUNICATION DEPRIVATION

Some researchers believe that the major cause of adjustment problems is the hearing-impaired child's inability to communicate (Evans, 1975; Cohen, 1980).

It is consistently stated by professionals in the field of deafness that the principle problem associated with deafness is that of communication, a serious problem which creates barriers to social interaction and adequate socialization. (Evans, 1975, p. 545)

Furthermore, it is the opinion of some researchers (Mindel & Vernon,

1971) that a child raised in an oral educational environment will have more problems adjusting to the world due to the child's limited communication abilities. When the child is unable to express dissatisfaction or anger through verbalizing the child might act out physically to display how he/she feels.

According to Mindel and Vernon (1971), a mother's relationship with her child is affected when the child is unable to communicate. The child's inability to communicate creates a distance between the mother and child which later causes alterations in the development of the hearing-impaired individual. According to Meadow (1980), "Delayed language acquisition experienced by most deaf children leads to more limited opportunities for social interaction and to frustration for their parents" (p. 96). Unfortunately, the frustration often continues as the child gets older and still is unable to communicate with society in general. Sometimes hearing-impaired children start to limit their activities to those known to be safe and acceptable to their parents because their parents understand them. One reason why they limit their activities is because they are restricted to a small number of people with whom they can communicate. Since the child is restricted, what the mother regards as acceptable and unacceptable will be more firmly implanted as part of the hearing-impaired child's personality pattern (Mindel & Vernon, 1971).

Even more important than the child's inability to communicate at a young age, is whether or not the family accepts the child and the child's hearing-impairment. According to Cohen (1980), the child will be affected if parents are unable to accept their child, as a child,

rather than as a child with a handicap. Moores (1978), believes that in order for the child to develop optimally it is crucial that the child's parents realistically accept the child's hearing-impairment.

Another factor that affects hearing-impaired children's psychological development is how well society deals with and accepts the handicap. Since deafness is an invisible handicap, society is often not aware of the disability until the child attempts to communicate. As soon as the child attempts to communicate, society can react by accepting or rejecting the child's attempts. According to Cohen (1980), "Societal reaction, or rejection, of a hearing-impaired child's speech production attempts may have damaging affects on both his self-image and self-concept" (p. 1041). Since the attitudes of others affect our behavior, the child's perceptions of how others regard him or her contributes deeply to his own self-regard (Murphy, et al., 1960).

#### EFFECTS OF EDUCATIONAL SETTING

Research indicates that the educational setting can also have a significant impact on the hearing-impaired child's social development. A number of researchers (Meadow, 1980; Evans, 1975) have indicated that a residential setting can have a harmful affect on social maturity due to further isolation of the individual from his or her family and peers. Meadow (1980), studied various subgroups of hearing-impaired children and found that although parent's attitudes and child rearing practices may contribute most to the slow development of social maturity in deaf children, residential living with the absence

of family contact and close supervision also contribute to the slow development of social maturity in deaf children.

According to Evans (1975), one significant socialization problem of residential students is experiential deprivation. Hearing-impaired children are deprived of symbolic interaction with groups other than their own. They also have limited interactions with non-hearing-impaired people such as same age hearing peers, family members and society in general. In describing the existence of experiential deprivation at school, Evans(1975) said the following:

In residence, deaf teens interact most often with other deaf students and are thus deprived of sufficient and diversified interaction with hearing peers from whom they have little chance to learn the approval or disapproval of ideas and behavior patterns and the adoption of modal attitudes, values, and role behavior common to heterogeneous groups of society. (p. 548).

Evans (1975) believes that in order for hearing-impaired children to learn how to behave in society, they must be permitted sufficient participation in the different social systems.

Schlesinger and Meadow (1972) examined the differences between hearing-impaired children enrolled in day classes and two groups of children enrolled in state residential programs for the Hearing-Impaired. They found that teacher counselor ratings of deaf children from differing home and school settings show significant differences in assessments of maturity. The authors contend that the research findings and independent observations which characterize hearing-impaired individuals as "immature" are not a necessary consequence of delayed language acquisition due to auditory deprivation. Instead, differential levels of maturity in hearing-impaired children may be associated with institutional life. "These results suggest a complex interplay of school, family, and environmental factors in the characteristically immature

personality patterns of many deaf persons" (Schlesinger & Meadow, 1972, p. 463).

Not all researchers believe that residential living contributes to the slow development of social maturity. Delgado (1982), for example, points out several significant advantages of residential living which impact on the social development of deaf persons. "Among these advantages are clear communication, comfortable and meaningful peer relationships, opportunity to develop leadership roles in student activities and athletics, etc." (Delgado, 1982, p. 358). In contrast to Evans' (1975) theory of experiential deprivation, Delgado (1982), believes that residential schools are moving toward more community related activities such as partial integration of some students, work-study programs, and other opportunities for meaningful off campus activities and experiences.

Farrugia and Austin (1980), present another point of view concerning the issue of educational settings. The authors examined the differences in social-emotional adjustment patterns among hearing-impaired students in different educational settings. The four groups and settings are (1.) deaf students in public schools, (2.) deaf students in residential schools, (3.) hard of hearing students in public schools, and (4.) hearing students in public schools. Their major finding was that deaf students in residential schools and hearing students in public schools were most similar in all areas of development. The other two groups appeared to have lower levels of social-emotional adjustment. The authors speculate that the reason that deaf students in public schools have lower levels of adjustment is directly related to the social isolation and rejection that the deaf student appears to experience in the company of hearing peers. This

isolation from significant others tends to constrict the opportunities for social and emotional development.

Farrugia and Austin's (1980) findings can be applied to the recent trend toward integration of hearing-impaired students with varying degrees of inclusion within the present framework of education for the Hearing-Impaired. The authors expressed their concern for the effects of integration on personal and social adjustment patterns of hearing-impaired youth. In their article, Farrugia and Austin (1980) note that studies indicate that while academic benefits are often incurred by the integrated students, adjustment problems, lower self-image, and poor peer acceptance are greater for the integrated hearing-impaired student than the student in a residential setting.

#### EFFECTS OF CHRONOLOGICAL AGE

The influence of chronological age upon adjustment scores is questionable. Meadow's (1984) collected teacher ratings of the social-emotional adjustment of four groups of preschool children. The four groups of children are as follows: (1.) deaf children with additional handicaps, (2.) deaf children without additional handicaps, (3.) hearing children with other handicaps, and (4.) hearing children without other handicaps. Meadows (1984) found that deaf only children and hearing children without handicaps differed very little from each other. This finding is not consistent with predictions made on the basis of theory and previous research. Meadow (1984) offered two explanations for the results she obtained, those being: (1.) perhaps deafness is not as great a detriment to social development as clinicians, researchers, and educators have assumed and (2.)



the age levels of the children. "With a mean age of four and a half, they are quite young, and behavior patterns are less consistent than for older children" (Meadow, 1984, p. 39). Meadow's (1984) concluded that:

For deaf children it is quite possible that their communication handicap has an increasingly negative effect on their social interaction and their social adjustment as they grow (p. 39).

Another study by Meadow (1980), indicated that the gap between the social maturity of deaf and hearing children widens with increasing age. She attributes this gap to high proportions of children attending residential schools, where the development of independence and responsibility may be suppressed. Based on this study, it appears as though the incidence of adjustment problems in hearing-impaired children increases with age and residential living.

#### INCIDENCE AND PREVALENCE

According to Cohen (1980), attempts to identify the incidence of emotional disturbance in the hearing-impaired school-age population have only gotten underway in the last ten to fifteen years. Research indicates that a sizeable emotionally-disturbed hearing-impaired population does exist and that the size of this population may exceed twenty percent (Cohen, 1980). Meadow and Schlesinger (1971) conducted a study to identify the prevalence of behavioral problems in a population of hearing-impaired students at a residential school and found that among the school population, 12% were considered to be emotionally disturbed and an additional 20% were considered to be mildly disturbed. Although these figures are lower than those reported by Cohen (1980), they still indicate a need for mental health services for the hearing-impaired.

Meadow and Schlesinger (1971) concluded that:

On the basis of the data reported here, it seems that the mental health problems of deaf school children are a cause for major concern, It also appears that teachers and counselors must deal with many children in the classroom and dormitory whose behavior interferes with learning to a serious extent (p. 348).

Meadow's (1981) points out that even though it is difficult to get an exact estimate of adjustment problems in deaf children, it is important for educators to recognize that problems do occur for purposes of planning to meet the mental health needs of hearing-impaired children.

According to Cohen (1980), there are certain problems involved in deriving incidence factors. These problems account for the discrepancy among the various estimates of adjustment problems in hearing-impaired children. Two of the most important problems that Cohen mentions are the actual diagnosis of the emotional disturbance and the lack of well formulated techniques for evaluating emotional disturbances in hearing-impaired children. The first problem occurs when those who are unfamiliar with the communication or linguistic problems of the Hearing-Impaired attempt to evaluate them. As a result of this evaluation, hearing-impaired children and adults are often misdiagnosed as mentally retarded due to their poor verbal and written linguistic abilities.

A review of the literature indicates that the bulk of the research related to social maturity and deafness is generally based on survey or interview techniques designed to obtain data from teachers, dormitory counselors, and sometimes parents (Meadow, 1980). There are two problems inherent in interpreting this kind of data. The first problem deals with the subjective nature of such techniques. "In the case of teachers' evaluations, consideration must be given to the subjective judgements that may be made by a body of professionals who work closely

with those they are evaluating" (Cohen, 1980 p. 1044). The second and most crucial problem is that before the Meadow-Kendall Social-Emotional Assessment Inventory (SEAI) was developed, most tests used to evaluate deaf children were standardized on a normal hearing population. In general, personality tests that have been standardized on normal children indicate lower adjustment scores for hearing-impaired children when compared with a normal group.

MEADOW-KENDALL SOCIAL-EMOTIONAL ASSESSMENT INVENTORY FOR DEAF AND HEARING-IMPAIRED STUDENTS (SEAI) \*

The Meadow-Kendall Social-Emotional Assessment Inventory was developed in the early 1980s to comply with the assessment provision of the Education for all Handicapped Children Act of 1975 or PL94-142. The Inventory possesses certain advantages which make it appropriate for this study:

1. The SEAI can be completed by classroom teachers and other educational personal in close contact with hearing-impaired students. It is also easy to complete and easy to score.
2. The inventory was designed especially for hearing-impaired students.
3. The SEAI is normed on over 2400 students from ten different schools and programs for the Hearing-Impaired in the United States.
4. Separate norms are available for boys and girls ages seven to fifteen and ages sixteen to twenty-one.
5. The instrument contains items based on directly observable behaviors rather than on indirect inferences made by an adult

\* A copy of the SEAI is included in the Appendix

in the child's environment. Also, it reflects positive classroom and school behaviors as well as problem behaviors.

The SEAI consists of 59 items which are divided into three subscales: social adjustment; self-image; and emotional adjustment. These subscales yield scale scores which are plotted on a graph to show a profile for each child.

In summarizing the data on reliability and validity of the school-age SEAI, Meadow et al. (1983), found variable but positive support for the meaningfulness of the Inventory.

#### PRESENT STUDY

The purpose of this paper is to report on a study resulting from information collected from classroom teachers at the Central Institute for the Deaf in St. Louis, Missouri. There are three hypothesis of importance to the study, they are as follows:

1. Low scores on the SEAI may be associated with the residence of the child while in school; i.e. children living at home may attain higher adjustment scores than those living in the dormitory.
2. Low scores on the SEAI may be associated with the sex of the subject. Some studies indicate a tendency for girls to attain higher adjustment scores than boys.
3. Low scores on the SEAI may be associated with the age of the subject; i.e. younger students ( ages 7 to 11) may attain higher adjustment scores than the older students ( ages 12 to 15).

SUBJECTS: GENERAL DESCRIPTION

Subjects for this study included 65 students enrolled at the Central Institute for the Deaf (CID) for the 1984-1985 school year. The children enrolled at CID represent a selected sample of hearing-impaired children with average or above average intelligence and abilities. The subjects in this sample included all of the students in Middle School, Upper-Middle School, and Upper School, with the exception of one hearing student who is enrolled at CID for special speech and language instruction. The population at CID is unique in that it consists of both residential and day students. The residential students live in the dormitory on campus throughout the school year.

PERTINENT CHARACTERISTICS OF THE SAMPLE

The sample of 65 hearing-impaired students from CID may be described in terms of five personal variables.

1. Age: The children range in age from 7 years 7 months to 15 years 7 months. For purposes of this study the subjects were divided into two age groups within the 7 to 15 age level. The first group consisted of ages 7 to 11 (n=41) and the second group consisted of ages 12 to 15 (n=24).
2. Hearing Level: The median hearing level of the children in the better ear at 500, 1000, and 2000 Hz. as determined by their most recent audiogram was 99.5 dB.
3. Residence: Twenty-nine of the children were residential students and thirty-six were day students. Thirteen of the

residential students were in the older age group and sixteen were in the younger age group. Nine of the day students were in the older age group and 25 were in the younger age group.

4. Sex: Twenty-nine of the children were girls and thirty-six were boys.
5. Department Enrolled: Twenty-one children were enrolled in Middle School, thirteen in Upper-Middle School, and thirty-one in Upper School.

#### PROCEDURE

The Meadow-Kendall Social-Emotional Assessment Inventory was utilized in this study. Each child in the sample was rated by three of his or her teachers at CID. Before the teachers filled out the inventories, the examiner went over the instructions with them during a staff meeting. They were instructed to read each statement carefully and decide if it described behavior that they have observed in the particular child being rated. When rating the appropriateness of each statement listed on the SEAI, the teacher had the choice of circling one of five alternatives: a capital T for very true, a lower case t for true, a lower case f for false, a capital F for very false, and a ? for cannot rate or does not apply.

After the teachers completed the inventories, the examiner scored all of them according to the instructions provided in the manual. Each circled response was assigned a numerical value. Number four represented the most positive behavior characteristic for each statement that applied to the student's behavior. The numbers three, two and one are increasingly negative values and were assigned to the remaining

circled responses. The symbol, ?, has no numerical value since it represents the teacher's inability to rate a student on a particular item.

The examiner used the three individual teacher ratings to obtain an average score for each subscale of the Meadow-Kendall and for each student in the sample. These scores were plotted on a percentile graph to yield a profile of the students overall social-emotional adjustment. The data that was collected was used to see if the hypotheses were true for this sample of hearing-impaired students on this type of assessment inventory.

#### RESULTS AND DISCUSSION

In order to determine if there were any differences between groups, the examiner first obtained average percentile scores for each group on each subscale. These scores are shown in Table 1 (see Appendix). All of these results are in the average percentile range. Interrater reliability, that is a comparison of two teacher ratings for the same child, shows a positive correlation of .98 between the individual ratings.

A t test was performed to test for significant differences between the mean percentile ratings. The results of this test showed a significant difference between the younger versus the older students at the .01 confidence level. There proved to be no significant differences between either one of the other two comparisons. Based on these results, the examiner was unable to reject the null hypothesis for Day versus Residential or Boys versus Girls but was able to reject the null hypothesis for the Younger versus Older students. Younger students did score higher on overall social-emotional adjustment. It appears that the source of

the difference is coming from two of the scales, these being: emotional adjustment and social adjustment. Both groups scored similarly on the self-image scale. The frequency distribution of the average percentile scores for the younger and the older students are included in the Appendix. The frequency distribution for the older students shows higher percentages in the first two quartiles, which corresponds to below average and low average scores. In the case of social adjustment, almost half of the older children are scoring in the first two quartiles. In comparison, only 15% of the younger children are scoring in that range. A frequency distribution of average percentile scores for the total sample shows that although their average percentile scores appear to be in the average range, there are quite a few students who are scoring in the below average range. Overall, 20% of the students scored in the first two quartiles on atleast two of the three subscales.

Based on these results it appears that overall the children at CID are scoring in the average to above average range, but it is important to look at those students who are scoring below average. The Meadow-Kendall Social-Emotional Assessment Inventory should be seen as one tool that can be used to flag students who need extra attention in particular areas. Meadow's recommends that there should be a plan for implementing a program to meet the needs of students found to be operating at the 10th, 20th, or 30th decile in an effort to improve their self-image or their social and emotional adjustment. Since more of the older students proved to be operating at a lower level than the younger students, it is imperative that they receive counseling services. These services should be provided while they are still attending CID and when they are mainstreamed into a regular hearing school. This need is exem-



plified by the fact that several of the children who scored low will be attending a normal hearing school for the 1985-1986 school year.

#### CONCLUSIONS

The results of this study indicate a significant difference between the younger and older students enrolled at CID. One conclusion that can be made is that the age range (ages 7 to 15) of the School-Age inventory may not be appropriate. Perhaps the age range should be further broken down into two subgroups, these being: ages 7 to 11 and ages 12 to 15. Another conclusion that can be made is that perhaps hearing-impaired children do experience more social-emotional problems as they grow older and are unable to communicate with the hearing world. Since there were no differences between the other two groups, it appears as though residential placement and the sex of the student have little affect on overall social-emotional adjustment.

It is the opinion of this examiner that this study is an initial contribution to the examination of social-emotional behaviors of students enrolled in an oral educational environment. Through further research, strategies can be developed to address specific behaviors and environmental influences that affect the quality of educational services for the hearing-impaired. An obvious conclusion is that further research is needed to determine if dormitory counselors and caretaker ratings are similar or different from those obtained from the teachers in this study.

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FIGURES  
AND  
TABLES

Table 1. Mean Percentile Ratings of Groups According to the Behavioral Scales

GROUPS	N	AVERAGE SEAI SCORES			MEAN SCORE
		SA	SI	EA	
<u>AGE</u>					
Younger (ages 7 to 11)	41	75	63	76	72
Older (ages 11 to 15)	24	60	61	59	60
<u>SEX</u>					
Boys	36	71	65	72	70
Girls	29	68	60	68	65
<u>HOUSING STATUS</u>					
Day	36	70	64	73	69
Residential	29	69	61	66	65
<u>TOTAL SAMPLE</u>	65	69	63	70	67

\*  $p < .01$

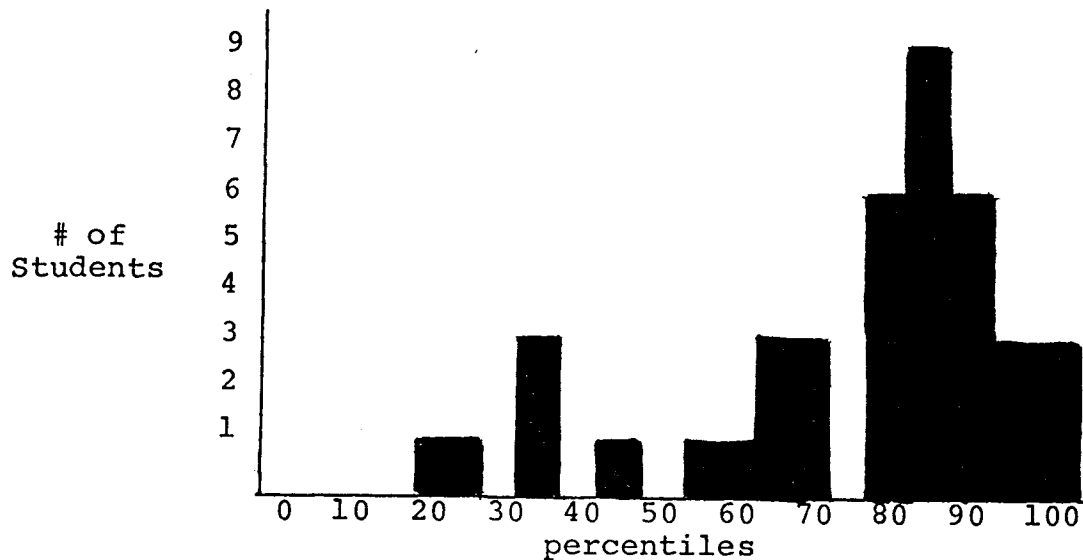
SA= Social Adjustment

SI= Self-Image

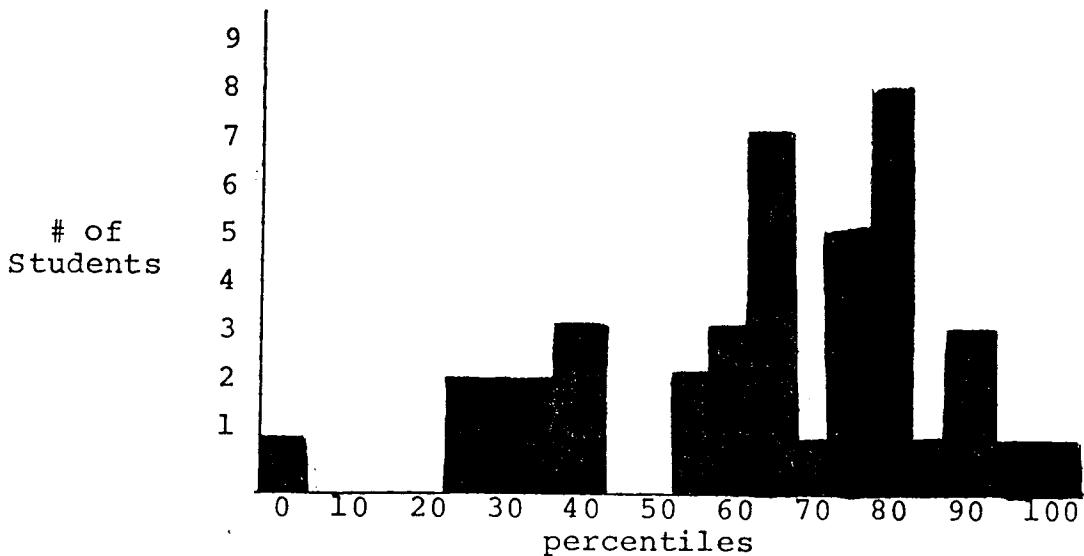
EA= Emotional Adjustment

FREQUENCY DISTRIBUTION OF AVERAGE PERCENTILE SCORES FOR THE YOUNGER STUDENTS: Ages 7 to 11 (N=41)

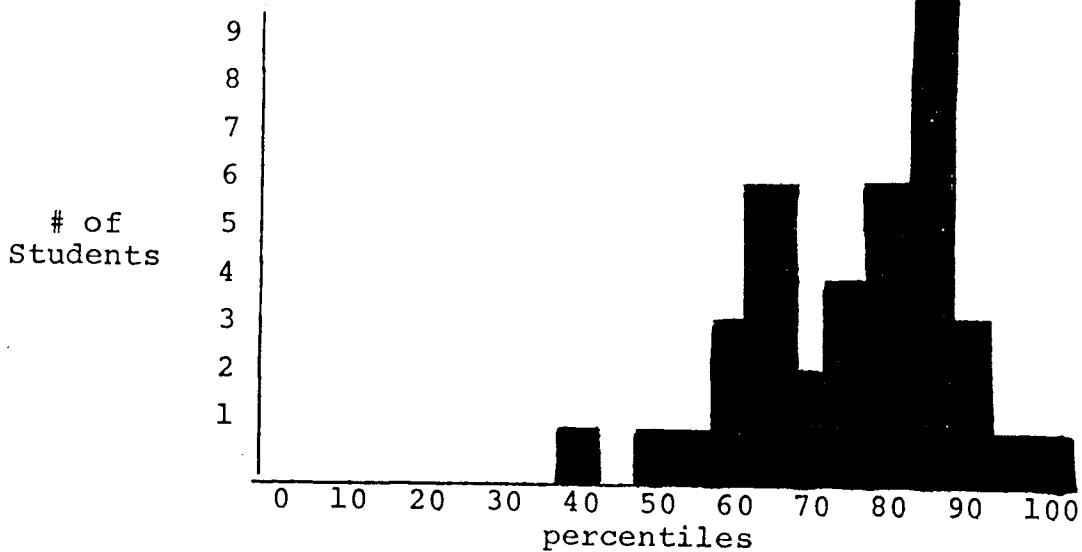
SOCIAL ADJUSTMENT



SELF-IMAGE

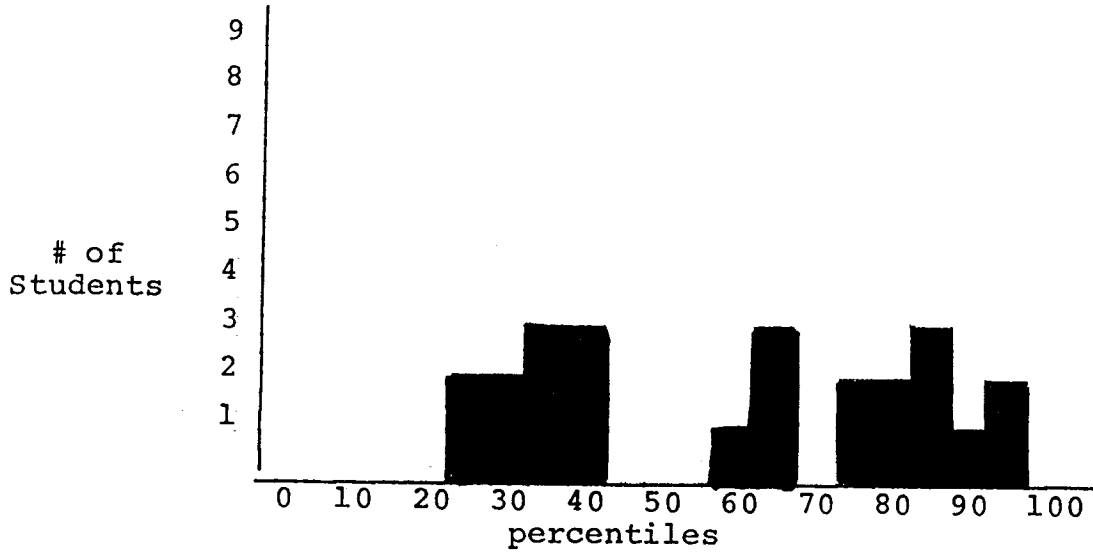


EMOTIONAL ADJUSTMENT

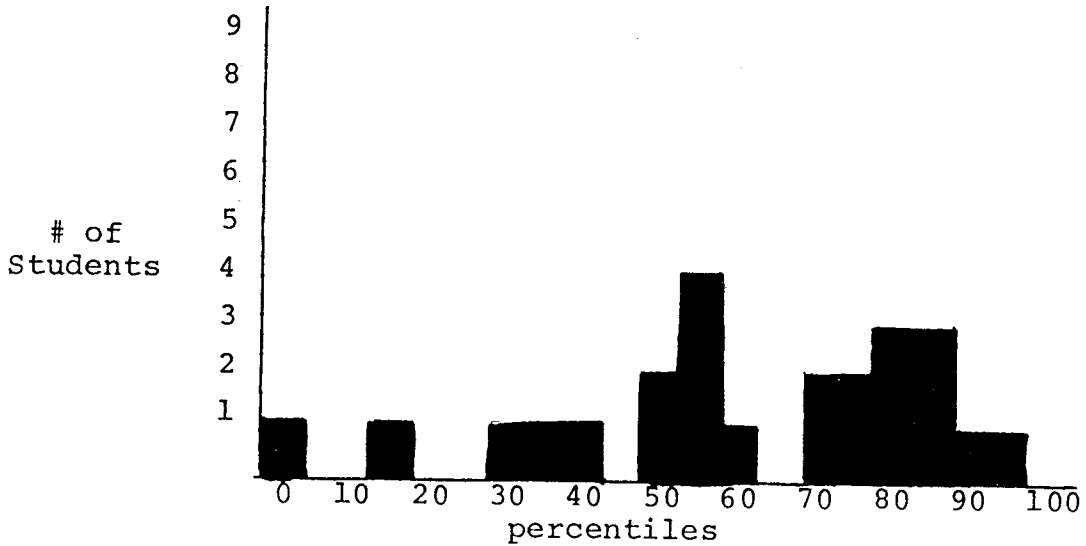


FREQUENCY DISTRIBUTION OF AVERAGE PERCENTILE SCORES FOR THE OLDER STUDENTS: Ages 12 to 15 (N=24)

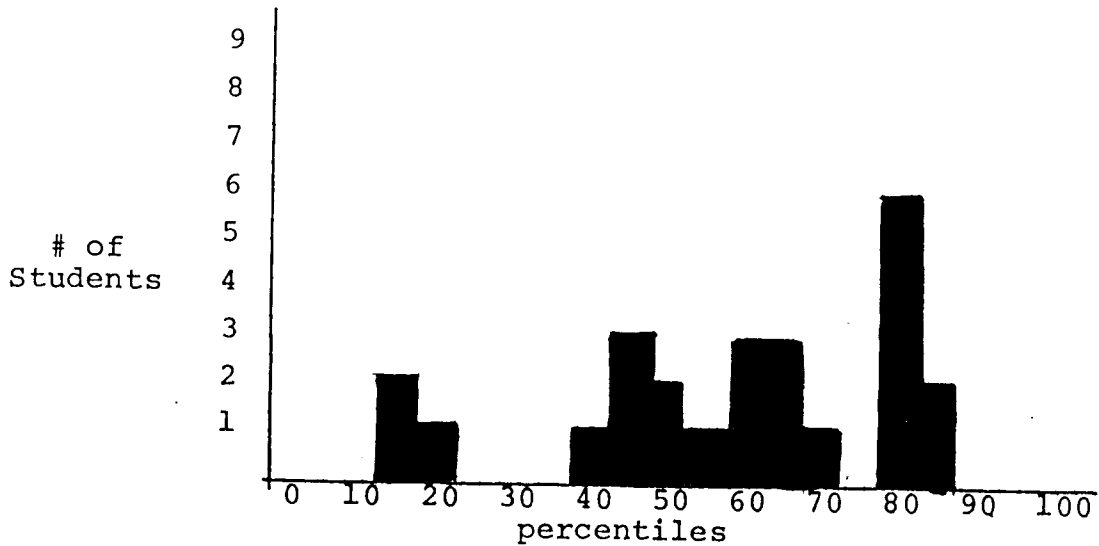
SOCIAL ADJUSTMENT



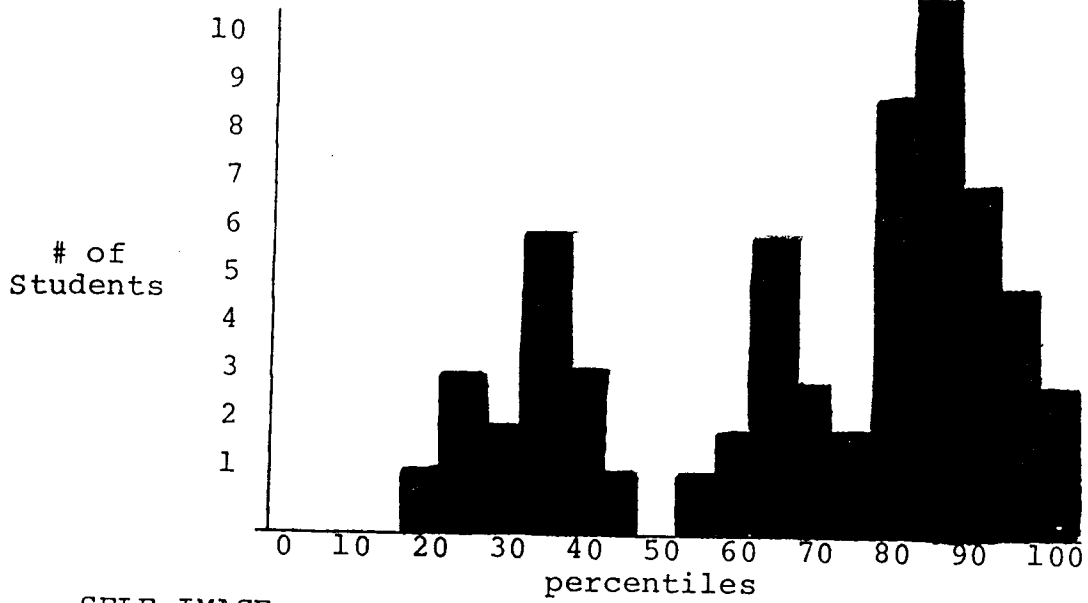
SELF-IMAGE



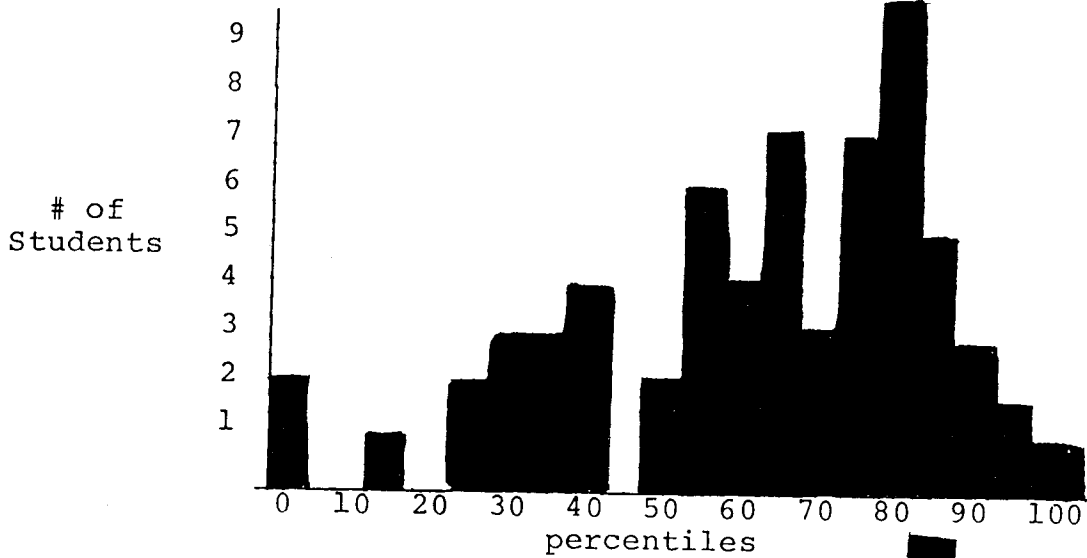
EMOTIONAL ADJUSTMENT



SOCIAL ADJUSTMENT



SELF-IMAGE



EMOTIONAL ADJUSTMENT

