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ABSTRACT

A therapeutic nursery group set up to provide emotionally and behaviorally disturbed preschool children with a group play therapy experience was evaluated. The first portion of the report is devoted to the project itself, involving four groups of 20 children each, while part two involves the evaluation. Out of the pool of 80 children, 20 participants were identified for the sample. The evaluation rested primarily on the implementation of a structured schema, an adaptation of the Symptom Checklist, and availability of clinical case records maintained by the consulting psychiatrist and the teachers. Data was noted to suggest that the children learned to cope better, to interact more appropriately with their environment, and to function at a higher cognitive level than previously had been the case. The therapeutic nursery group approach was felt to be particularly effective for those children whose emotional problems were not severe enough to preclude their involvement in a day care center, yet whose problems were such that a maximum growth and development was likely to occur only if specialized therapeutic attention was made available. (CD)

EVALUATION OF A THERAPEUTIC NURSERY GROUP

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PART ONE

PROGRAM OF THE THERAPEUTIC NURSERY GROUP

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HUDSON GUILD PROJECT

EVALUATION OF THE THERAPEUTIC NURSERY GROUP

THE PROGRAM

The Hudson Guild Neighborhood House is a long established community organization which offers recreational, social, educational, psychiatric, and psychological services to the residents of Chelsea, who are often socially, educationally and economically deprived. The many activities of the Hudson Guild include a Counseling Service and the operation of a Day Care Center for the children of working mothers. In 1956 these two independent services embarked on a cooperative continuing venture--the establishment and operation of a therapeutic nursery group (TNG). The aim of the TNG is to provide emotionally and behaviorally disturbed pre-school children with a group-play therapy experience under the leadership of a special nursery group therapist. The basic rationale of this program is that the early detection and treatment of psychological disturbances serves as a constructive influence on the child's current and subsequent personal and social adaptation. The clinical impression of the personnel involved in this program is that the TNG, in providing a corrective emotional experience, is an effective mode of psychotherapeutic intervention.

THE ORIGIN AND DEVELOPMENT OF THE TNG

In 1948, the Hudson Guild Counseling Service was established as a licensed psychiatric clinic to offer diagnostic and treatment services to children, adolescents, and their parents. The administrative Director of the new Counseling Service had previously worked closely with the Day Care Center in a consultative role and contact between the two services deepened. The nursery teachers at the Center became increasingly attuned to developmental lags and deviations in the children and referred them to the Counseling Service where an early identification of budding and existing psychopathology was made. The Counseling Service was staffed by a part-time Medical Director, psychiatric social workers, and psychological consultants. The parents of children referred by the Day Care Center were contacted and after an evaluation of the problems of the family and the child were completed, individual treatment plans were organized.

It should be noted that the nursery teacher, through her own training and experience as well as her consultation with the TNG personnel, was particularly sensitive to deviant behavior and referred these children to the Counseling service. Thus, the nursery teachers perceived and communicated to the psychiatric staff aspects of the child's

behavior which the parents failed to observe and/or regard as problematic.

Two facts became evident: (1) the majority of the referrals came from the four year old group, and (2) insufficient professional time was available for intensive treatment of these children. With the recognition that the therapeutic intervention at this age might ameliorate current difficulties and stave off future problems, it seemed desirable to help the child enter elementary school with as clean a bill of psychological health as possible. It was thus decided in 1956 to experiement with "modified activity group therapy," now a firmly established Guild program known as the Therapeutic Nursery Group (TNG).

DESCRIPTIVE ACCOUNT OF TNG OPERATIONS

The setting

The Day Care Center from which the TNG children are selected is housed in a recently constructed one story building located in the midst of a low income housing project. The Center is operated under the auspices of the Hudson Guild and supported by funds from the Department of Social Services, Division of Day Care and the Hudson Guild. It is staffed by a Director, an Assistant Director, and a staff of nursery teachers. The Center contains five well-equipped playrooms, one of which is used for the TNG, and accommodates four groups of children aged three to five.

There are about twenty children in each group or a total of 80.

The Family Background of the Children

The children selected for TNG have certain features in common. They come from a fairly homogeneous socio-economic background. Their fathers are typically semi-skilled or unskilled laborers with average or below average incomes. Periods of unemployment are frequent, mothers often work, and the families occasionally receive relief payments. The mean educational level of the parents is probably between eight and ten years. In general, the families are culturally and socially impoverished. In the latter group difficulties with the English language are common and create problems for the children.

In this culture of poverty, family life is frequently unstable or stabilized in maladaptive patterns. The number of children in several of these families is six. Separation, divorce, extra-marital affairs are common and result in the lack of stable identification models. A combination of the psychopathology and lack of information fosters adverse parental attitudes and behavior.

In short, while there are a few notable exceptions,

the average level of social, economic, and psychological functioning of these families is likely to be below average of a group randomly selected from various communities.

The children in the TNG

The TNG children, aged four to five, present a varied picture of intrapsychic and behavioral disturbances. Symptoms encountered include withdrawal (constricted, inarticulate, submissive), immaturity (overly dependent, difficulty in delay), over compliance, habit disorders (temper tantrums, thumb sucking), hyperactivity, hyperaggressiveness, etc. Common threads which cut across various symptom pictures include impairments in impulse control, basic trust, independent functioning, self-identity, and reality testing. Maternal deprivation or other difficulties in the early mother-child relationship are common. Each child has one or two key problem areas which form the focus of the therapist's interventions.

Method of selection for TNG

The first step in the selection of children for the program is the selection by the regular nursery school teacher. The teachers, by their contact with the Counseling Service, are particularly sensitive to deviant behavior. Their own experience alerts them to children who show symptoms or adjustment outside of norm. Disruptive behavior in

the group is probably the most frequent criterion for selection.

After the teacher presents the names of the potential candidates to the Director of the Nursery, the Director communicates with the parents and arranges an interview with the Clinic Social Worker and obtains permission for psychologicals to be done. The Social Worker gets a history of past and present functioning from the parents, Psychologicals are done and a Diagnostic Psychiatric Interview is scheduled with our consultant child psychiatrist. During this time the children are observed in the larger nursery group by our TNG therapists and the observation recorded. When all the information is available, usually early summer, a conference is held. At this conference are (1) the Medical Director of the Counseling Service, (2) the liaison Social Worker who interviewed the parents, (3) the Child Psychiatrist who examined the child, (4) the TNG teacher who observed the child, (5) the nursery school teacher in whose group the child is, (6) the Director of the Day Care Center. At his conference all the material is presented and a selection or rejection is made. If the child is felt not suitable for TNG, an alternative plan is presented. If the child is accepted for TNG at this meeting, a tentative dynamic formulation is arrived at and a treatment plan suggested. Areas of treatment approach and methods are outlined.

Although we had no formally validated criteria with regard to indications and contraindications for TNG, theory and experience had provided certain guidelines. As previously indicated, immature, withdrawn, anxious, over-compliant, hyperactive, aggressive, deprived children are considered suitable for TNG. The only contraindications are inability to function in a group (e.g., an overtly psychotic or autistic child) and markedly disruptive behavior (e.g., an extremely aggressive child). Such children are generally referred for individual treatment. Children who have been completely worked-up and discussed as potential TNG members are almost always assigned to the TNG since the two contraindications noted above are likely to be picked up at an early stage in the screening process.

The composition of groups

In the past few years, there have been two TNG groups in operation; one at approximately the four year old level and one at about the five year level. The latter group frequently contains children who have not yet gone on to elementary school and who are given a second year of TNG. The average number of children in each group is five; the range is from four to six. Although we have no objective evidence for deciding on group size, five appears to be an optimal number. It allows for the development of group

interaction and cohesiveness and assures adequate attention by the therapist for each child.

Theory and experience provide the rationale for the establishment of well-balanced groups. The behavior of the children in the Day Care Center provides one important basis for grouping. For example, a competent and intelligent, but withdrawn boy who is developing a relationship with an outgoing, friendly, insecure boy may be placed in the same TNG group. Or two youngsters who are uncooperative, frequently in conflict, and possessive may be placed in the same group with a view to enabling them to work through this problem. The essential factor is the potential for mutually constructive influences between and among the children. We attempt to avoid the possibility of scapegoating or excessive ridicule by not placing one weak, submissive boy in a group with four roughnecks. We also avoid homogeneous groupings (e.g., group of aggressive, acting out children) since this would not allow for constructive learning from peers. Boys and girls may be placed in the same group in light of the above considerations. The groups are open in the sense that dropouts and children going on to public school may be replaced and a youngster entering the Day Care Center after the groups are already in operation may nevertheless be placed in a group. Alterations in group composition are made with the aim of maintaining a proper balance of mutually constructive influences. The conflicts and pathological group

dynamic patterns that emerge from group interactions become grist for the therapeutic mill.

The Therapy Room

The current therapy setting is a 20 X 30 foot, well-lighted playroom in the recently constructed Children's Center. It is set aside exclusively for the TNG sessions.

The planning and furnishing of the playroom was guided by certain considerations. The room is of adequate size to allow group interaction without cramping and without excessive distance among children. There is a small round table with chairs for each of the children and the therapist. The room contains a sink with running water, a bathroom, and an area for hanging children's drawings or collecting things the children make. The toys and materials include puppets, blocks, housekeeping equipment, clay, paint, dollhouses, aggressive toys, toy animals, transportation toys, etc. The actual selection of toys and materials is designed to arouse interest and curiosity, and facilitate contact with the child, encourage expression of feelings and attitudes through play, and provide opportunities for mastery(intellectual, perceptual-motor skills) and reality testing. It is assumed that much of the child's play is a symbolic expression of his needs, wishes, fears, conflicts, etc. We attempt to provide the opportunity for a wide range

of self-expression since such self-expression forms the context for the therapist's interventions.

The Therapists: Background, Qualifications and Role

The two nursery therapists on the Counseling Service Staff are excellently grounded in nursery school education and in the psychological study of children. They have a good working knowledge of clinical diagnosis and therapeutic theory and technique. They visit the Day Care Center frequently and get to know all the children. The TNG therapists have regular conferences with the Day Care Center teachers in order to share information and to integrate goals for the children.

In addition to knowledge of therapeutic techniques, certain personal qualities are considered important. The therapists are psychologically sensitive and insightful and convey their basic warmth to the children. They are flexible, yet able to set firm limits and respect the individuality of the children.

In summary, the TNG therapists serve a highly specialized and unique function.

The Therapy Sessions

The selection process for TNG is initiated in the late spring and the groups are generally formed and started by

September. Each group meets twice a week for sixty minute sessions through June of the following year for a total of approximately eighty-five sessions.

After the composition of the groups is determined, the therapists visit the Day Care Center groups frequently and introduce the idea of TNG by telling the selected children that they will meet with her twice a week for a special play period. The regular nursery teachers also prepare the children for TNG by answering any questions they might have. The children have usually made some adaptation to separation from their mothers in the morning and generally do not have any difficulty leaving the Day Care Center group with the therapist to attend TNG. In fact, after a few sessions of TNG, the children look forward to it eagerly as a special event.

The therapist structures the initial session with a simple statement:

> We're going to meet here all together twice a week for an hour and play.

No intellectual explanation is offered ("I'm here to help you with your problems. You can talk about the things that make you unhappy, etc."); such verbalizations are unnecessary and perhaps beyond the comprehension of some four year olds. The initial structuring is designed to promote freedom and spontaneity.

Accordingly, no suggestions are made at this point with regard to particular games, toys, or activities. The therapist conveys the feeling that the room and its contents are at the disposal of the children. Limits on behavior are set when the situations requiring constraint arise in the course of play.

In this permissive, initially unstructured setting, group interaction and interpersonal patterns develop. In this context, the therapist maintains a free-floating attention and become sensitized to the patterns of group activity and to the play preferences of the children. She brings to the situation the knowledge gained from observations of the children in the large Day Care Center group and discussions with the regular nursery teacher. In addition, she has a diagnostic, dynamic picture and treatment plan for each child which were developed in prior conferences. Thus, at the initiation of treatment the therapist is aware of each child's major problem areas, his preferred patterns of behavior, and his general background on which behavior in the session is perceived and therapeutic interventions undertaken.

The primary function of the therapist is to offer each child a special relationship neither experienced in the large nursery group nor at home. The child's perception of the therapist's complete acceptance of him is considered the

basic therapeutic catalyst for constructive personality development. This attitude of acceptance on the part of the therapist does not imply a tolerance of all behavior in the group. In fact, a major aspect of the therapist's job is to impose limits, restraints, and structure on individual and group activity.

The techniques employed to implement the feeling of unconditional acceptance include explanation, support, participation, praise, help, gratification, suggestion, reflection of feeling, clarification of feelings and of reality, interpretation, and structuring. The therapist's attitude and techniques are directed toward the primary goal of working through focal conflicts and problems which impede development as well as several related goals: reduction of anxiety, self-acceptance, and respect for the integrity of others, mastery, superego development, constructive social participation, and amelioration of symptoms and symptomatic behaviors, for a severely emotional and deprived child the opportunity through educative skills to get back on the developmental track.

The following brief example of Bobby and the case of Juanita (see appendix) illustrate the process of change.

Bobby was referred because he drooled constantly, dropped things, hit and scratched. He dragged himself about and didn't know where he was headed. The psychiatrist found

fear to be his predominant emotion, and found him to be infantile and immature. His inner life was confused, and fearful of devouring monsters, fires, and dying. The psychologist reported a loss of distinction between reality and fantasy and an IQ of 88.

Bobby was the only child of an older Greek mother, extremely isolated, who neither spoke nor understood English. The father had died when Bobby was three at age 75.

The focus with Bobby was the establishment of a warm safe relationship in which the child could ventilate fears and develop inner controls. In his early sessions, toys were used to act out confusions and fears ("da monsta comin," "day die, da polees," "da fire engine," etc.). As controls and a sense of trust developed, his play began to integrate. The zooming cars would travel on roads of blocks, the monsters were placed in jail. He established his own boundaries.

Bobby was oblivious of the other children, grabbing toys and disrupting play. The teacher-therapist tuned him in to what he was doing--"Did you ask for it?" "Was it ok to take that?"--always with the reassurance that he would eventually have a turn. By the end of the year, Bobby's play was controlled and integrated. He had friends within the TNG group and also in his classroom. He would talk about his "pals" knowing that now he had friends.

His drawings were up to age level. His motor

coordination was much improved. His body tone was firm and he walked purposefully.

Bobby went on to enter first grade in September. Although further treatment was felt necessary to maintain his gains, Bobby could function in a group.

Bobby was retested in June 1970. The psychologist reported that his IQ showed an increase of 14 points, from 88 to 102.

His first grade teacher reported that he is beginning to realize his potential.

Supervision

There is a regular weekly supervisory session for TNG held with the Child Psychiatrist at the Counseling Service. In addition to the TNG therapists the supervisory hours are attended by other personnel depending on the subject to be discussed.

Supervision with Child Psychiatrist

At the beginning of the year there is continuing discussion, following the original diagnostic conferences, of the main pathological dynamics and the major therapeutic approach. With many of these severely damaged and frequently traumatized children treatment must be directed to the major constellations inhibiting their development. If we can remove the major stumbling block (lack of impulse control,

fear of separation, tending toward autistic withdrawal) we leave much in the child that is still ill, but we permit development to continue with less distortion. Following the spelling out of our therapeutic direction, supervision falls into the following categories:

1) Individual supervision with TNG therapists where process recordings are gone over, dynamics elucidated and therapeutic acts discussed.

2) Session with TNG teacher and Social Worker seeing family where there is more or less correlation made between incidents and handling at home with behavior in therapeutic group. At this time the therapeutic approach to the family is clarified.

3) Sessions with TNG therapists and nursery school teachers and Director: here the child, functioning in the larger group, is discussed. There is an opportunity to see what changes are seen by the regular nursery school teacher and to advise the teacher on ways to handle difficult behavior.

Post-Treatment Evaluations

Upon termination of treatment (which usually takes place in June) the same evaluation procedures (psychiatric interview, psychological testing, etc.) employed for the initial selection and assignment to group are repeated. Several staff conferences are then held in which each TNG child is discussed during the course of the year. Some of the children are continued in the TNG the following year. Others go on to elementary school and, when indicated, are seen in individual treatment during the school year.

Follow-Up Contact With Schools

Virtually all of the TNG children who reach school age attend a public or parochial school in the neighborhood. The Hudson Guild and the Counseling Service in particular maintain a close working relationship with the schools. This contact enables us to get further feedback on the progress of the TNG children. In addition, for those children for whom the transition and adjustment to elementary school is likely to present some difficulties, conferences are held with teachers and school guidance counselors in an attempt to place the younster in a relatively benign atmosphere. The child's problems are discussed in an attempt to promote an individualized understanding and approach to the child in school. Where the child runs into difficulty in adjusting, additional therapeutic help is provided by the Counseling Service. Thus responsibility for and communication with the child is maintained after the termination of TNG sessions.

Contact with Parents

On the assumption that the child's progress in the TNG is facilitated by some degree of cooperation with the parents, an effort is made to involve each TNG parent--usually the mother--in a therapeutic or quasi-therapeutic relationship. A psychiatric Social Worker in the Counseling Service works closely with the TNG program. When a TNG

candidate is referred for testing, the social worker contacts the mother. The nature of the child's problems and of the TNG are described in general terms followed by a request for permission to proceed with psychological testing. A developmental history of the child is obtained as well as relevant personal data on the parents and family structure. An attempt is then made to involve the mother therapeutically. The treatment is goal-limited and focuses on the relationship between the child's difficulties and those of the mother. In the event that the mother is uncooperative or otherwise unamenable to treatment, an attempt is made to get the mother to report during the course of treatment, any relevant or important incidents in the child's life which would benefit the therapist in her clinical understanding of the child.

PART TWO

EVALUATION

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THE EVALUATION

1. Sample

As noted in the introduction to this report, it has been estimated that at least 25% of the regular Day Care Center children could profit from participation in the TNG program. However, the current TNG program can accommodate a maximum of ten children (from among a Day Care Center program numbering approximately 80 children).

As a first step in the sampling procedure, a "pool" of 20 potential participants was identified. Each of these children was assigned a code number, and assigned on a strictly random basis to either the experimental (TNG) or the control (non-TNG) group. Using this procedure, 10 children were admitted to the TNG program. A control group was developed consisting of 10 children who, although identified as potential TNG participants, were not admitted to the TNG program. Admittedly it would have been best to develop control and experimental groups matched along a number of dimensions. However, the very diversity of symptomatologies, in the context of an extremely small N would have rendered such an attempt almost meaningless. It should be noted, however, that the procedure used did guard against any systematic selective sampling bias.

Previous experience has suggested that one, certainly no more than two of the children might drop out during the

year. Anticipating this, two "extra" children were identified, for possible inclusion in either the control or experimental groups. Fortuitously, only two children did drop out during the year, one from the experimental group, and one from the control group; both of these children dropped out relatively early in the program year and, therefore, their replacements did not jeopardize the experimental design.

Whereas the experimental subjects met twice a week in the TNG group, for one-hour periods (for the rest of the time they met in the regular Day Care Center classes), the controls never met as "special" group, instead following only the regular Day Care Center routine.

2. Measuring instruments and techniques

The evaluation rested primarily upon the implementation of two measures: a structured observational schema, developed and used previously in several research projects, and an adaptation of the Symptom Checklist developed as the Jewish Board of Guardians. In addition, the interpretation of objective scores was facilitated by the availability of clinical case records maintained by the consulting psychiatrist, and the TNG teachers. Each of the measures is described, briefly, below:

a. Observation schema

A copy of the observational schedule and instructions for its use are appended to this report. Its development, and its use in other programs, has been reported elsewhere (see for example, Holmes, 1965, 1966, 1968, 1969).

Part A of the instrument consists of a number of categories of interpersonal behavior which can be checked by a trained observer during each interaction of a designated subject with either another person, or the environment. For example, in terms of the category "orientation of the act," the observer could check "external manifest goal," "social goal-solidarity," "responding." (An examination of the appended material will provide definitions of these and the additional schedule categories.) The trained observer observed one child for a 20-minute period, then moved on to another child. The observational periods were assigned on a random basis, so as to avoid possible contamination of an "occasion" bias. In all cases, the observer rated only single interactions, as defined in the accompanying manual.

Part B of the schedule consists of a number of descriptions of behavior which can be scored using the modified Likert scale provided. The observer completed

Part B only once for each child-session, at the end of the 20-minute observational period. This part of the observational schedule added some clinical "flavor" to the data, describing as it does the gross behavior consolations observed during the course of the observational periods.

The observations took place during the first, and the last months of the TNG program, and at equivalent times in the regular nursery program, among both the controls and the experimental subjects. In order to provide "pre" and "post" measures, each control child was observed for five sessions "pre" and five more sessions "post" (during the first month and last month respectively), while participating in the regular nursery program. Each TNG participant (experimental subject) was observed ten sessions "pre" and ten sessions "post": on each occasion, five occurred in the TNG setting, and five occurred while the TNG child was participating in the regular program. As noted previously, the observation sessions were randomized.

b. Symptom checklist

Although the primary focus of the TNG program is upon interpersonal behavior, of equal importance is the pathological symptomatology manifested by each child.

A "behavior checklist," developed at the Jewish Board of Guardians in New York City, includes 237 items, each of which is descriptive of non-adaptive behavior. The items have been empirically factored into a number of clusters which are related to specific diagnostic categories. The scale is designed for use among 8 to 12 year old children; however, it was possible to select from among the 237 items so as to develop a shorter scale, appropriate for use in describing behaviors of pre-school children. Inasmuch as the checklist was not used in the study as a diagnostic instrument, but rather as a basis for measuring possible change over time, the alteration of the factorial structure by the omission of some items and its altered form without extensive validation was permissible. In essence, it is a list of pathological symptoms, drawn from many relevant areas of behavior; as such, it was a measure essential to the philosophy of the TNG evaluation.

This measure was completed twice for each child, both experimental and control, once at the beginning and once again at the end of the year's program. In each case, the regular Day Care Center teacher completed the checklist. The scores used in the analyses consisted of the raw numbers of items checked within each category.

c. Clinical records

Each child, both control and experimental, was interviewed by the consulting psychiatrist twice, once in the beginning of the school year, and once again at the end of the school year. At both times, the psychiatrist indicated not only the general psychiatric status of the subject, but also the prognosis, particularly as regards possible entrance into school.

In addition, the TNG teacher kept summary records of the child's progress, as well as a record of any critical incidents which occurred during the course of the program year.

Both of these clinical reports are in a form which lends itself to inclusion in the report of this evaluation; as such, various abstracts will be included as supplements to the objective data.

RESULTS

What follows immediately is a presentation and discussion of the various analyses performed on the study data. Presentation of clinical examples will be made later, in the "Discussion and Implication" Section of this report.

Observation Schedule, Part A

The complete data relating to this part of the observation schedule are to be found in Appendix B. Discussed here will be only those areas of behavior in which statistically significant ($P < .05$ or less from t-test of means) differences were found between Time I and Time II, in any of the three basic groups considered. These groups are (1) the controls, (2) the TNG participants observed in the regular nursery, and (3) the TNG participants observed during the TNG session.

In examining the data presented in Appendix B, it should be noted that the mean values are those per item over five observation periods. That is, the average number per 20-minute observation periods would be $\bar{X}/5$. Further, the frequencies in each category have been weighted by the total number of interactions for each subject, for each observation period, so as to ensure that seemingly significant differences are not mere statistical artifacts.

Initiator of the Action

The initiator of any action will be either the subject being observed ("self"), the teacher or other adults in the room ("Teacher/Adults"), or the subject's peers (Peers"). Analysis of data reflecting this dimension provided results shown below, in Table 1.

Table 1. Comparison of groups over time, in terms of "Initiator of Act"

A. Teachers/Adults

	Time I	Time II	Diff.	t	P
Control	5.77	4.44	1.33	.6567	NS
TNG in TNG	16.64	11.36	5.28	2.6337	.01
TNG in Class	8.30	4.30	4.00	1.9936	.05

B. Peers

	Time I	Time II	Diff.	t	P
Control	16.81	17.15	-.34	-.1143	NS
TNG in TNG	3.72	8.54	-4.82	-3.0935	.01
TNG in Class	10.11	13.84	-3.73	-1.6345	NS

In terms of this dimension fewer teacher-initiated interactions were observed among the participants at Time II than Time I, both in the regular nursery and during the TNG sessions. While in the TNG sessions, this decrement in teacher-initiated interaction was accompanied by a marked ($P < .01$) increase in peer-initiated interactions. No differences whatsoever were observed among the controls. In other words, the TNG experience appears to have brought about a greater degree of peer-relatedness, with less

dependence on the adult figures as a source of stimulation. It is interesting also to note that the children, while in TNG, are far more frequently in contact with the teacher than is the case of the other two groups. Also supporting the contention that the TNG participants were "sicker" than the controls, there was a significant (.01) difference between controls and participants in Time I along these dimensions, but no such difference in Time II.

Who is Involved

Each action may involve different persons, which must be noted. "Self" is checked only in cases of solitary activity. In all other cases, the action is scored as being involved primarily with "peers" or with "teacher/ adults. Analyses pertaining to this dimension are shown below, in Table 2.

Table 2. Comparison of groups, over time, in terms of "Who is involved."

A. Teachers/Adults

	Time I	Time II	Diff.	t	P
Control	13.62	11.94	1.68	.54410	NS
TNG in TNG	35.37	27.10	8.27	2.6015	.05
TNG in Class	19.91	10.78	9.13	3.1309	.01

B. Peers

	Time I	Time II	Diff.	t	P
Control	52.92	48.35	4.57	.9068	NS
TNG in TNG	15.51	25.00	-9.49	-2.8635	.01
TNG in Class	34.51	41.62	-7.11	-1.6456	NS

As might be expected, the decrease in teacher initiation shown in Table 1 is accompanied by a decrease in and dependence on adults and (while in the TNG class) an increase in peer involvement. Again, no such change was found among the controls. This finding suggests that not only does the TNG support peer-initiated behavior, but also that there is less reliance on adults. That is, not only do the teachers have to initiate less often, the children need them less often as a resource, relating instead to their peers. The difference

between participants and control in Time I (but not in Time II) also is striking.

Orientation of the Act

In all cases, actions reflect one of four possible orientations: external manifest goal oriented, socially oriented, responding to others, or random non-purposive. Within each of these categories, an action may be described as either constructive or destructive. This category is fully defined in Appendix ; for present purposes, it is sufficient to describe two of the four classifications. "Socially oriented" actions are those which are primarily interpersonal in nature, i.e., where the major focus is upon promoting and/or maintaining social contact with others. "Responding" actions also may involve others, but they are more passive, in that they connote the subject's acting as a responder rather than an initiator, i.e., acting at the request and direction of others. The results of analyses of these data are presented below, in Table 3.

Table 3 . Comparison of Groups, over time, in terms of "Orientation of the Action."

A. "Social Constructive"

	Time I	Time II	Diff.	t	P
Control	43.72	47.44	-3.72	-.8845	NS
TNG in TNG	26.00	34.34	-8.34	-2.5137	.05
TNG in Class	34.28	37.68	-3.40	-.7941	NS

B. "Responding Constructive"

	Time I	Time II	Diff.	t	P
Control	8.32	4.73	3.59	1.9316	NS
TNG in TNG	12.94	7.82	5.12	2.8144	.01
TNG in Class	9.38	4.66	4.72	3.0312	.01

C. "Responding Non-Purposive"

	Time I	Time II	Diff.	t	P
Control	1.28	.46	.82	1.1313	NS
TNG in TNG	3.04	.44	2.60	2.6845	.01
TNG in Class	.98	.54	.44	.7050	NS

While in the TNG session, the participants exhibited significantly more instances of "Social Constructive" behavior. No such difference was found among the controls

or, for that matter, among the participants while in regular nursery groups. There were fewer instances of "responding constructive" and "responding non-purposive" behavior in Time II than in Time I, among participants. No difference was observed among the controls. This is seen as a positive change, in that it connotes a less passive, recipient attitude, and more active participation in the social and physical environment.

Goal

Under this classification, there are two dimensions of interest. The first of these is the frequency with which the subject's goals were reached. The second is the frequency with which these were observed actions with no apparent goal, i.e., random purposeless behavior. The data reflective of these dimensions are shown below, in Table 4.

Table 4. Comparison of Groups, over time, in terms of "Goals of the Action."

A. "Goal Reached"

	Time I	Time II	Diff.	t	p
Control	69.57	89.29	-19.72	-4.9026	.01
TNG in TNG	75.53	88.32	-12.79	-4.0366	.01
TNG in Class	70.70	83.38	-12.68	-3.3203	.01

B. "No Goal"

	Time I	Time II	Diff.	t	P
Control	26.68	7.35	19.33	6.0627	.01
TNG in TNG	20.30	6.52	13.78	5.2429	.01
TNG in Class	22.81	10.86	11.95	3.5007	.01

Among all groups, both experimental and control, there was a marked ($P < .01$) increase in the frequency of "Goals Reached." This suggests that, even without specific therapeutic intervention, children learn to cope more effectively with their environment, in terms of goal achievement. This increase was matched by an equally great decrement in the number of instances in which there was observed activity with no apparent goal. In other words, all groups, as a function of the nursery experience and general maturation became more goal-directed, and better able to achieve

their goals.

In summary, Part A of the observation schedule, certainly the most objective part of the evaluation, clearly supports the value of the TNG experience. The participants become more self-directed, more peer-related, and more actively involved in the environment, in a socially constructive area.

Observation Schedule, Part B

As will be recalled from a description on the measuring instruments, Part B of the observation schedule consists of a list of 24 items, descriptive of a child's behavior over the entire observation period. That is, the Part A calls for ongoing coding of each interaction, Part B calls for the rater's impressions following the end of the observation. As such, this part of the schedule is far more susceptible to rater bias, misinterpretation, etc. Thus, the following results should be interpreted with some caution, and certainly as being less conclusive than were the results relating to Part A of the schedule. The complete data arising from the use of Part B of the observation schedule are presented in Appendix C. Discussed here will be only those items which registered a significant difference between Time I and Time II.

Activity Level

This item measures the physical activity of the child. While the more "active" child is frequently in motion, the less "active" child typically will sit in a single position for an extend period. Data reflective of this dimension are presented below, in Table 5. (Scored 1-7; the lower the value, the more active.)

Table 5. Comparison among Groups, over time, in terms of "Activity Level of Subject."

	Time I	Time II	Diff.	t	P
Control	3.64	3.31	.33	1.3544	NS
TNG in TNG	3.61	2.80	.81	3.0215	.01
TNG in Class	4.00	3.22	.78	3.0444	.01

While no change in activity level was reported among the control subjects from Time I to Time II, the participants, both while in the TNG sessions and in the regular nursery groups, were seen as being more active at Time II than in Time I. This is consonant with the previously-reported finding that the participants became less passive and "responding" and more actively involved in their environment.

Evoking Responses from the Teacher

This item reflects the quality of interaction with the teacher, in particular those interactions which are initiated by the child. In general, it is a measure of appropriateness on the part of the child with regard to the teacher. In Table 6, a low score is connotative of appropriate behavior.

Table 6. Comparison among Groups, over time, in terms of "Evoking Responses from the Teacher."

	Time I	Time II	Diff.	t	P
Control	1.89	2.44	-.55	-2.7419	.01
TNG in TNG	2.30	2.22	.08	.3416	NS
TNG in Class	2.47	2.21	.26	1.1059	NS

Among the control subjects only, the method of evoking responses from the teacher were more inappropriate at Time II than at Time I; on the other hand, among the TNG subjects, those differences which did occur were in the opposite direction, i.e., they became more appropriate during the course of program. This suggests that with the general growing familiarity with nursery program, disturbed children are apt to become less appropriate in thier behavior unless some type of theraputic intervention is provided. That is, as the children feel more secure in the nursery

group, and as they mature chronologically, their pathology is more apt to be expressed openly, unless intervention is made.

Mode of Communication: verbal - non-verbal

The item reflects the frequency with which the child uses language to make himself understood. The lower the score in Table 7, the more verbal the child.

Table 7. Comparison among Groups, over time, in terms of "Mode of Communication: verbal - non-verbal."

	Time I	Time II	Diff.	t	P
Control	2.67	2.39	.28	1.1052	NS
TNG in TNG	3.26	2.33	.93	2.9561	.01
TNG in Class	2.96	2.58	.38	1.3011	NS

Among the participant group, only while in the TNG setting, communication became more verbal, accompanying program participation. That is, while no such change was observed among the controls, or among the participants while in the regular nursery school, there appeared to be some maturation in terms of the degree to which verbal skills were relied upon for communication. Particularly when it is realized that significantly more of this communication involves peers in this group, this finding is striking; as

stated in the definition of this category, the ". . . high scoring child makes his feelings or ideas known through words; the low scoring child uses gestures, non-verbal sounds (such as meowing or barking) or pre-verbal sounds (nonsense sounds and syllables) or in the case of severely disturbed children, in a language which is autistic." Thus, it appears that the participant children, while in the TNG program at least, made significant gains in a highly important behavioral/cognitive domain.

Richness of Verbalization

This item measures the quantity and verbal quality of the child's communication. The child with rich verbalization generally uses complex sentences in the expression of ideas as well as to communicate basic needs. In Table 8, below, the lower the score, the richer the verbalization.

Table 8. Comparison among Groups, over time, in terms of "Richness of Verbalization."

	Time I	Time II	Diff.	t	P
Controls	3.35	2.86	.49	2.1652	.05
TNG in TNG	3.75	2.82	.93	3.0279	.01
TNG in Class	3.70	3.16	.54	1.9536	.05

All children, in all groups were seen as exhibiting richer verbalizations at the end of program than at the

beginning. This item measure the quantity and verbal quality of the child's communication. The child whose verbalizations are very rich usually has a large vocabulary and can use it in fairly complex sentences. Thus, accompanying general maturation and day care center program participation, all children were seen as registering improvement along this cognitive dimension.

Intelligibility of Verbalization

Quite simply, this item measures how well the child can be understood. A low score in Table 9, below, is associated with highly intelligible speech.

Table 9. Comparison among Groups, over time, in terms of "Intelligibility of Verbalization."

	Time I	Time II	Diff.	t	P
Control	2.29	2.37	-.08	-.3955	NS
TNG in TNG	2.91	2.26	.65	2.1616	.05
TNG in Class	2.82	2.35	.47	1.8072	NS

Relating directly to the finding that the participant children while in the TNG relied more upon verbal communication, and that the verbalizations were, generally, richer, was the finding that while in the TNG sessions, participant children were more intelligible in their verbalization, i.e., they could be better understood in that their

speech became clearer and more easily heard.

Nature of Play: constructive v. non-constructive

The meaning of this item is self-evident. In Table 10, below, the lower the score the more constructive.

Table 10. Comparison among Groups, over time, in terms of "Nature of Play: constructive v. non-constructive."

	Time I	Time II	Diff.	t	P
Control	1.83	2.74	-.91	-5.6070	.01
TNG in TNG	1.91	2.46	-.55	-2.6482	.01
TNG in Class	1.77	2.55	-.78	-4.5618	.01

Surprisingly, children in all groups were characterized as being typically less involved in constructive play at Time II than at Time I. This result appears highly equivocal, since certainly the opposite would be expected. This is not to say, however, that there is more destructive play, as will be discussed below.

Quality of Play: destructive v. non-destructive

Again, the meaning of this dimension is self-evident. In Table 11, below, the higher the score, the less destructive the play.

Table 11. Comparison among Groups, over time, in terms of "Quality of Play: destructive v. non-destructive."

	Time I	Time II	Diff.	t	P
Control	6.04	6.63	-.59	-2.3676	.05
TNG in TNG	5.71	6.30	-.59	-1.6958	NS
TNG in Class	6.12	6.74	-.62	-2.3784	.05

Among the controls and the TNG participants who are in the nursery school setting, there is less destructive play at Time II than Time I (the participants while in TNG remaining the same). What this item means is that, in Time II, there simply was more play of a not necessarily constructive variety. Perhaps this is a function of observer bias, in that more attention was devoted to interpersonal activities at the end of program than at the beginning, and thus perhaps less manifest, constructive output. Again, however, particularly in the face of the rest of the data, this finding does remain somewhat equivocal.

Taken in summary, the data arriving from an analysis of Part B of the observation schedule also supports the work of the program. However, the results in several instances are somewhat equivocal; moreover, as was noted previously, definite care should be taken in carrying these interpretations too far, as they arise from data which easily could be

subject to bias and misinterpretation.

Symptom Checklist

As noted previously, the Symptom Checklist consists of 185 items, each of which describes certain behaviors which are more or less deviant. Thus, for example, the following:

> Eats things that are not foods: for example, paint or paper, or nose pickings, etc.
>
> Wets (urinates in) clothes during day.
>
> Jumpy--reacts strongly to sudden changes in sound or light or movement.

Each of these items could be scored "true," "not sure," or "false," i.e., a three-point interval scale. However, due to the nature of the scale, and particularly due to the nature of the response, which was largely dichotomous (true or false), these data were treated as ordinal data, and a non-parametric test of statistical significance used: the chi-square test. The basic property of the Symptom Checklist is that the greater the number of "true" responses given in describing any one subject, the more disturbed the subject; following this, the greater the number of "trues" for any one group, the more "disturbed" the group could be regarded. Thus, comparison between controls and experimentals, or between either group between Time I and Time II could be made on the basis of the relative number of "true"

and "false" scores given to group members, on each occasion. Following this reasoning, the statistical analyses showed that both among controls and experimental subjects a significantly ($P < .01$) greater proportion of the items were scored as "true" in Time I than in Time II. That is, whereas for both groups in Time I a greater number of "true" responses were recorded than would be expected on the basis of chance, a smaller number of such responses were recorded in Time II.

The interpretation of these analyses is that both the participant and the control group "improved" during the course of the year, in terms of their exhibiting fewer pathological behaviors at the end of the year than at the beginning. It should be borne in mind, however, that these ratings were completed by nursery school teachers with little or no orientation toward mental health, but with a considerable investment in the children. Thus, in becoming more familiar with each child, and thus perhaps more tolerant of objectively deviant behavior, they may have been less prone to score a particular statement as "true." Finally, it should be noted that the change was more pronounced among the experimental children than among the control children; that is, the Chi-Square value (the measure of significance of possible differences) was twice as great in the experimental group as in the control group. Thus,

although both groups did "improve" significantly, the relatively greater degree of change found among the program participants suggests that the TNG experience did have a meaningful impact in this area, as well.

An additional analysis was conducted with regard to these data, stemming from the fact that the consulting psychiatrist, psychologist, and social worker felt that, purely by chance, the participant group was considerably "more disturbed" than was the control group. The results of this analysis bore out the contention, i.e., a significantly greater ($P < .01$) proportion of the items were marked "true" in describing the participant group than was the case in describing the control group, in Time I. By Time II, this difference still obtained; however, the P-level had been reduced to .05. Again, this cannot be taken as a statistical measure of change; however, there is a certain appealing logic about the reduction in degree of statistical significance associated with the differences between these two groups, following the program intervention. In other words, in Time I, the participants were considerably more disturbed than were the controls; in Time II, this difference does not appear to be as pronounced.

Again, these questionnaires were completed by nursery school teachers, describing the behavior of both participants and controls while they were in the regular nursery

school setting. There is obvious potential for bias in these ratings. However, supporting as they do the other analyses reported on earlier, these data contribute again to the assertion that the program has a dramatic, demonstrable impact upon its participants.

CONCLUSIONS AND IMPLICATIONS

Before entering into a discussion of the implications of this study, it is appropriate to note again the several factors which would militate against the demonstration of any significant program impact. The first of these is the very nature of the TNG group, as contrasted with the control group. As noted, both subjectively and objectively, the TNG participants were more disturbed than were the controls. This being the case, it was remarkable indeed to find that not only did the TNG participants improve to a point where they equalled the control children, but that their growth exceeded that of the control children, along certain dimensions.

Second, in undertaking any evaluation of a therapeutic intervention, the fruitfulness of the actuarial approach is at question: certainly there are many areas which could be described better through clinical measures; however, such measures are subject to bias, the vaguaries of interpretation, etc. This evaluation was based primarily upon the actuarial approach. It is the impression of those working with both the program and its evaluation that the objective data overlooked some areas of clinical improvement, as a function particularly of an analysis which, inescapably, depended upon the comparison of composit scores.

For example, the "improvement" in a passive, dependent child may have consisted in her becoming more active; on the other hand, the "improvement" in a hyperactive child may have consisted in her becoming less active, and more overtly dependent. "Improvement" in both of these children would have tended to eradicate any demonstrable differences accompanying program participation, when the scores were combined.

Thirdly, the sample sizes were so small that there was a very great danger of committing a Type II error in the evaluation of data. That is, significant differences may have occurred, accompanying program, which were regarded as non-significant, due to the relatively great magnitude of values requred to demonstrate significance with such a small sample N.

Finally, it must be noted that the TNG input was minimal: in the context of daily participation in day-long pre-school programs, the participants met, in the TNG setting, for only two, one-hour sessions per week. Any change which was found to accompany such brief participation is thus even the more remarkable.

Having made these points, it is particularly striking to note that the objective evaluation of a program impact showed that the TNG children made significant gains in a number of areas. In the most general terms, the data suggest that the TNG children learned to cope better, to

interact more appropriately with their environment, and to function at a higher cognitive level than previously had been the case. Some of these gains were seen among the TNG children only, while others were shared, to an extent, by the control children. However, the fact that some gains were characteristic only of the TNG children, coupled with the finding that many of the initial differences between TNG and control children, favoring the control children, had been eradicated by the end of the program lend further credence to the efficacy of the TNG program.

Gains were seen in terms of virtually all measures. Both parts of the observational schedule, one highly objective, the other more judgmental, showed significant change. Similarly, the symptom checklist, although perhaps of limited applicability to this population, registered a certain degree of overall change. Further, these objective measures are substantiated by clinical impression, case records, etc., a number of which are appended to this report. It seems that this positive impact may be attributed primarily to each child's relationship with a psychologically sophisticated teacher, who understands each child as an individual, in depth, and who thus can tailor specific programs to meet the child's needs.

It seems that, for many of these children, certain stages of development have not occurred. For example, many

of the children coming to TNG exhibit a pseudo-maturity; in fact, they have not gone through the close relationship with an adult which is a necessary antecedent to separation and individuation. Such relationships can and do occur in the TNG setting, leading to the growth of the child as a separate entity.

Those developmental stages which require active interaction between the child and his environment are greatly enhanced by the Therapeutic Nursery Group program; due to a lack of individual understanding and attention, this often cannot occur in the more traditional pre-school setting. Thus, the TNG program helped to overcome language handicaps, and perceptual handicaps--in short, the TNG experience contributed to that basic repertoire of skills which was necessary for fruitful participation in more traditional nursery school programs. In a sense, traditional programs deal primarily with the socialization of "normal" children. The TNG program provides for emotional, perceptual, and language growth, by dealing with emotional/neurotic problems simultaneously with the socialization process.

In brief, the rigorous evaluation of the TNG program has shown that program participation does have a significant, often dramatic effect upon its participants.

Having established this, and in view of the growing,

unmet need for therapeutic and preventive community-based resources, it is possible to make the following statements regarding the significance of this program, and the need for broader implementation of the TNG approach to pre-school program.

First, the maintenance of a therapeutic nursery group in most pre-school settings would provide an ideal context for helping troubled children. The nursery school staff would work closely with the TNG staff, as a means to identifying children with problems, pinpointing specific areas of concern, and developing the best total therapeutic milieu for the child. Such early and timely therapeutic intervention would serve to reduce the subsequent incidence and severity of emotional disturbances.

The TNG method is one way of expanding and drawing upon currently-available professional resources, particularly in the utilization of nursery school teachers as mental health workers. For example, there are numerous day care centers located in most large metropolitan areas; if a teacher from each of these centers could be trained as a TNG worker, satellite TNG programs could be developed in each day care center, at minimum additional staff cost.

The TNG approach, located in, and drawing upon the nursery school setting itself, is such as to overcome the reluctance of many families, particularly those coming from

low income backgrounds, to seek help from mental health resources. Thus, more children and families can be reached and helped prior to the emergence of full-blown pathology, than is the case when relying upon the more traditional psychiatric program.

In summary, the TNG approach has been shown to work effectively with children who are experiencing obstacles to constructive personality development, and with concomitant developmental lags. The program is particularly effective for those children whose emotional problems are not severe enough to preclude their involvement in a day care center, yet whose problems are such that maximum growth and development is likely to occur only if specialized therapeutic attention is made available. Children who participated in the program made remarkable strides toward maturity and mental health.

APPENDIX

Juanita instantly irritated anyone she came into contact with. At five she was a clumsy, grossly overweight, dark-skinned Spanish child. Her appearance was not helped by protruding stomach and clothes so tight that she usually popped out of them. Her facial expression was cloaked and she grimaced rather than smiled. Her movements were heavy and laborious. She was the only child unable to grasp a crayon or a pencil. She was boisterous and she shrieked: "Whaaa dis . . . whaa dat" was a constant irritating demand for attention rather than speech used for communication. She never showed interest in the reply. Her demand for attention always kept her within a teacher's view or hearing. She could never pláy alone, rarely initiating any independent play or ideas, skillfully manipulating children and adults into doing for her.

With other children she jockied for position and possession and had limited sustained play. She always took the role of the baby, the kitten, the puppy--passively lying on her back to be fed. There was no play or action that really satisfied her. She seemed more relaxed while eating, her capacity for food was beyond belief (accounting for her 26 pounds overweight). She expressed the fear that there

would never be enough.

Juanita, so obviously in need of help, was one of the first children chosen for TNG.

The psychiatrist's examination showed a child whose slow development was intensified by the many problems in the home. Her short attention span prevented her from learning new ways. She could not follow directions and had a pseudo-stupid quality. Anger and aggression were apparent as she shrieked at the examiner, and in the quality of her play. At the same time she was helpless and clinging. When she looked at the animal puppets she became terrified. The psychiatric impression was "infantile behavior, depression, severe separation anxiety, and developmental lag.

The psychologist's report placed Juanita in the low average intelligence range. Her entire performance was like that of a three year old. Her vocabulary was limited, she did not know numbers, colors, or letters. He found her to be depressed, dependent, with strong drives and poor abilities to control them. She came across as a demanding, aggressive, annoying child. Her basic conflict was the desire to remain a baby vs. growing up.

Juanita was brought up by a psychotic, overweight father (200 pounds) who was very fond of Juanita. He suddenly deserted the family when Juanita was three years old.

Mrs. L. had not told Juanita that her father was not returning, saying "it would make Juanita sad."[1] Juanita received ineffectual mothering. Her mother could not offer structure, controls, or present her with any reasonable expectations. She still had Juanita in diapers and on a bottle at the age of five. In other areas Juanita's mother functioned well, holding down a job, and going to college at night. She gave the impression of a soft-spoken, reserved, attractive woman. The social worker found her to be very ambivalent in her feelings toward Juanita. Juanita was never dressed attractively--her pockets bulged with candy despite her weight problem. Treatment with Juanita was further complicated when her uncle, who had become a father figure, was stabbed to death.

Juanita's early sessions were turbulent. She would roll on the floor, shriek if she couldn't have what she wanted, and bumped into children and things as she moved in her galumping way.

She alternated between gathering indiscriminate armloads of toys and stuffing fistfulls of crackers into her

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[1]This inability to accept and communicate painful reality to a child is quite common. We have found the truth helps the child accept the reality and illuminates the bewilderment and confusion of not knowing and is vital for further growth.

mouth. She did not pause long enough to really enjoy the food or to play with the toys. It was clear that her need was the aquisition of things and not in the utilization of them.

Moving cautiously the teacher-therapist expressed her acceptance of this need:

> Juanita had gathered all the dolls, dress-up clothes, and as many nursing bottles as she could hold.
>
> Teacher therapist: "You like lots."
>
> Juanita smilingly nodded yes.
>
> Teacher-therapist: "So much to carry. Would you like a shopping bag to help?

Juanita toted toys in the bag for many sessions. She was permitted to "play" this way as long as it didn't interfere with the rest of the group. The acceptance of this need was the starting point with Juanita. Her behavior had kept children and adults away from her. She was caught in a vicious cycle, wanting more and more and getting less and less. She could not grow until this infantile need was worked through.[1]

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[1]One must always recognize the child's level of behavior and start from that point. When a teacher accepts and responds to the dependency needs of a child, the child's immaturities often become apparent. Many teachers are reluctant to have this happen, wanting the child to "act his age." However, this increase in dependency is often appropriate and necessary for a child like Juanita, who needed a gratifying

Juanita was very hard to reach. She was collecting armloads of toys, unable to really respond to overtures; she was off and running elusive of contact. Despite her running off, the teacher-therapist kept offering suggestions that might help Juanita experience satisfying play.

> Juanita was racing about the doll corner. "I drink from the bottle . . ." She picked up the bottle, dropped it, said, "I cook."
>
> The teacher-therapist picked up the baby doll, "Cook for the baby?"
>
> Juanita took baby and began to feed it the bottle. She filled the bottle in haste, shoving it in the doll's mouth, the water gurgling from the doll's mouth. Juanita said, "Baby wants more milk."
>
> Teacher-therapist: "Does baby ever get enough? Filled up?"
>
> Juanita: "Never."
>
> Teacher-therapist: "The baby wants more and more. She's a very hungry baby."
>
> Juanita continued to feed the doll. As the clothes became soaked she was asked, "Does the baby feel cold when she wets?"
>
> Juanita felt the wet clothes. She repeated "Wet," and then accepted a dry dress and proceeded to change the doll. She then said "diaper."
>
> The teacher-therapist made a diaper for the doll.
>
> Juanita: I be baby, you say baby to me," then she

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relationship with a mothering figure. For reference to this theoretical concept see: Therapy for Children Deficient in Maternal Care, August Alpert, American Journal of Orthopsychiatry, Vol. XXXIII, No. 1, Jan., 1963.

> crawled as a baby, cooed as a baby, and climbed into the doll bed, sucking her thumb.
>
> The teacher-therapist patted Juanita as she said, "You want to make believe you are a baby. The baby is resting now . . . I'll help Elliot and then come back to you.
>
> Juanita got out of bed and followed, crawling by her side, touching her skirt. The theacher-therapist again said, "It's fun to be a baby to make believe."[1]

Juanita really smiled. She was very aware of the make-believe quality and was never engulfed or lost in the play. The baby play wove in and out of many of the early sessions. She usually filled numerous bottles with water, sucking and fondling them, and lay in the doll's bed. Gradually she became able to leave this play and, surprisingly enough, able to engage in age-appropriate activity. She alternated between the baby role and the five year old, seesawing between the two. Apparently the baby play offered enough satisfaction so she could throw off the baby cloak and demonstrate her real abilities. For example, she crawled into the doll's bed, made baby cooing sounds, and said, "Say baby to me." Then, noticing the other children cutting and pasting, said "I want" and joined them. She was able to remain at this age-appropriate activity with some support from the therapist.

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[1]This kind of nurturing experience enabled feelings of hunger of comfort vs. discomfort to be brough into awareness. This doll play was important. Juanita had cut off how she felt. She was out of touch with herself and her feelings. It also demonstrated a caring for the baby.

Juanita's reaction to the consistent support and approval of the therapist was often unexpectedly and dramatically displayed. She began to move out, relate, and use materials.

> Juanita (to Eliot who was huddled in a corner of the yard crying): "Mary Jane is here."
>
> Later Mary Jane (teacher-therapist) related Juanita's concern and attempt to help Eliot. Juanita, while listening quietly, skillfully assembled three puzzles.

Her speed and accurate perception were demonstrated for the first time. In other sessions this carried over. She built with the blocks or said, "I drawing for Mary Jane."

Another astonishing change was her willingness to use language. "Whaa dis, whaa dat," evaporated as the relationship took hold. Three and four word phrases emerged and the pseudo-stupid quality was only apparent when Juanita became negativistic. By the end of the year feelings were communicated verbally.

"Mother hit me for nothing."

"I was sad when you didn't come."

Throughout the year Juanita went through many turbulent episodes. She had tremendous difficulty leaving the playroom, in sharing toys, food, and her teacher-therapist.

A meaningful relationship between teacher-therapist and Juanita had to develop before she could begin to cope in these areas. The acceptance of her infantile baby play was

starting at her level and building on it. Ring-a-round-the rosy and playing peek-a-boo were responses to her spoken and unspoken needs.

Leaving at the end of the session triggered Juanita into anger. She would lose control, becoming highly excitable, sucking her thumb, only to take it out of her mouth to scream and stick her tongue out. Her behavior was frantic; she rolled on the floor, crawled under the table, and shrieked in a high-pitched, ear-shattering voice, upsetting the other children.

Teacher-therapist acknowledge to Juanita, "It's hard for you to leave." "You'll come in two days."

"You're telling me you want to stay. When you're so excited you can't hear me and I can't help you and I want to help you."

This seemed to fall on deaf ears. During the next few months the therapist worked at tuning Juanita in to her desire to stay. She was physically comforted, reassured that she would come again, and her difficulty in leaving was dealt with empathetically.

In one session Juanita was angry; she screamed instead of talking. She grabbed a doll, put it in a chair with its back to the therapist:

Teacher-therapist: "The doll's not looking at me; she doesn't want to?"

Juanita nodded, agreeing.

Teacher-therapist: How come?

Juanita doesn't answer.

Teacher-therapist: Is the doll mad at me?

Juanita: Doll mad!

Teacher-therapist: Doll mad! Does Juanita feel mad?

Juanita: Doll mad. Juanita mad.

Teacher-therapist: Oh, maybe I can guess why. Did she want more crackers?

Juanita shaking head vigorously.

Teacher-therapist: More toys?

Juanita yelled: No!

Teacher-therapist: Was she mad because she always has to leave when she doesn't want to?

Juanita: Yes.

Teacher-therapist reiterated now that did make the doll and Juanita mad and sad, "Then the girl was screaming because she was mad."

Juanita: I scream and I scream.

Teacher-therapist: And then what happens?

Juanita: I scream and scream and get all excited and Mommy gives me it.

Teacher-therapist: It?

Juanita: Candy, toys.

Teacher-therapist reminded Juanita, "When you tell me like you just did now, then I understand and can help you."

Concurrently, a plan was evolved allowing Juanita to stay and help clean up for a few minutes which surprisingly

enough the other children accepted. They seemed to understand and empathize with Juanita's problem.[1] As she managed better she would ask to leave before being told it was the end of playtime. This way of coping lasted a few sessions and then she was able to leave with the group.

It was felt that the difficulty at separation was tied in to her father's abrupt disappearance. She eventually played through the Teddy bear her wish to be in Puerto Rico with Daddy. Her contacts with children grew from nothing to an occasional friendly gesture or phrase.

Eliot needed a cup at juice time; she graciously offered hers.

At Juanita's birthday, Magda said she was scared because the lights were out for the lighting of the candles. Juanita ran and put the lights on.

At a later session she said to Magda, "Build with me." This was the first real interaction with another child.

These interactions grew, and the play had more content.

---

[1]Bettleheim in Children of the Dream discusses the tremendous role of the peer group. In the above instance, the children's understanding and acceptance was due to the certainty they felt that they would have the same consideration of their specific needs.

Juanita and Magda played together with the mini doll furniture and dolls.

Teacher-therapist supplied a second baby carriage when friction developed over possession of the carriages and it enabled the two to continue in play. (The emphasis at this time was on the relationship and not on the ability to share.)

At one point when Juanita took one of Magda's baby dolls, Magda hit Juanita, shrieking "NO" to her.

Juanita hit Magda.

Teacher-therapist pointed out that Magda likes to play with Juanita but when Juanita does that "she doesn't like it."

The two girls continued to play together.

Juanita and Paul enthusiastically cut out stars, triangles, and hearts using the cookie cutters and play dough and serving the group. Her involvement in this kind of play and increasing domesticity was paralleled by a change in feminine identity. No longer a blob!

She began to enjoy dressing up, dancing, and mirror play. She would comment on her teacher-therapist's lipstick, hair, and clothes.

Juanita delightedly dressed herself in a new flowery play skirt, scarf, necklace, and gold belt. She and her therapist looked in the mirror together.

In response to "How do you look?" she answered, "Pretty." She spontaneously twirled in the skirt and then skipped toward the teacher-therapist, her hands outstretched (first time she skipped). Her eyes sparkled, her face was aglow with pleasure. Her therapist skipped toward her, her hands meeting Juanita's hands. Juanita's icebox exterior had melted, her body was relaxed, she was graceful and responsive. Thereafter, she became interested in dancing with the tambourine and castinets, requesting Spanish records.

In summary:

Juanita developed a sense of herself. She gave up the role of the baby and began to take initiative. She found real pleasure in her accomplishments and her use of materials became age appropriate.

Her scribbles became drawings of girls with all the features included, as well as hair with a ribbon, but she still had the mouth asking for candy and gum. Her vocabulary increased and her screaming subsided, as she became willing and able to articulate her requests.

She related with some warmth and friendliness, not only in the therapeutic nursery group room, but in her regular nursery room as well. She had become emotionally more accessible.

Juanita at the end of the year was able to go on to first grade.

Appendix B: Complete Data From Use of Part A Of The Observation Schedule.

Appendix B Table I

Means, Standard Deviations, N's, and t-Test Results for Time I Controls and Time II Controls of Individual Interaction Totals.

* = significant at .05 level

** = significant at .01 level

ITEM	MEAN	S.D.	NUMBER	T
1	76.574	16.528	47.	
1	78.750	16.953	48.	-.62647
2	5.766	10.070	47.	
2	4.437	9.434	48.	.65668
3	16.809	14.803	47.	
3	17.146	13.658	48.	-.11425
4	34.574	19.577	47.	
4	38.854	20.124	48.	-1.03927
5	13.617	14.756	47.	
5	11.937	15.007	48.	.54410
6	52.915	25.419	47.	
6	48.354	23.046	48.	.90682
7	27.319	17.106	47.	
7	33.021	21.704	48.	-1.40511
8	.447	2.132	47.	
8	.000	.000	48.	1.43666
9	43.723	19.786	47.	
9	47.437	20.689	48.	-.88447
10	1.660	3.953	47.	
10	.875	3.566	48.	1.00543
11	10.404	13.336	47.	
11	7.583	11.671	48.	1.08612
	8.319	10.403	47.	
	4.729	7.278	48.	1.93160

Appendix B Table I Continued

13 13	.234 .000	1.601 .000	47. 48.	1.00227
14 14	1.277 .458	4.420 2.222	47. 48.	1.13133
15 15	69.574 89.292	21.283 17.340	47. 48.	-4.90264 **
16 16	2.213 3.292	6.292 5.741	47. 48.	-.86412
17 17	26.681 7.354	18.514 11.486	47. 48.	6.06267 **
18 18	1.617 2.146	3.843 7.970	47. 48.	-.40620
19 19	19.830 13.562	20.407 13.354	47. 48.	1.75600
20 20	78.191 85.063	19.654 16.273	47. 48.	-1.83793
21 21	.106 .104	.722 .714	47. 48.	.01489
22 22	.106 .104	.722 .714	47. 48.	.01489
23 23	.106 .104	.722 .714	47. 48.	.01489
24 24	77.383 73.417	14.704 14.220	47. 48.	1.32240
25 25	22.617 26.583	14.667 14.183	47. 48.	-1.32580

Appendix B. Table II
Means, Standard Deviations, N's, and t-Test Results of Individual Interaction Totals for the Experimental Group Observed While in Regular Classes at Time I and at Time II.

* = significant at .05 level
** = significant at .01 level

ITEM	MEAN	S.D.	NUMBER	T
1	78.113	14.463	53.	
1	80.160	15.317	50.	-.69073
2	8.302	11.729	53.	
2	4.300	7.864	50.	1.99362 *
3	10.113	10.604	53.	
3	13.840	12.288	50.	-1.63451
4	45.094	22.827	53.	
4	46.340	20.429	50.	-.28838
5	19.906	16.051	53.	
5	10.780	12.978	50.	3.13089 **
6	34.509	21.818	53.	
6	41.620	21.581	50.	-1.64559
7	35.434	23.178	53.	
7	38.660	22.980	50.	-.70200
8	.396	2.013	53.	
8	.660	4.667	50.	-.37237
9	34.283	20.608	53.	
9	37.680	22.379	50.	-.79413
10	1.075	3.336	53.	
10	1.160	3.483	50.	-.12457
11	10.396	13.716	53.	
11	9.180	14.069	50.	.43986
	9.377	8.104	53.	
	4.660	7.501	50.	3.03118 **

13	.698	2.862	53.	
13	.220	1.553	50	1.03478
14	.981	3.513	53.	
14	.540	2.696	50.	.70500
15	70.698	18.374	53.	
15	83.380	20.008	50.	-3.32031 **
16	2.717	5.174	5.	
16	2.560	6.054	50.	.14035
17	22.811	17.715	53.	
17	10.860	16.525	50.	3.50073 **
18	2.925	7.407	53.	
18	2.100	4.797	50.	.65979
19	15.113	16.702	53.	
19	15.500	17.561	50.	-.11345
20	80.075	19.610	53.	
20	81.140	21.371	50.	-.26103
21	.094	.680	53.	
21	.100	.700	50.	-.04121
22	.585	3.086	53.	
22	.100	.700	50.	1.07434
23	.094	.680	53.	
23	.100	.700	50.	-.04121
24	76.830	17.413	53.	
24	74.060	14.321	50.	.87035
25	23.170	17.462	53.	
25	25.940	14.363	50.	-.86787

Appendix B Table III

Means, Standard Deviations, N's, and t-Test Results of Individual Interaction Totals for the Experimental Group Observed While in the TNG Classes at Time I and at Time II.

* = significant at .05 level

** = significant at .01 level

ITEM	MEAN	S.D	NUMBER	T
1	77.094	13.674	53.	
1	78.020	11.175	50.	-.37126
2	16.642	10.339	53.	
2	11.360	9.191	50.	2.63373 **
3	3.717	6.600	53.	
3	8.540	8.953	50.	-3.09355 **
4	49.585	19.733	53.	
4	47.460	14.530	50.	.61330
5	35.377	17.704	53.	
5	27.100	13.924	50.	2.60154 *
6	15.509	16.630	53.	
6	25.000	16.666	50.	-2.86350 **
7	44.113	17.746	53.	
7	42.120	15.287	50.	.60317
8	.811	3.587	53.	
8	1.280	4.468	50.	-.58286
9	26.000	18.254	53.	
9	34.340	14.795	50.	-2.51367 *
10	.189	1.361	53.	
10	.220	1.553	50.	-.10796
11	6.415	12.530	53.	
11	5.600	9.120	50.	.37194
12	12.943	10.007	53.	
12	7.820	8.128	50.	2.81443 **

13	.094	.680	53.	
13	.100	.700	50.	-.04121
14	3.038	6.437	53.	
14	.440	2.179	50.	2.68452 **
15	75.528	19.752	53.	
15	88.320	10.409	50.	-4.03658 **
16	3.019	6.410	53.	
16	2.040	5.034	50.	.85016
17	20.302	15.969	53.	
17	6.520	9.424	50.	5.24292 **
18	1.472	5.319	53.	
18	2.680	6.240	50.	-1.04925
19	14.792	12.826	53.	
19	16.140	16.229	50.	-.46431
20	82.604	14.752	53.	
20	79.960	16.763	50.	.84257
21	.094	.680	53.	
21	.100	.700	50.	-.04121
22	.189	1.361	53.	
22	.100	.700	50.	.40824
23	.094	.680	53.	
23	.100	.700	50.	-.04121
24	80.377	16.923	53.	
24	75.920	10.338	50.	1.58606
25	19.623	16.923	53.	
25	24.080	10.371	50.	-1.58475

Appendix C: Complete Data From Use of Part B Of The Observation Schedule.

Appendix C Table I
Means, Standard Deviations, N's, and t-Test
Results for Time I Controls and Time II Controls
* = significant at .05 level
** = significant at .01 level

ITEM	MEAN	S.D.	NUMBER	T
1	3.636	1.506	55	
1	3.306	.813	49	1.35443
2	2.618	1.053	55	
2	2.714	.535	49	-.57059
3	5.971	1.150	34	
3	6.129	1.070	31	-.56459
4	5.660	1.670	53	
4	6.347	1.060	49	-2.43153 *
5	2.236	.830	55	
5	2.469	.642	49	-1.57130
6	1.889	1.059	45	
6	2.439	.734	41	-2.74197 **
7	2.673	1.596	55	
7	2.388	.853	49	1.10517
8	2.291	1.073	55	
8	2.367	.850	49	-.39549
9	3.345	1.391	55	
9	2.857	.756	49	2.16522 *
10	3.618	2.332	55	
10	3.408	1.141	49	.56686
11	3.109	1.577	46	
11	2.833	.825	48	1.05534
12	3.255	1.492	55	
12	3.020	.869	49	.95338

Appendix C Table I Continued

13 13	2.509 2.735	1.536 .921	55. 49.	-.88620
14 14	3.164 2.776	1.345 .647	55. 49.	1.82113
15 15	3.091 2.898	1.576 .886	55. 49.	.74980
16 16	1.833 2.735	.877 .722	54. 49.	-5.60703 **
17 17	6.038 6.633	1.519 .874	52. 49.	-2.36757 *
18 18	3.873 3.500	1.428 1.155	55. 48.	1.42904
19 19	2.327 2.667	1.440 .599	55. 48.	-1.51003
20 20	2.278 2.396	1.096 .568	54. 48.	-.66407
21 21	4.691 4.312	1.512 .893	55. 48.	1.50317
22 22	3.182 3.187	1.237 .666	55. 48.	-.02815
23 23	2.873 2.958	1.294 .644	55. 48.	-.41152
24 24	3.667 3.271	2.365 .907	54. 48.	1.07981

Appendix C Table II
Means, Standard Deviations, N's, and t-Test Results for the Experimental Group Observed While in Regular Classes at Time I and at Time II.
* = significant at .05 level
** = significant at .01 level

ITEM	MEAN	S.D.	NUMBER	T
1.	4.000	1.554	53	3.04436 **
1	3.220	.923	50	
2	2.906	1.086	53	1.08130
2	2.720	.531	50	
3	5.069	1.639	29	.05715
3	5.042	1.767	24	
4	5.558	1.844	52	-1.92567 *
4	6.180	1.337	50	
5	2.434	1.055	53	.19001
5	2.400	.693	50	
6	2.468	1.442	47	1.10588
6	2.205	.624	44	
7	2.961	1.668	51	1.30106
7	2.580	1.201	50	
8	2.820	1.452	50	1.80721
8	2.347	1.098	49	
9	3.700	1.446	50	1.95362 *
9	3.163	1.251	49	
10	3.113	2.125	53	.09372
10	3.082	1.007	49	
11	3.295	1.766	44	1.45085
11	2.854	1.060	48	
12	3.415	1.619	53	1.51686

Appendix C Table II
Continued

13	2.353	1.337	53	
13	2.714	1.069	49	-1.77234
14	2.931	1.434	53	
14	2.755	.821	49	.95696
15	2.811	1.516	53	
15	2.735	1.121	49	.28539
16	1.769	.759	52	
16	2.551	.949	49	-4.56181 ** 2
17	6.110	1.599	51	
17	6.735	.852	49	-2.37035 *
18	4.033	1.709	52	
18	4.102	1.233	49	-.21116
19	2.461	1.437	52	
19	2.816	.747	49	-1.46894
20	2.140	.775	53	
20	2.479	.816	48	-2.06857 *
21	4.849	1.547	53	
21	4.857	1.010	49	-.03069
22	3.377	1.169	53	
22	3.386	.803	49	-.05142
23	2.750	1.175	52	
23	3.224	.839	49	-2.30015 *
24	3.245	2.109	53	
24	3.020	.979	49	.67475

Appendix C Table III
Means, Standard Deviations, N's, and t-Test
Results for the Experimental Group Observed
While in the TNG Classes at Time I and Time II.
* = significant at .05 level
** = significant at .01 level

ITEM	MEAN	S.D.	NUMBER	T
1.	3.609	1.595	46.	
1.	2.804	.950	51.	3.02152 **
2	3.000	1.383	46.	
2	2.647	.517	51.	1.67801
3	5.290	1.549	31.	
3	5.971	1.339	34.	-1.86883
4	5.489	1.893	45.	
4	6.137	1.029	51.	-2.09476 *
5	2.130	.797	46.	
5	2.353	.478	51.	-1.66844
6	2.295	1.516	44.	
6	2.216	.604	51.	.34160
7	3.261	2.016	46.	
7	2.333	.878	51.	2.95612 **
8	2.907	1.696	43.	
8	2.255	1.186	51.	2.16162 *
9	3.750	1.798	44.	
9	2.824	1.115	51.	3.02793 **
10	2.891	1.632	46.	
10	2.880	.791	50.	.04327
11	3.359	1.804	39.	
11	2.857	.969	49.	1.64894
	3.391	1.823	46.	
	2.840	.833	50.	1.93976

Appendix C Table III Continued

13	2.543	1.778	46	
13	2.540	.805	50	.01238
14	3.130	1.637	46	
14	2.940	1.121	50	.66258
15	2.870	1.408	46	
15	2.640	1.229	50	.84369
16	1.913	1.316	46	
16	2.460	.573	50	-2.64817 **
17	5.714	1.906	42	
17	6.300	1.360	50	-1.69581
18	4.457	1.703	46	
18	4.020	1.140	50	1.47074
19	2.500	1.471	46	
19	2.740	.867	50	-.97264
20	2.273	1.095	44	
20	2.380	.660	50	-.57668
21	5.391	1.496	46	
21	4.840	.880	50	2.19804 *
22	3.370	1.389	46	
22	3.240	.585	50	.59767
23	3.089	1.411	45	
23	3.140	.849	50	-.21398
24	2.717	1.597	46	
24	2.800	.775	50	-.32298

Initiator of Act

1. Self i.e. observed
2. Teachers/Adults
3. Peers

Who is involved

4. Self
5. Teachers/Adults
6. Peers

Orientation

7. Ext. manifest goal const.
8. Ext. manifest goal destr.
9. Social constructive
10. Social destructive
11. Non-purposive random act
12. Responding constructive
13. Responding destructive
14. Responding non-purp.

Goal

15. Reached
16. Not reached
17. No goal

Emotion

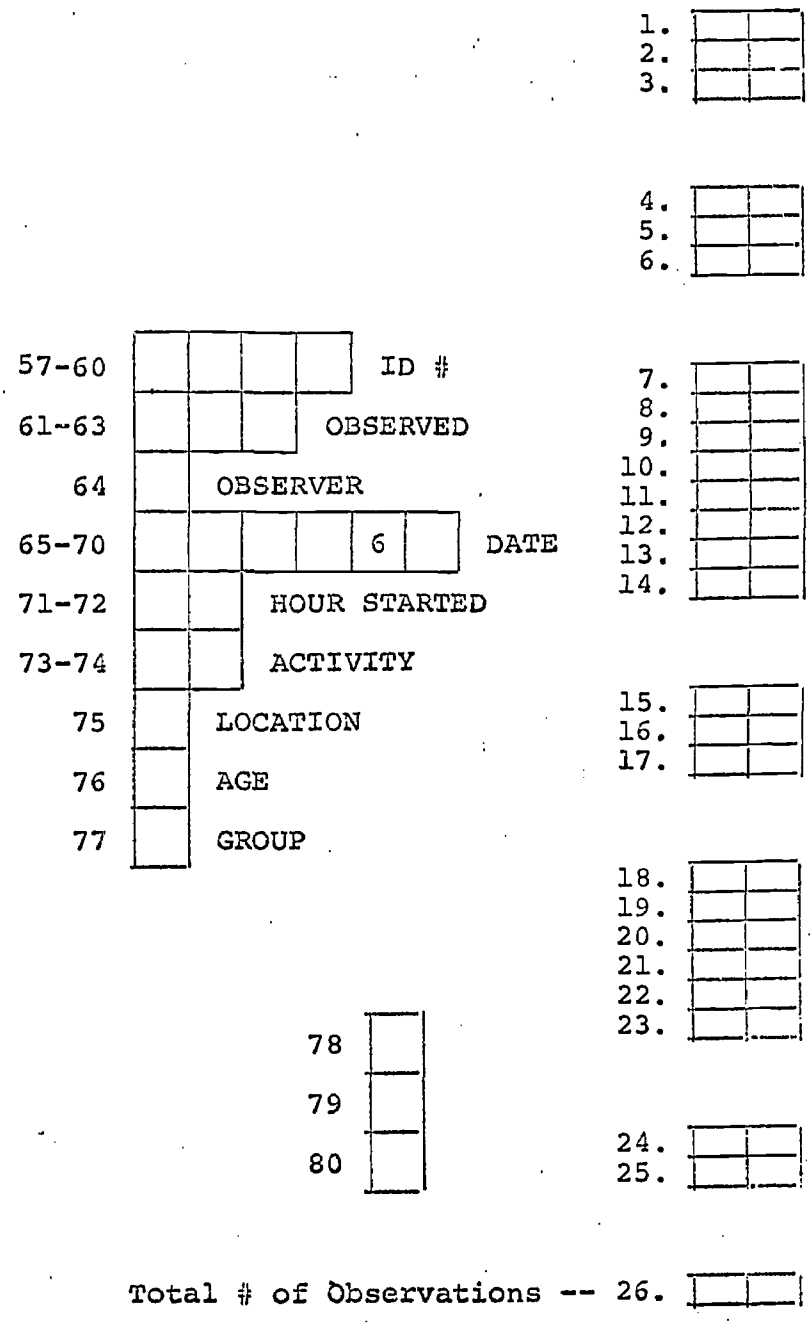
18. Negative appropriate
19. Positive appropriate
20. None appropriate
21. Negative inappropriate
22. Positive inappropriate
23. None inappropriate

Terminator

24. Self
25. Other

57-60		ID #
61-63		OBSERVED
64		OBSERVER
65-70	. . . . 6 .	DATE
71-72		HOUR STARTED
73-74		ACTIVITY
75	.	LOCATION
76		AGE
77	.	GROUP

78
79
80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4.
5.
6.
57-60
ID #
61-63
OBSERVED
64
OBSERVER
65-70
6
DATE
71-72
HOUR STARTED
73-74
ACTIVITY
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LOCATION
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GROUP
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78
79
80
24.
25.
Total # of Observations -- 26.

1.	Activity Level (Active - inactive)	1.
2.	Grace v. Awkwardness	2.
3.	Mode of Tension Discharge - verbal, motor, perseveration, withdrawal, aggression, negative affect, seeks out assistance or another situation - silliness.	3.
4.	Frequency of Tension Discharge (Discharging - not discharging tension)	4.
5.	Coping; Success (Succeeds - fails)	5.
6.	Relation to People (Greater for people/not greater for people)	6.
7.	Evoking Responses from Teacher (Appropriate/Inappropriate)	7.
8.	Mode of Child's Communication (Verbal - non-verbal)	8.
9.	Intelligibility of Verbalization (Intelligible/Unintell)	9.
10.	Richness of Verbalization (Rich - sparce)	10.
11.	Emotional Response to Success (Positive - indifferent)	11.
12.	Emotional Response to Failure (Negative - indifferent)	12.
13.	Active Response to Failure (Constructive - not constr.)	13.
14.	Affective Response - (Overt - covert)	14.
15.	Goal Direction v. Random Activity	15.
16.	Attention Span - (Lengthy - short)	16.
17.	Investment of Self in Activity - (Great - poor)	17.
18.	Constructive Play - (Constructive - non-constructive)	18.
19.	Destructive Play - (Destructive - non-destructive)	19.
20.	Attention Seeking Activity (Attention seeking/not attention seeking)	20.
21.	Evoking Responses from Peers (Appropriate/Inappropriate)	21.
22.	Extent of Demands on Teacher (Autonomous - seeks teacher)	22.
23.	Intrusiveness into Affairs of Others (Intrusive-Unintr.)	23.
24.	Reactivity to Peripheral Stimuli (reacts - doesn't react)	24.
25.	Initiating - Responding	25.
26.	Positive Affect - (Happy - not happy)	26.
27.	Negative Affect - (Sad - not sad)	27.
28.	Approp. of Affect in Situation (Approp. - Inapprop.)	28.
29.	[illegible] Activity - (Autonomous - not autonomous)	29.

Appendix D: Manual For The Use of the Observation Schedule: Parts A And B. (Includes Sample Schedule)

MANUAL FOR THE USE OF THE OBSERVATION SCHEDULE: PART A

PART A:

This portion of the observation schedule attempts to record every discrete action and interaction a subject engages in during a twenty minute period. A new column is started every time a child leaves what he is doing, whether the task is completed or not, and does something else. Thus if a child is working on a puzzle and stops to speak to another child and then returns to the puzzle, this represents three discrete actions. Or, if the child is working on the puzzle and continues to do so but his major focus and interest becomes centered on the conversation he is having with another child, this would represent two discrete actions.

In general, pre-school children during a twenty-minute observation period average between 12 and 25 individual actions. However, this may vary greatly: a child completely involved in making a complex collage may be involved in only 8 actions, while another child playing tag in gym may be involved in 40 interactions.

Each action is scored for six aspects: I. Initiator of act; II. Who is involved; III. Orientation of action; IV. Goal; V. Emotion; VI. Terminator. The scoring system is described below.

I. INITIATOR OF ACT:

The initiator of any action will either be the subject observed, l listed as Self i.e. observed, the teacher or other adults in the room, which includes aides, mothers, assistant teachers, social workers, etc. and is listed as Teachers/Adults, or by other children, listed as Peers.

Thus, if the child takes out a puzzle, he (Self) initiates the action. If the teacher suggests that he get a puzzle, she (Teachers/Adults) initiates it. If another child suggests that they do a puzzle then the action is Peer initiated. When the observed decides who has initiated a given action the appropriate box in the first column is checked.

II. WHO IS INVOLVED:

Each action involved different groups of people which must be noted. If the subject does the puzzle by himself, alone, in this category self is checked. In all other cases do not check self as it is understood that the subject is involved. If the subject goes to do the puzzle at the direction of the teacher, then she is involved, check Teacher/Adults. If the child does the puzzle with another child, no matter whose suggestion it was, check Peer. If there is a group activity, such as listening to a story or singing songs, it is possible to check both Teacher/Adults and Peers. However, when the relationship is primarily with the teacher, such as a discussion group in which the child is answering a question posed by the teacher, i.e., is relating only to the teacher and not as part of a group, only Teacher/Adults is checked.

Categories I and II must be internally consistent: it is not possible to have an action initiated by the teacher or a peer which does not involve the teacher or peers. If the teacher suggests that the child get a puzzle and he does and then sits down and works out the puzzle by

h' iself this is scored as a separate action.

III. ORIENTATION OF ACTION:

In all cases actions fit into one of three general categories; goal oriented, socially oriented, or responding. Within each of these categories an action may be constructive or destructive. A forth category for random activity is also included. In all there are eight possible orientations, which are described below.

1. External Manifest Goal, Constructive: This category is used if the child has some specific constructive task in mind which he carries out. Thus, getting a puzzle, doing a puzzle or putting the puzzle away all are examples of external manifest goals which are constructive. Other examples include riding a tricycle during gym, looking at a book during rest period (if this is allowed), painting a picture, getting a drink, etc.. The activity does not have to be educational or intellectual: no cognitive process is necessary, nor is it necessary that the activity be successfully completed for it to be checked under this heading.

2. External Manifest Goal, Destructive: This category is used if the child has some specific destructive task in mind which is carried out, although not necessarily to completion. A typical example is knocking over blocks, riding a bike during a "non-gym" period, or starting a painting after it is time to clean up, that is to say, doing something at a time which is inappropriate and therefore unacceptable.

3. Social Constructive: This category is used if the activity is

interpersonal in nature and generally positive and appropriate. Among children social constructive activity may be a conversation about a common experience or task or it may be a fantasy game such as "house" in which one person is mother and another child is the baby or neighbor and there is interaction at this level. A socially constructive action involving the teacher might include a discussion of some recent experience such as a trip or party, or may involve the teacher praising the work of the child. However, if the child approaches the teacher for help in a specific task, such as getting more paint or hanging up a picture to dry, this is rated as external manifest goal, not social. Often an action will begin as goal directed and become social, such as when a child asks the teacher to hang up a picture and then stops to talk. In such cases score two separate actions. If the teacher hangs up the picture and then stops to praise the child for it, this is also two actions but in the second the child is responding constructively as will be explained further on.

4. Social Destructive: This category is used if the activity is interpersonal in nature and generally nagative or destructive. Among children socially destructive activity includes all those activities in which a child will act out, either verbally or physically against another child. This includes all hitting, poking, biting, and name calling activities. It alsc includes actions which are destructive to the group such as misbehaving during a story.

5. Non-purposive random actions: This category is used if the activity, initiated by the child, has no goal, either social or external manifest. It includes day-dreaming which may be constructive but which cannot be scored because it is impossible to know what the child is thinking when he is sitting around doing nothing, or wandering around the room. All of the above categories involve actions initiated by the subject being observed. The last three categories are actions which are initiated by others and carried out by the subject, although again not necessarily to completion.

6. Responding Constructive: This category is used if the child's response to a suggestion ororder from someone is positive and appropriate and purposeful. This may be washing up before lunch when requested to do so, or getting something for the teacher or for a peer. It may be going off to the block corner when iniited to play by other children, or it may be another socially constructive, responding action, i.e., an action initiated by a peer which is socially constructive for the peer but represents only responding behavior for the subject. Or, finally, it may be an intellectual response, such as correctly identifying a shape or picture when questioned by the teacher.

7. Responding Destructive: This category is used if the child's response to a suggestion or order is negative and inappropriate. For example, if the teacher tells everyone to clean up and the child goes running off and does not help, or if he refuses to sit and listen to a

story, or if he responds to an invitation to play by destroying the game or project which has been started, this category is checked.

8. Responding Non-purposive: Occasionally, a child will respond with purposeless, random behavior. When questioned by a teacher a child will look at the floor or simply giggle. When asked to choose an activity during free play he will sit and do nothing. All of these responses would be considered non-purposive. In addition, it is not uncommon to see a child sit passively and watch the activities of peers without joining in and this too is scored as responding non-purposive behavior. Thus if everyone is singing songs, or pretending to be riding a horse, or counting cookies during snack and the subject sits and merely watches, this would be scored as responding non-purposive.

IV. GOAL:

When a child sets out to do something, whether appropriate or inappropriate, constructive, or destructive, he will either complete the task or not complete it. In cases where the action is non-purposive No goal is checked.

Goal reached: This is checked if the child sets out to get a puzzle, do a puzzle, or put the puzzle away and he does what he has set out to do. This also includes social goals such as being the baby sister in a game of "house" or going to the teacher for help and successfully getting her attention and assistance.

Goal not reached: This is checked if the child sets out to do one

of the things listed above and is not successful. This may be a clear failure or it may be that something else intervenes. For instance, a child may go to get a puzzle but be stopped by another child who wants to talk or play some other game, or he may decide to paint, put on a smock but find that all the easels are in use, or he may go the the teacher for help and find that she is busy with someone else. Alternatively, he may get the puzzle and not be able to do it, try to start a conversation with a friend and be rebuffed, or ask the teacher for more paint and be told that there is not enough. All of these actions represent Goal not reached activities.

No goal: This is checked if the action has no plan or purpose, that is if either Non-purposive Random Activity or Responding Non-purposive have been checked as the orientation of the action.

V. EMOTION:

For every action there is a corresponding emotional reaction. Emotions may be positive or negative or neutral and they may be appropriate or inappropriate. Check negative appropriate if the child frowns or looks sad or cries in a situation where this is a reasonable response, such as if he has been hit by another child, or if he has been unsuccessful in completing a puzzle in which he was very invested. Do not use this category for scowls and other facial expressions which are part of serious, intent expression. Check positive appropriate if the child smiles or laughs when confronted with success or a happy experience as defined

by the child. This may represent praise by the teacher, or finishing a hard puzzle, or listening to a funny story. Check no emotion appropriate (listed on the sheets as None-appropriate) if while doing a task or carrying on a conversation the child shows no discernable affect. Note that most observations fall into this heading as children generally do not show a great deal of affect particularly when they are busy "working." Positive inappropriate is used if the child laughs when someone else is hurt, or as a response to a tense situation such as being called on by the teacher, or if another child's work has been ruined in a situation which had been serious (as opposed to a playful situation where a great number of things are being pushed around, where children are enjoying "messing up"). No emotion inappropriate is checked if the child fails to react in a situation where affect is to be expected. For example, some children willoften look blankly when praised by a teacher, or will not respond when disciplined or chastized.

VI. TERMINATOR:

Just as every action is initiated by either the subject or someone else, every action is terminated in much the same way. Here, however, only two categories have been used: self or other. The subject is the terminator if he completes or stops the action: he leaves a conversation with the teacher, he finishes a puzzle, he fails to complete a puzzle but goes off to build with other blocks. Other is checked if the action is terminated either by the teacher, or other adult, or by a peer.

A peer may decide he no longer wants to play "house" or Lotto. A teacher may give assistance and then go off to help someone else. Or a teacher may stop an activity by announcing the end of free play or the beginning of snack, thus causing the child to give up what he has been doing.

In either case as a general, but by no means absolute, rule, the terminator of the first activity is the initiator of the second. If the subject stops doing a puzzle so that he can start a picture he terminates action 1 and initates action 2. If a peer comes over to talk while the subject is dong the puzzle, the peer, listed as other, terminates action 1 and initiates action 2 in which the subject is responding constructively. Occasionally, the subject will have already put away his materials, when the teacher announces the start of the next activity. In this case the subject terminates action 1 and the teacher initiates action 2.

Each of these six sections must be checked during the action. To do this it is necessary to be watching the subject attentively during the entire observation period. A new activity can start at any time, even when the subject seems completely absorbed in what he is doing. Another child or another situation might suddenly confront the child and it is difficult and sometimes impossible to understand the orientation of an action if the observer does not know what action proceeded it. For example, if a child is seen hitting another child his action will appear to be Social Destructive. However, this action may be a reasonable response to an unwarranted attack by another child.

Before the information can be put on IBM sheets it must be added up on the Total page. Count across to get the total number of actions initiated by self, teacher, peer, etc.. In column 26 enter the total number of observations. This can be done by counting across to see how many boxes have been used (there are 20 columns on a page to record 20 actions). With the exception of category II, Who is involved, where there can be more than one section checked, the subtotals for each section should equal the total number of observations. For example, if there are 18 observations for one twenty-minute period, the three sections of category I, the eight sections of category III, and the six sections of category V all should total 18. If one does not, it either means that an action was not completely recorded or that the addition is incorrect.

MANUAL FOR THE USE OF THE OBSERVATION SCHEDULE: PART B

Part B of the schedule represents an attempt to summarize the quality of action and interaction which was quantified in Part A. There are 29 items in this schema: 28 of them are rated by a Gutman scale; item 3 is a multiple choice item. The 28 scale items are rated from 1 to 7, where 1 represents the prevalence of a given behavior and 7 represents the relative absence of that behavior. Thus the general form of scoring for any given item of behavior is as follows:

1	2	3	4	5	6	7
ALMOST ALWAYS Present	USUALLY Present	OFTEN Present	ASA OFTEN Present	SOMETIMES Present	OCCASIONALLY Present	RARELY Present
(95%)	(80%)	(66%)	(50%)	(33%)	(20%)	(5%)
RARELY Absent	OCCASION-ALLY Absent	SOMETIMES Absent	AS Absent	OFTEN Absent	USUALLY Absent	ALMOST ALWAYS Absent

GENERAL INSTRUCTIONS:

1. After completing Part A of the Observational Schema, turn to Part B and complete items 1 and 2 and 4 through 28 by rating the subjects on the scale of 1 to 7 as described above. For item 3 choose the category which best describes the subject's behavior.

2. Ratings must be only in terms of the twenty minutes previously observed. Behavior noted while observing other subjects, or seen during previous observations must be discounted.

3. It is important that all items be rated and none skipped in order to assure accurate factor loadings.

This schema which seems somewhat difficult at first becomes easier as more children are seen and the observer has a greater familiarity with the items.

On the first day of training children should be observed with this schema in mind, but no rating should be made because it is necessary to see the different ranges of behavior in a typical class, and to determine what represents an appropriate response in that milieu. Thus a child who spends all morning painting pictures and talking to friends may be considered highly constructive in a Head Start class but would receive a lower score in a Montesori class for upper middle-class children. Similarly, the child who yells "teacher, teacher" or who calls out a correct answer in a class discussion may be rated as behaving very inappropriately in a more formal classroom. Age also is a factor in this part of the observation schedule: the emotional responses of a three-year-old child are apt to be more intense and obvious than those of a five-year-old, but should not be considered inappropriate unless they are disruptive and clearly not considered reasonable by the teacher.

1. ACTIVITY LEVEL (Active-Inactive) : This item masures the physical activity of the child. The very active child is one who is constantly in motion whether running about the room to get materials or as part of a game, or who is bouncing up and down and squirming while listening to a story. The inactive child does not choose to do physical things. He will sit with one activity for a long time without moving about. There is no negative judgement implied either by a high or a low rating: active behavior may be appropriate as during gym

periods or inappropriate if it occurs during a class discussion or rest.

2. GRACEFULNESS (Grace-Awkwardness): The rating here refers to the style and tone of movement, including both gross and fine coordination. The graceful child runs, walks, and moves easily. He can hold a pencil or paint brush with appropriate position of the thumb. The awkward child does not move easily. Often he falls or bumps into things. He cannot skip or gallop or jump at the level of his peers. He will grab writing and drawing implements with his fingers and has difficulty with puzzles and other fine motor tasks.

3. MODE OF TENSION DISCHARGE: This item is a multiple choice item. Score this item by picking the type of tension discharge which is most characteristic of the subject during that period. To do this it is first necessary that the observer be aware of what constitutes a tension producing situation. With the exception of some Montesori classes, few demands are made on the preschool child; with the exception of class discussions there are few times that the child is actually called upon to perform. Therefore, most of the tension is internal, the result of a personal sense of success or of an individual need for approval. Predicatably, being asked a question by the teacher is the most common tension producing situation. Being rejected by another child or by the group is another frequent source of tension. Conflict over a given toy or game and other problems which are caused by immaturity and a lack of social sophistication also represent a source of tension. Only occasionally will a child exhibit frustration or disappointment at not being able to complete a task. The observer must be tuned in to an action as

perceived by the child: tension may come from the slightest reprimand from the teacher or from not being chosen to be the mother in a game of house, or from not getting to ride on one of a limited number of tricycles. In any ... of these situations different children will react differently, but the behavior will fall into one of the eight categories listed below.

1. Verbal: Use this if the child characteristically talks incessently when under strain. This may be to peers, the teacher, or to no one in particular. The words may be clear and distinct, a mumble, or an unintelligible babble. The verbal child will give long involved answers which do not really make sense or which merely repeat a point already made when questioned by the teacher. If rejected by another child, the child will go into a long discussion of games he has at home or games he has played in which his peers have not participated, etc.
2. Motor: Use this if the child , when under stress, runs about the room, or out of the room, or if when confined to a small space he bobs or fidgets. This child when called upon by the teacher will either literally run away, or if sitting on the floor, shift his weight from one foot to another, etc. This child usually has few verbal skills and has difficulty relating to other children in a sedentary situation.

3. Perseveration: The child who persecerates will repeat again and again an act which is meaningless, unsuccessful, or inappropriatee in the context observed. In a test situation this child will repeat a previously successful response, or comment. For example, he will say "green" whenever asked to identify a color. In a play situation he will continue to pound a puzzle piece into the wrong space long after it is apparent that the piece does not fit. Another typical activity for the perseverating child is to do the same puzzle or block building or simple picture over and over again. The perseverating child is usually one with few intellectual resources, one who can bring little accumulated knowledge to a given task. Alternatively, he may be a child with seious emotional problems.

4. Withdrawal: Use this if the child closes up and moves away from people or situations when under stress. This is often a fearful or insecure child who will hide in a corner or move off by himself and suck his thumb when faced with disapproval or rejection. When questioned by the teacher this child will often become physically tight and silent or monosyllabic.

5. Aggression: Use this if the child responds to tension with violence: fighting, hitting, throwing things, i.e., being socially and literally destructive. This is a child whose first response to difficulty is anger. In young children the anger is often inappropriate to the situation or excessive, indicating that the anger probably is generalized.

6. Negative Affect: Use this if the child reacts to stress with frowns, sulks or tears. This child is a typical "crybaby", often young or immature for his age. The behavior like that of agression is characterized by its excessive and unnecessary aspects.
7. Seeks out Assistance, or another situation: This behavior is usually characterized by its general appropriateness. This child realistically seeks help when it is needed, but is not overly dependent on the teacher. Faced with rejection by his peers, he will find another activity or group.
8. Silliness: Use this if the child discharges tension by giggling (often uncontrollably) or ...ling with embarrassment in a situation in which positive affect is inappropriate. This response is seen most often in situations with adults. As with withdrawal it can be a form of emotional immaturity and shyness which will be outgrown, or it may represent the beginning of a more severe emotional disorder.

In determining which of the above categories to use, when more than one type of behavior has been observed, use the first mode of tension discharge seen. For example, some children will respond to a minor problem with a verbal barrage which becomes either aggressive or extremely negative with provocation. Other children will be very embarrassed and silly and then withdraw. In such cases, use the first mode seen as this is probably the predominant one for the child.

FREQUENCY OF TENSION DISCHARGE: (Discharging - Not Discharging Tension). For any of the above modes of tension discharge the quantity may vary. Some children unable to concentrate through a whole story will fidget and then move about and then run around or out of the room; other children will spend the entire observation period trying to put one piece into a puzzle incorrectly; still others will fight first with one group of children and then with another. All of these children will be rated high in frequency of tension discharge. Other children will either avoid tension producing situations by doing things which are easy and safe, or they will deal quickly with the difficulty and go on to more successful endeavors. These children may respond as severely when confronted with tension, but for a more limited period of time, consequently receiving a lower score on this item, which measures frequency.

5. COPING SUCCESS: (succeeds-fails): This item bears a strong relationship to Part A, Goal Reached/Not Reached, that is, it concerns the degree to which the child gets what he wants out of a situation or does what is expected in a situation. The child rated high on success usually finishes what he starts whether it is painting, a game of tag, or kicking over someone else's blocks. The child who gets a low score does not finish what he starts; he finds it difficult to join in the games of his peers or to get other children to play with him. In teacher initiated activities the successful child can follow directions and answer questions satisfactorily, while the unsuccessful child cannot.

Thus, if most or all of the actions in Part A were scored "goal reached", the child receives a score of 1, 2, or 3. A score of seven is usually reserved for a child whose entire observation period is spent in failure or in purposeless activity.

6. RELATION TO PEOPLE (Greater for people-less great for people): This item measures the quality of interpersonal interaction. The child who receives a high score on this item is one who usually chooses to be with, and to react to, people as opposed to a deep involvement with toys or books or with nothing. This child involves himself in the social aspects of nearly every situation: he does not choose solitary tasks and if he does, he manages to do them in the company of others, i.e., he creates a social situation by offering to let another child help him with a puzzle or to look at a book along with him. The child who receives a low score on this item is more of a loner: he may get completely engrossed in the construction of a building out of blocks or in drawing a picture and not be at all concerned with the people around him, or he may be a very aimless, immature child who does not get involved, with people because he does not know how.

7. EVOKING RESPONSES FROM TEACHER (Appropriate-Inappropriate) This item measures the quality of interactions with the teacher, in particular those interactions initiated by the child. The child who scores high on this item refers to the teacher appropriately: in some schools teachers are referred to by first names, in others, by title and last names only, and gets her attention in a way sanctioned by the system; again this varies

from school to school, it may be by shouting out or by raising one's hand,etc. The child who receives a low score on this item will shout when it is not permitted, cry, become destructive, or act in some other unacceptable way in order to get the attention he seeks. Or he may be generally appropriate in terms of addressing the teacher, but may do so often that the behavior becomes inappropriate. Alternatively, a child may receive a low score because he does not call on the teacher in situations where her help would be appropriate, i.e., in either case the quantity of response is inappropriate. In addition, a child would be rated low on this item if he tries to get the teacher's attention in an appropriate way but at an inappropriate time, such as telling a personal story while the teacher is reading to the class. Be careful not to rate a child as inappropriate because the teacher's behavior is inappropriate. For example, a child may approach a teacher in a reasonable manner but the teacher, because she is tired or preoccupied, etc., may react unfairly and reprimand the child. This child should not receive a low score on this item.

8. MODE OF CHILD'S COMMUNICATION (Verbal-Non Verbal):

This item measures the level of the child's verbal communication, i.e., how often the child uses language to make himself understood. The high scoring child makes his feelings or ideas known through words; the low scoring child uses gestures; non-verbal sounds (such as meowing or barking) or preverbal sounds (nonsense sounds and syllables) or in the case of

severely disturbed children, in a language which is autistic. It is not the intention of this item to measure the quality of verbalization, or the content, but only the quantity of verbalizations in situations where speech is specifically calledfor. Therefore, a child may only speak once or twice during the observation period and still receive a high score on this item because in the situations where it was appropriaze and necessary the child communicated verbally.

9. INTELLIGIBILITY OF VERBALIZATIONS (Intelligible-Unintelligible): This item measures how well the child can be understood, i.e., the vocal quality of communication. The highly intelli ible child's speech is clear and easily heard. It is not necessary to constantly ask the child to repeat himself. His use of English is age-appropriate: for the pre-school child this means he can form simple grammatically correct sentences. The unintelligible child often mumbles or slurs his words; his sentence structure is immature and often incorrect; frequently this child is non-verbal or monosyllabic. The child who scores low on this item is often hard for the observer to overhear.

10. RICHNESS OF VERBALIZATIONS (Rich-Sparse): This item measures the quantity and verbal quality of the child's communication. The child whose verbalizations are very rich usually has a large vocabulary and can use it in fairly complex sentences. He uses languages as a means of expression of ideas as well as to communicate his basic needs. He can maintain a conversation

with other children or with adults without difficulty. The child whose verbalizations are sparce uses language only when necessary, i.e. to satisfy a need ("More milk") or as a rudimentary attention getting device ("look"). The child does not use language for social purposes, either because he does not have the skill or for emotional reasons. Unlike the highly verbal child he cannot use words to control his environment except in the most primitive level.

11. EMOTIONAL RESPONSE TO SUCCESS (Positive-Indifferent): This item measures appropriate and inappropriate positive affect in those situations where the child has been successful. As with item"5 (Coping Success) success must be considered in terms of what the child as trying to accomplish even if the act is not constructive. The child sho receives a high score on this item will get some visible form of pleasure from his successes: he will smile or laugh or show some other indication of self-approval. This response can be the result of building a bridge with blocks or knocking someone else's bridge down. The child who receives a low score on this item does not show this affect. This may be because the child does not perceive of the situation as anything out of the ordinary, as when he completes a puzzle that he knows he can do, or it may be because of something more pathological, such as not associating success with good feeling because of inadequate ego functioning.

12. EMOTIONAL RESPONSE TO FAILURE (negative-Indifferent): This item measures appropriate or inappropriate negative affect in situations where the child has been unsuccessful. The child who scores high on this item responds to failure with tears, anger, whining, or screaming. The child who receives a low score on this item handles failure with a minimum of emotion. Again, this may be appropriate because the failure is not perceived as being serious and there is adequate ego functioning to deal with the situation or because the child is seriousll disturbed and incapable of any affect, no matter how great the provocation. Thus a child who cannot get to play with the toy he wants and goes off and behaves appropriately by finding something else to do will receive the same low score as a child who is severely reprimanded or punished by the teacher without appearing to be at all disturbed. Note that sometimes wiht young children, affect is delayed: a child scolded by the teacher may appear unconcerned and then go into a corner and suck his thumb. Thus it is necessary to consider the child's aciions with some degree of clinical sensitivity in order to fully understan certain aspects of his behavior.

13. ACTIVE RESPONSE TO FAILURE (Constructive-Non Constructive child in response to failure). The constructive child will seek assistance or change activities in response to failure. The highly intelligent, constructive child may after some time work out the problem for himself. Two types of children score low on this item: the destructive child will act out against the object or the people whom he sees as responsible for his failures either wiht aggression or by being disruptive. The non-constructive child will withdraw, his behavior will be aimless as opposed to actively constructive

or destructive.

14. AFFECTIVE RESPONSE (Overt-Covert): This item measures the quantity,,not the quality or kind of emotional response. With the overtly affective child emotions are clearly evident. The affectively covert child is less obvious about his feelings; it is often not possible to know how this child is feeling. It is not unusual to find many children who receive low scores on this item. Adult memories of childhood tend to over-emphasize the quantity of emotion in light of present perceptions of childhood situations. Thus an adult will remember building a sand castle as a very pleasurable and happy experience; to the child however, such an activity is very serious and requires the same kind of concentra i on an adult would use in building a real castle.

GOAL DIRECTEDNESS (Goal Direction - Random Activity) :
This item measures the degree to which child tends to choose a specific activity or course of action. Behavior may be task oriented or socially or socially oriented but in either case it involves a conscious decision to become involved. The child whose activity tends to be random does not make these choices: he often wanders about the room aimlessly, without a plan, without being able to find a suitable activity. When he does get involved, it is usually at the level of respondent rather than initiator. His social behavior is similarly passive or non-existant.

16. ATTENTION SPAN (Lengthy-Short): This item measures the amount of time a child is willing to spend in a given activity. the child with the lengthy attention span will stay with an activity after he has chosen it. He will work on a puzzle or group of puzzles or involve himself in a long and complicated form of fantasy play without losing interest or becoming bored. The child with the short attention span willnot choose any activity which is time consuming. He will choose short books and easy puzzles. If he does choose a more complicated activity he will not stay with it, but will move on to another activity. This child goes from one thing, or from one person to another, without ever accomplishing anything.

17. INVESTMENT OF SELF IN ACTIVITY (Great-Poor): This item measures the quality of attention the child gives to an activity. The child who is greatly invested, be it for a short period or a long one, will be completely absorbed in what he is doing. Usually this will be accompanied by a concentrated amount of effort or energy. If the child is poorly invested his play will be half-hearted and often haphazard. He will be easily distracted and quickly disinterested. Note that no comment is being made here as to the quality of the task: a child may be very invested in eating, completing a picture, or in an activity which is destructive.

18. CONSTRUCTIVE PLAY (Constructive-Non Constructive): This item considers the extent to which the child chooses to be involved in orderly play, in which something either physical or cocial is created. The highly

constructive child is one whose actions are oriented toward achieving a goal which would generally be considered worthwhile or acceptable. The non-constructive child's behavior is either more random and less purposive, again this is an aimless child who either does not choose a task, or who never completes a task, who is quite destructive (see item19).

19. DESTRUCTIVE PLAY (Destructive-Non Destructive): This represents the extent to which the child chooses to be disruptive and to break up work of his own or of other people. The destructive child will kick over other children's blocks or games; he will run away with an item which is essential to others, such as taking a doll from children who are playing "house". Such a child will hit, pinch, or sometimes bite other children. Sometimes the destructive actions are directed against the child himself, in which case he will pour paint over his own picture, kick over his own block building, or in some way destroy his own productions. A certain amount of destructive play in children of this age is natural and gives the child a sense of mastery to have the power to build things up and then at his own violation tear them down. But in some children this tendency is excessive. A disturbed child in a class with normal children will often be destructive because he knows no other way of making social contact with his peers. The non-destructive child is either constructive or nonOpurposive.

Note: a child who is non-purposive could conceivably receive a score of 6 or 7 on bothitems 18 and 19. In most other cases, a child who receives

a high score on one time will receive a low score on the other.

20. ATTENTION SEEKING ACTIVITY (Attention Seeking - Non-Attention Seeking): This item measures how concerned the child is with the reactions of other people. The attention seeking child is one who is always trying to make people notice him, particularly adults. Such a child will go over to other children or to the teacher very frequently in order to show them a drawing, collage, or play dough sculpture. Behavior of this kind can either be constructive or destructive but its chief motive is to gain notice. The non-attention seeking child is unconcerned with the effect he is having on others: he is either too invested in what he is doing to notice other peoples' reactions, or he is too passive and unproductive to care.

21. EVOKING RESPONSES FROM PEERS (Appropriate-Inappropriate): This item measures the quality of social interaction among children. The child who scores high on this item will join others or ask to join in a task or game in a positive and reasonable way, sometimes by asking verbally, sometimes by tacit understanding that the game is "open" . The child who scores low on this item will not make contact with his peers at all, even in situations which are basically social.

Note; in a few rare instances a child will be completely absorbed in a task or series of tasks which involve no other peer. In such a case this item should be left blank.

22. EXTENT OF DEMANDS ON TEACHER (Autonomous-Seeks Teacher): This item measures the frequency of interactions with the teacher which are subject initiated. The child who receives a high score on this item can act without the teacher. He turns to the teacher only then he must for assistance or support in difficult situations. The child who makes a low score is one who constantly approaches the teacher for help or information or or just to socialize. This can be done in a constructive way or to a point where it becomes disruptive and annoying. This child probably relates better to adults than to peers.

23. INTRUSIVENESS INTO THE AFFAIRS OF OTHERS (Intrusive-Unintrusive): This item measures the extent to which a child will spontaneously enter or attempt to enter into the activities of others, or the extent to which he concerns himself with other people. Simply stated, the highly intrusive child is a "busybody" who will interject himself into the games or discussions of his peers and often will attempt to lead them or to control the activity. He is characteristically aware of the actions and activities of others and will comment on them frequently and often try to manipulate the activity. The unintrusive child is not necessarily anti-social but is more passive in his relationships. He will wait to be invited to join a group or activity. He is not as concerned with what others are doing, nor does he attempt to change what they are doing. This may be because he is more concerned with his own activites or because he is less socially aggressive.

this is appropriate in the situation or not. The child who scores low on this item is either one who characteristically scores high on positive affect, or one who shows no affect.

28. APPROPRIATENESS OF AFFECT IN SITUATION (Appropriate-Inappropriate): This item rates the quality of affect. The child who receives a high score is whose affect is neither excessive nor unnaturally absent. The child whose emotions are seen as highly inappropriate may laugh in situations where someone else has been hurt. Or he may cry in situations which generally are perceived as fun or at least neutral. A child may also receive a low score if his affect never changes and he shows no expression, even if he is hurt or is being praised, etc..

29. AUTONOMOUS ACTIVITY (Autonomous-Non Autonomous): This item measures the degree to which the child can relate by himself to his environment. The autonomous child will work on a puzzle or similar task by himself. In social situations he will be able to make his wishes known and will assume some degree of leadership. The non-autonomous child constantly needs the support of others for his actions. Often he will attach himself to the teacher or an aide and demand constant attention; or he will form a passive friendship with another child in which he is always the follower, and the friend has all the ideas as to what to do and makes all the decisions.

Note: Usually a child is either attention seeking or autonomous. Only the extremely passive aimless child scores low on both items.

CODING INDIVIDUAL OBSERVATIONS:

Before any observation is complete the IBM coding section (see boxes on each page) must be filled in. Every observation must have its own code number. In order to avoid duplications, if there is more than one person observing, each person takes an appropriate multiple and uses only odd numbers or even numbers or every third number starting with the number 2.

Each subject also must be given a number at the beginning of the research and that number must be used to designate that individual throughout the research by every observer.

Each observer is also designated by number.

Then, the date is filled in and the period the subject was observed. Periods are numbered at twenty-minute intervals.

Each school or community canter gets a separate number. Each class at each canter gets a separate number. If possible no two groups should have the same group number even if they are at different locations as a mistake in card punching could then result in an observation being included in the wrong group. Having two separate numbers provides an internal check on the punching.

This information must be filled in on all three pages!