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ABSTRACT

Classroom observations were conducted with five children, identified as at risk for developmental delay, throughout their first year of preschool, to identify their patterns of adjustment to an integrated preschool program. A video assessment of each child was conducted prior to program entry to help teachers plan a successful transition. Individual children were then observed between 20 and 47 times during the year. During their first weeks in the school the children demonstrated high rates of unoccupied behavior, crying, and pacifier use. Four of the children initially received high rates of teacher attention which gradually declined over time. One child continued to require much teacher attention. Teachers used a variety of strategies to assist the children in adjusting to the class including encouraging cooperative play, allowing a parent or sibling to remain with the child for part of the day, shortening the child's initial days, providing small play groups, and allowing the child to bring a favorite toy from home. Case studies of the five children are provided. Three tables and five figures detail study findings. (Contains 13 references.) (DB)

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Abstract

Classroom observations were conducted with five children, throughout their first year of preschool, to identify their patterns of adjustment to the program. Each of the children was referred by the Community Child Find Program to the integrated preschool, due to special needs or conditions indicating risk for developmental delay. Three of the children showed high rates of unoccupied behavior during the first two weeks of school, which then reduced. One child cried for much of the first seven days of school, while another used a pacifier constantly during the first three weeks. The youngest child continued to show high rates of unoccupied time throughout his attendance and consistently received high rates of teacher attention. The other four children received high rates of teacher attention initially, which gradually declined across time. Teachers used a variety of strategies to assist the children in adjusting to the class. Data are needed to document the transition of young children with special needs into integrated preschool programs. Likewise, simple intervention strategies are needed to assist program staff in meeting the transition needs of these young children and their families.

Assessing the Transition and Adjustment of Preschoolers with Special Needs to an Integrated Program

Each year thousands of young children begin preschool. Their first days of school are ones marked with a variety of adjustments. Typically these include: separating from their parent, entering a new and larger playground, following instructions from new adults, and learning new routines. Most preschool teachers anticipate that young children, and even some parents, will require a few days to adjust to the new routines and expectations of preschool. Prolonged periods of adjustment, however, can raise concerns regarding the appropriateness of the program for the child, or the readiness of the child for the program (e.g., Hains, Rosenkoetter & Fowler, 1991; Hains, Fowler & Chandler, 1988).

The adjustment of young children with special needs to community preschools is a particularly important issue today. The federal regulations for special education preschool services define placement in private or not-for-profit public preschools (e.g., Head Start) as one of the least restrictive environment options for these children (34 CFR Part 300.052). In some states, local education agencies have developed agreements with private community preschools that allow children with developmental delays to attend community preschools with peers who do not have disabilities and to receive special education services within those integrated programs (cf. Fowler, Hains & Rosenkoetter, 1990). To assist families and community programs with the transition of children to preschool, research is needed to identify the kinds of transition adjustments to preschool, the duration of the adjustment, as well as strategies that ease the transition into class activities. This information may help pro-

grams to meet the needs of each incoming child and avoid conclusions that children are "not ready" for preschool. Likewise, this information may assist families who often want to know what they can do to prepare their children for group care experiences (Hanline & Knowlton, 1988; McDonald, Kyselka & Siebert, 1989; Murphy & Vincent, 1989). Stress for families with children who have special needs often increases at transition points in their children's lives, such as school entrance (Barber, Turnbull, Behr & Kerns, 1988; Hanline, Suchman & Demmerle, 1989). Finally, this information will be valuable to early intervention staff, who are charged with the development of a transition plan for each child receiving early intervention services, six months prior to the child's third birthday. If important skills or experiences can be identified before transition, then these can be included in the plan to guide families and staff in preparing the child for preschool entrance (Hains et al., 1991; Lazzari & Kilgo, 1989).

Research on the transition to preschool is limited. Most research conducted on children's transitions have focused on the transition from preschool to kindergarten or elementary school (cf. Fowler, Schwartz & Atwater, 1991). The purpose of this study was to begin collecting information about the transition of young children who are at risk for developmental delays to their first preschool program. The behavior of five children was assessed over the duration of their first year of preschool to identify possible patterns of adjustment to school. In addition, several short intervention strategies were developed and used to assist the staff, children and their families with school adjustment.



Methods

Subjects and setting

Five children—four boys and one girl—participated in the study. None of the children had been involved in group care, and this was their first preschool experience. Adam was 42 months old at the onset of the study. He was referred for preschool services by the community Child Find program because of his birth history and concerns about immaturity and acting-out behaviors. Adam was born prematurely, with a birth weight of one pound, and had a history of extensive hospitalization as an infant. Beth, age 30 months, was referred for speech concerns and was considered "at risk" due to maternal and paternal use of alcohol during pregnancy and the father's physical abuse of the mother. At the onset of preschool, she and her mother were living in a transitional home for battered women. Chris, age 60 months, was referred due to Tourette's Syndrome and because his mother reported he exhibited behavior problems in the home. Dan, age 37 months, was referred to the program for language concerns. In addition, the family reported that he had "periods of confusion". The child's mother had a history of illegal drug and alcohol abuse during pregnancy. Eric, age 30 months, displayed autistic characteristics. His older brother, age 42 months, already had been diagnosed as autistic.

The five children attended an integrated classroom in the Child Development Center of a Midwestern university during the 1989-90 school year. The preschool met four days a week for two-and-a-half hours each day. The class consisted of 20 children ranging in age from 2 years 6 months to five years. Half of the children in the class were identified as developmentally delayed or as at risk for delays. These children entered the program at different points in the school year, following their identification and referral.

The classroom was staffed by three or four undergraduate practicum teachers and two graduate students and supervised by a faculty member who was certified in early childhood education.

Procedures

Two sets of observations were collected with each child. A single observation was collected during the child's first school visit, prior to preschool entry. After entry, a series of observations was collected in the classroom throughout the school year. The children did not begin preschool on the same date; rather, their entrance to the program was spaced at least two weeks apart.

Video assessment before school entry. A five-part video assessment was conducted with each child and the parent prior to entry into the program. Each child and parent was invited to visit the classroom during the week before the child entered preschool. They visited at a time when class was not in session, but activities were available and one or two children of the same age were present and available to play. The visit consisted of five segments, each approximately five minutes in duration. The visit was videotaped for data collection purposes.

The five 5-minute segments were simulated play situations that were common to events likely to occur in the actual classroom environment. The segments included:

1. simulated play group with one to two peers, parent and teacher present;
2. same play group with parent departing at the onset and absent for at least 4 of the 5 minutes;
3. same play group with teacher present but removed from activity and parent absent;
4. parent delivery of 10 paced instructions in a structured activity (clean up, working puzzle); and
5. teacher delivery of 10 paced instructions in a similar activity.

The purpose of the video assessment was to identify, in advance, the conditions under which a preschool child is likely to exhibit behavior that may interfere with a smooth school adjustment. We anticipated that teachers would consult with parents about how to create a smooth transition, based on the information obtained in the video assessment, and

Table 1. Schedule of observations

	Daily	2 x/Week	1/Week	1-2/Month	Total Sessions Observed
Adam	1-23	24-37	—	38-47	47
Beth	1-8	9-20	21-22	23-25	25
Chris	1-12	15-27	13-14	—	27
Dan	1-10	11-16	17-21	—	21
Eric	1-8	9-20	—	—	20

would develop programs for the child prior to entry.

Classroom observations. During the first eight days of school attendance, each child was observed for 100 consecutive 10-second intervals (16 minutes 40 seconds) as soon as they entered the classroom. On day 15 for Adam, and day 9 for all other children, the observation schedule was shifted to accommodate the increasing number of new children entering the classroom. At this point, children were observed three times during the first hour of school, during which free play activities were scheduled. Typically, children were observed for 33 consecutive intervals each soon after arrival, midway during the free play hour, and near the end of the hour. Likewise, the frequency of observations was shifted from daily to twice weekly, then to weekly, and eventually to once or twice monthly. See Table 1 for each child's observation schedule.

Dependent measures. The following teacher, parent and child behaviors were observed:*

General teacher attention—Teacher attention included prompts, instructions, praise and general conversation directed to the child individually or as a member of a group.

General parent attention—The definition was the same as that used for teacher attention.

Child cooperative behavior—The child was engaged in play with at least one peer in the same area or activity. The behavior included verbal interaction, nonverbal interaction, and playing on or with the same piece of equipment as a peer, and within 3 feet of a peer.

Child unoccupied time—The child was not engaged in play or was not manipulating any material in the free play area.

Child negative behavior—The child was engaged in physical aggression to peers or classroom materials, verbal aggression to peers, or other loud vocal behavior.

Child crying—The child was engaged in shrill vocalizations, tantrums or screaming.

Reliability

Reliability was calculated for the occurrence and nonoccurrence of behaviors for all subjects and was collected at least three times per subject. Occurrence and nonoccurrence were calculated by the formula:

$$\frac{\text{Number of Agreements}}{\text{Number of Disagreements} + \text{Agreements}} \times 100$$

In general, reliability typically exceeded .80 for behavior occurrence and nonoccurrence. In a few instances, reliability was

* A detailed observation code and scoring instructions are available from the first author upon written request.

lower, due to very low rates of behavior. Occurrence reliability is presented for each behavior and child in Table 2.

Interventions

Based on the results from the video assessment and the child's subsequent classroom behavior, we determined if interventions were necessary to assist the child's adjustment to the classroom.

General procedures for preschool entry. To facilitate each child's transition to preschool, we used a general intervention plan, which consisted of one or more of the following components:

- (a) instructing the teachers to use direct and indirect primes to facilitate cooperative play,
- (b) allowing a parent or sibling to stay for part of the day with the child,

- (c) shortening the child's initial days,
- (d) providing small play groups outside of the classroom or in a quiet area of the room as a way of introducing the child to a group of playmates,
- (e) allowing the child to bring a favorite toy from home, and
- (f) encouraging the child to bring a picture of family members to class.

Various combinations of these procedures were used for all children in the classroom. The specific procedures utilized with a child were based on consultations between staff and parents and the child's expressed desires for an individual or item.

Additional individualized interventions. We developed specific plans to facilitate a child's adjustment if the pre-entry videotape assessment and initial 8 days of observations

Table 2. Occurrence reliability

	<u>Cooperative Behavior</u>	<u>Unoccupied Time</u>	<u>Loud Vocal</u>	<u>Total Negative</u>	<u>Specific Problem Behavior</u>	<u>Teacher Attention</u>
Adam	.89	1.00	1.00	.71	aggression .60	.89
Beth	1.00	.93	—	—	pacifier 1.00	.89
Chris	.86	.99	—	—	—	.95
Dan	.92	.93	—	.70	—	.97
Eric	— *	.93	1.00	1.00	stereotypic behavior .74 material aggression 1.00	.92

* Behavior was never observed during reliability checks.

Table 3. List of intervention strategies used with each child

	<u>Adam</u>	<u>Beth</u>	<u>Chris</u>	<u>Dan</u>	<u>Eric</u>
teacher primes	4	4	4	4	4
family member in class		4			4
shorter initial days	4	4		4	4
access to pacifier		4			
access to parent's photograph	4				
special interventions:					
play group outside of class	4				
attend to the victim	4				
put pacifier in locker		4			
ignore crying/tantrums/ inappropriate behavior	4		4	4	4
say-do report			4		

indicated that the child was having difficulty adjusting to the demands and routine of the classroom. Specific intervention strategies were implemented for three of the children:

Adam, Beth and Chris. These will be described in the *Case Studies* section. A list of intervention strategies used for each child is presented in Table 3.



Case Studies: Interpretation and Discussion

Three of the five children—Adam, Beth and Chris—showed problem behaviors on entry to preschool that were reduced over the first 15 sessions of school. Adam also showed recurring behavior problems (e.g., aggression to peers and tantrums) that required continued monitoring and intervention by teachers. Dan did not show transition-related behavior problems. Eric, who entered school in the second half of the year, showed high rates of unoccupied and self-stimulatory behavior that did not change over the course of his enrollment. The data collected with each of these children and intervention procedures

used by the teachers to facilitate their entry into preschool will be discussed.

Adam

Figure 1 presents Adam's percentages of cooperative play, of unoccupied time, and of crying (a behavior often occurring as part of a tantrum). (Figures are located at the end of this document.)

During the first 6 sessions of preschool, Adam showed very little cooperative play (less than 5%) and often a very disruptive level of loud vocal behavior. He often cried

intensely on entering the classroom, frequently calling for his mother and demanding to go home, and sometimes he sprawled on the floor refusing to move and crying for up to an hour. In order to engage Adam with his peers, who were avoiding him, the teachers formed a play group for Adam with two other classmates on days 6 and 7. The group, which met in a small room outside of the classroom, was formed specifically for Adam to practice cooperative play and to have contact with potential playmates. On day 9, teachers began attending to Adam only when he was not crying; at these moments, they prompted cooperative play with peers and appropriate use of toys. Adam's cooperative play began increasing concurrent with these teaching strategies, and his loud, disruptive behavior and obvious distress disappeared. The extent to which his behavior changes were a direct function of the teachers' behaviors and the introduction of the small play group, or were a function of the passage of time, of course cannot be determined. Anecdotally, it should be noted that one of the peers in his small play group became a steadfast playmate of Adam. Adam's cooperative behavior for the rest of the school year, although variable, averaged 35%—above normal levels for a 3-year-old child. Following his adjustment period, his unoccupied time averaged 10%.

Because Adam appeared to be very receptive to positive teacher attention, this attention was manipulated when subsequent behavior problems emerged. For instance, when aggression to peers became a problem later in the year, teachers implemented a differential attention procedure, known as "attend to the victim" (Pinkston, Reese, LeBlanc & Baer, 1973). If Adam showed physical or verbal aggression to a playmate, the nearest teacher intervened with the playmate, removing him or her a safe distance from Adam and lavishing attention on the playmate. Adam received no attention from the teacher for his aggression. This procedure was in effect from session 23 to the end of the school year (session 47). Aggression emerged following a school break at session 16 and

averaged 6% between sessions 16 and 22, before the onset of intervention. Intervention reduced it gradually to 2%.

Teachers noted that Adam also had trouble adjusting to other transitions in the school day (which could not be captured by our observations during the first hour). He often cried and sometimes tantrummed when required to leave the classroom for cognitive tasks. He also tended to tantrum when a new person (e.g., student teacher) was introduced to the classroom.

Beth

Beth's lack of cooperative play, high percentage of unoccupied time, and consistent use of a mouth pacifier were behaviors of concern during her transition to the classroom. To reduce pacifier use, teachers began removing it from Beth when she entered the classroom and placing it in her locker, where it was still visible and available. Beth was free to retrieve it if she wanted it. As can be seen in Figure 2, Beth used the pacifier for most of the first 12 sessions and then left it in her cubby from day 13 on.

No specific interventions, beyond the usual classroom procedures, were introduced to increase Beth's cooperative play or to reduce her unoccupied behavior. Her unoccupied behavior was most evident during the first 8 sessions of school. After several days of no cooperative play at the onset of enrollment, she began joining in the play activities and showing some cooperative play, although her performance continued to be variable. It should be noted that all of her play was nonverbal, even when she was no longer using the pacifier. As a result, referral for speech and hearing evaluations were initiated; she subsequently received speech and language services.

Beth's mother also appeared to show transition-related behavior. For the first 8 days, she accompanied Beth to school, remained in the classroom for much of the free play hour, and directed attention to Beth for an average 12% of the observations. Beth's mother stayed to visit only sporadically after

Summary

The varied behaviors exhibited by the children who entered preschool support the notion that transition planning is needed also at the preschool classroom entry level. Such planning may help to ensure that children and families receive support through the initial adjustment period, which lasted several weeks for some children. Teachers also may need to be prepared to provide extra attention for some children throughout the year, as was the case with Eric and Adam. Figure 6 presents the range of teacher attention to the five children.

The data were aggregated across subjects. Each data point is based on the same numerical session for all subjects (i.e., session 1 is the sum of all subjects' first day in school) and does not represent actual calendar time. The shaded section represents the highest rate and lowest rate of attention directed to any of the five subjects. The average rate is represented by the heavy line. A clear downward trend in average rates of attention occurs across the first 25 sessions of data collection. However, teacher attention to children during the first 8 sessions of school (approximately the first two weeks for each child) ranged from 36% (Beth) to 60% (Eric). This intensive level of support may require extra adult assistance in the classroom or initially shorter visits for the children, until they have had the time and experience to adjust. For some children, rates of attention continued to be high even after the first two weeks (e.g., Adam at 41%; Eric at 42%).

The use of the pre-entry visit by the child and parent to the classroom provided the teaching staff with a generally accurate view of the child's likely adjustment to preschool. The children who exhibited separation problems in the classroom (Adam, Chris, Eric) showed separation anxiety in the visit, when their mother left for the five-minute play segment. Other behaviors were evident too. Adam showed negative and loud vocal behavior during 12% of the visit; Beth used

her pacifier throughout the visit and engaged in almost no cooperative play; Chris and Dan showed no cooperative play; and Eric, who was unoccupied over 80% of the visit, also cried throughout half of it. Interestingly, Eric, who received the most attention during his transition into the class, also received the highest rate of teacher attention during his pre-entry visit (73%).

Several parents reported that the visit was reassuring and the teachers found it to be an ideal opportunity for identifying strengths and needs of the child with the parent, for developing a plan for meeting the child's entry needs to the classroom with the parents, and for discussing ways in which the parent could help with the transition.

It should be noted that the children were referred to the university preschool following their participation in the Community Child Find program, designed to identify children with developmental delays. The children did not enter the program with a formal transition plan, as they had not participated in an early intervention program or received an individualized family service plan. In fact, the community did not yet have an early intervention program. However, the intervention procedures (presented in Table 3) used to facilitate the adjustment of the children to the preschool program may be appropriate to include in transition plans for other young children who are moving from an early intervention program to a preschool program. Such transition plans will be required for children who at age 3 are exiting early intervention services for preschool services. The plan is to include steps to "help the child adjust to, and function in a new setting". More research is needed to identify the adjustments that children may experience in their entry to preschool. This study provides a picture of the adjustment of five children identified as at risk for developmental delays and describes the strategies used by their teachers.



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Figure 1. Percentage of cooperative behavior, unoccupied time and crying exhibited by Adam.

Arrows represent the introduction of brief interventions. The first arrow represents the one-day introduction of a small play group outside of the classroom. The second arrow represents the introduction of the "Attend to the victim" intervention. The abbreviation "ts" represents the onset of time sampling.

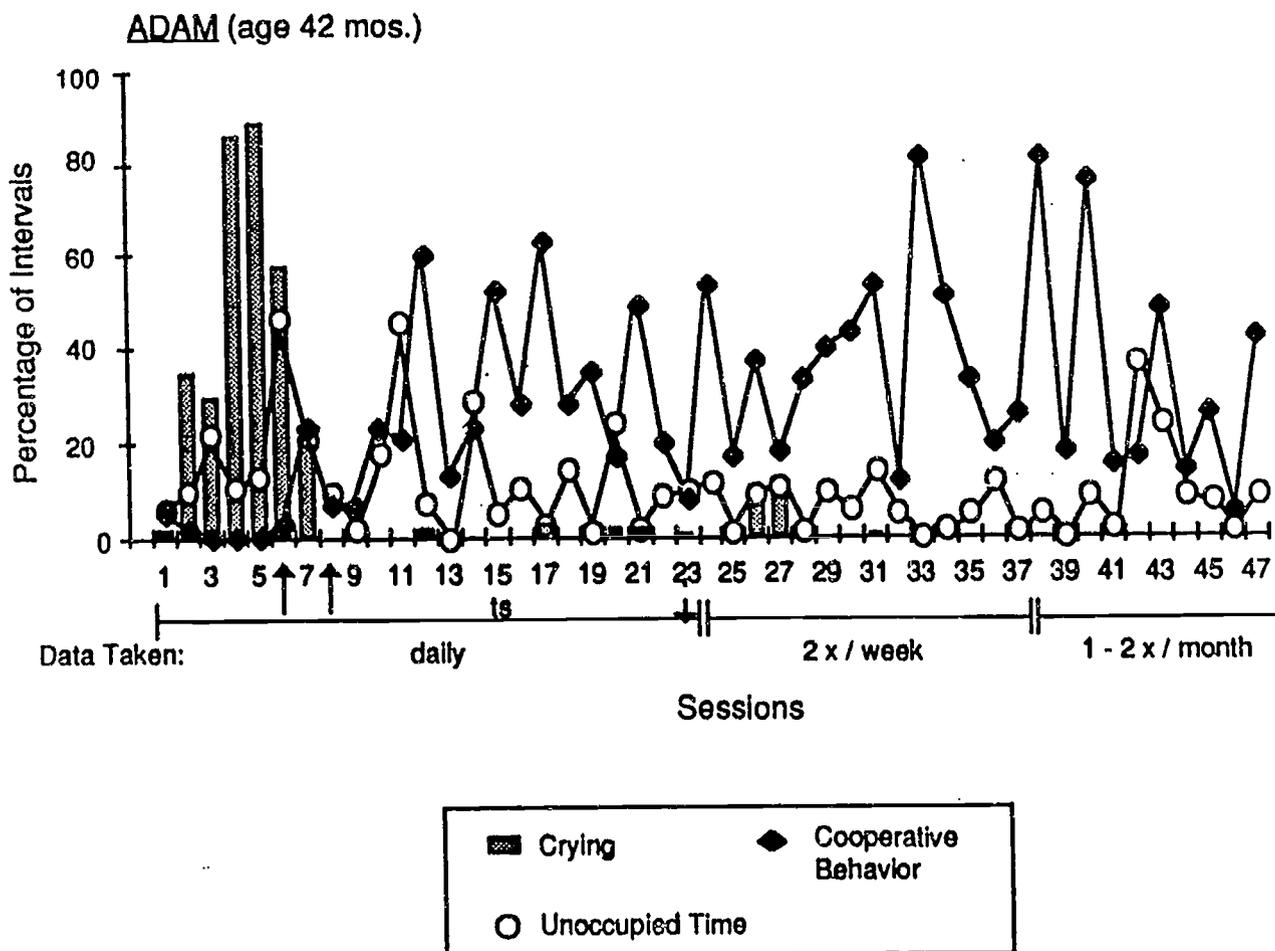


Figure 2. Percentage of cooperative behavior, unoccupied time and pacifier use exhibited by Beth.

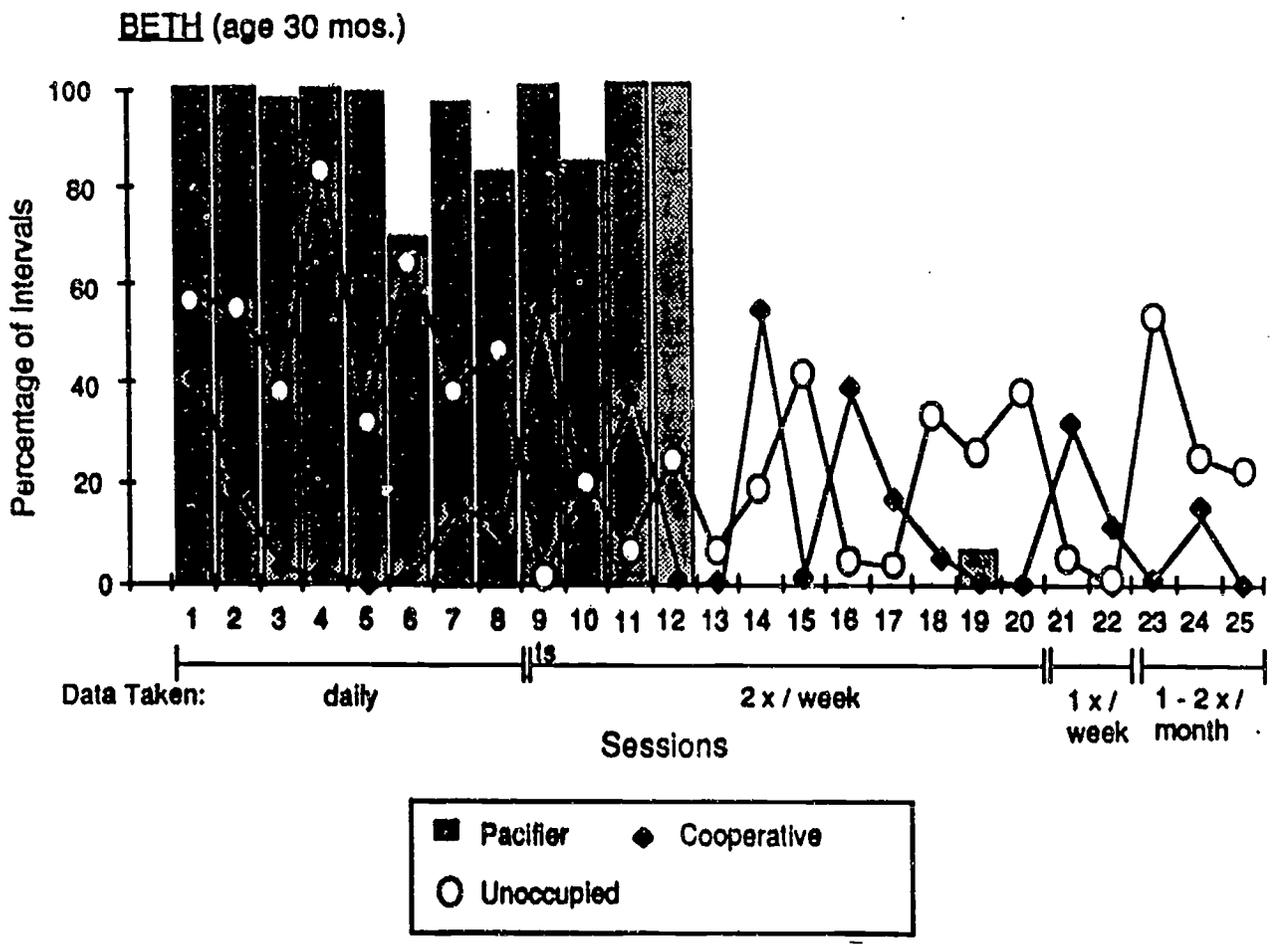


Figure 3. Percentage of cooperative behavior and unoccupied time exhibited by Chris.

The arrow represents the introduction of the "say-do" intervention to promote his peer interaction.

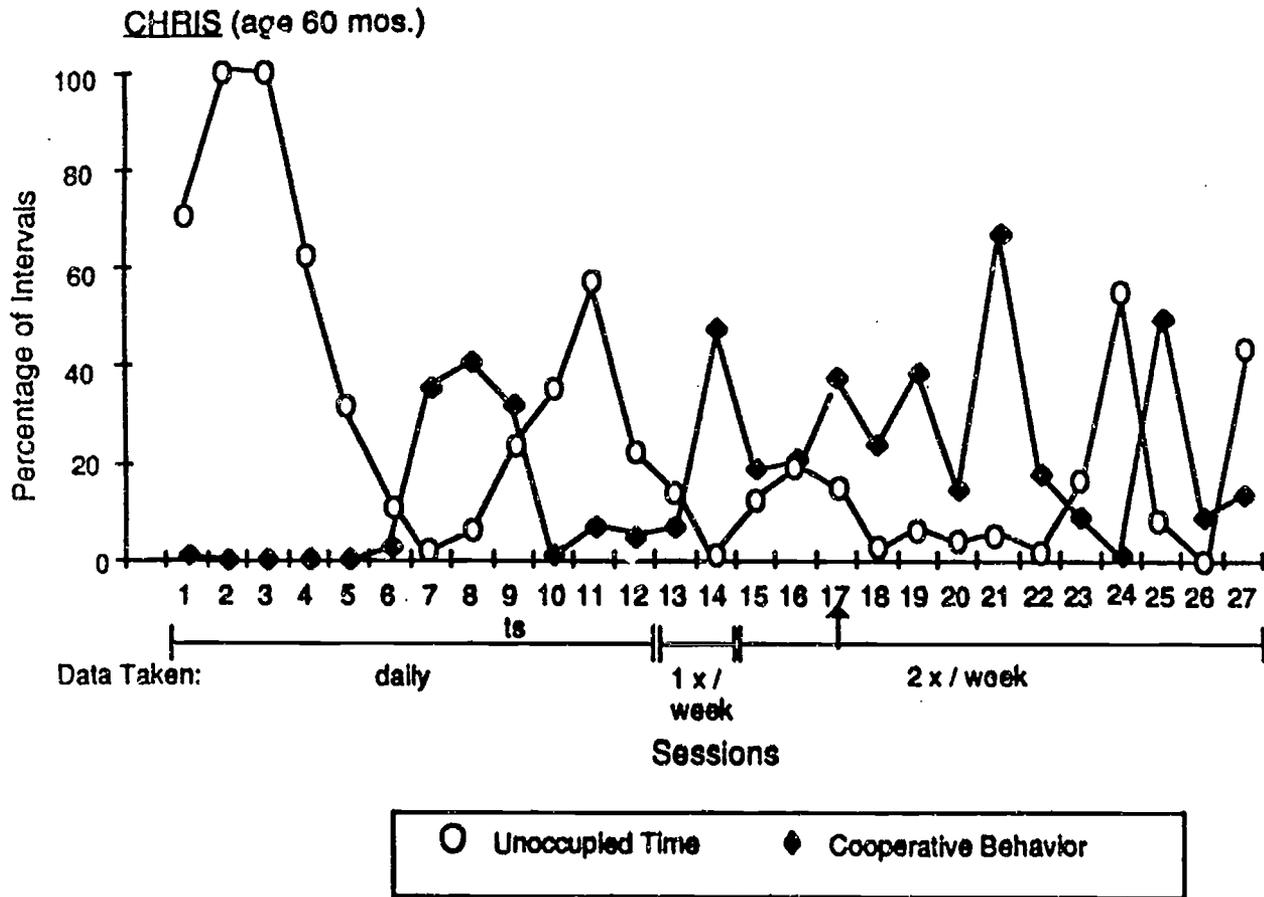


Figure 4. Percentage of cooperative behavior, unoccupied time and negative behavior exhibited by Dan.

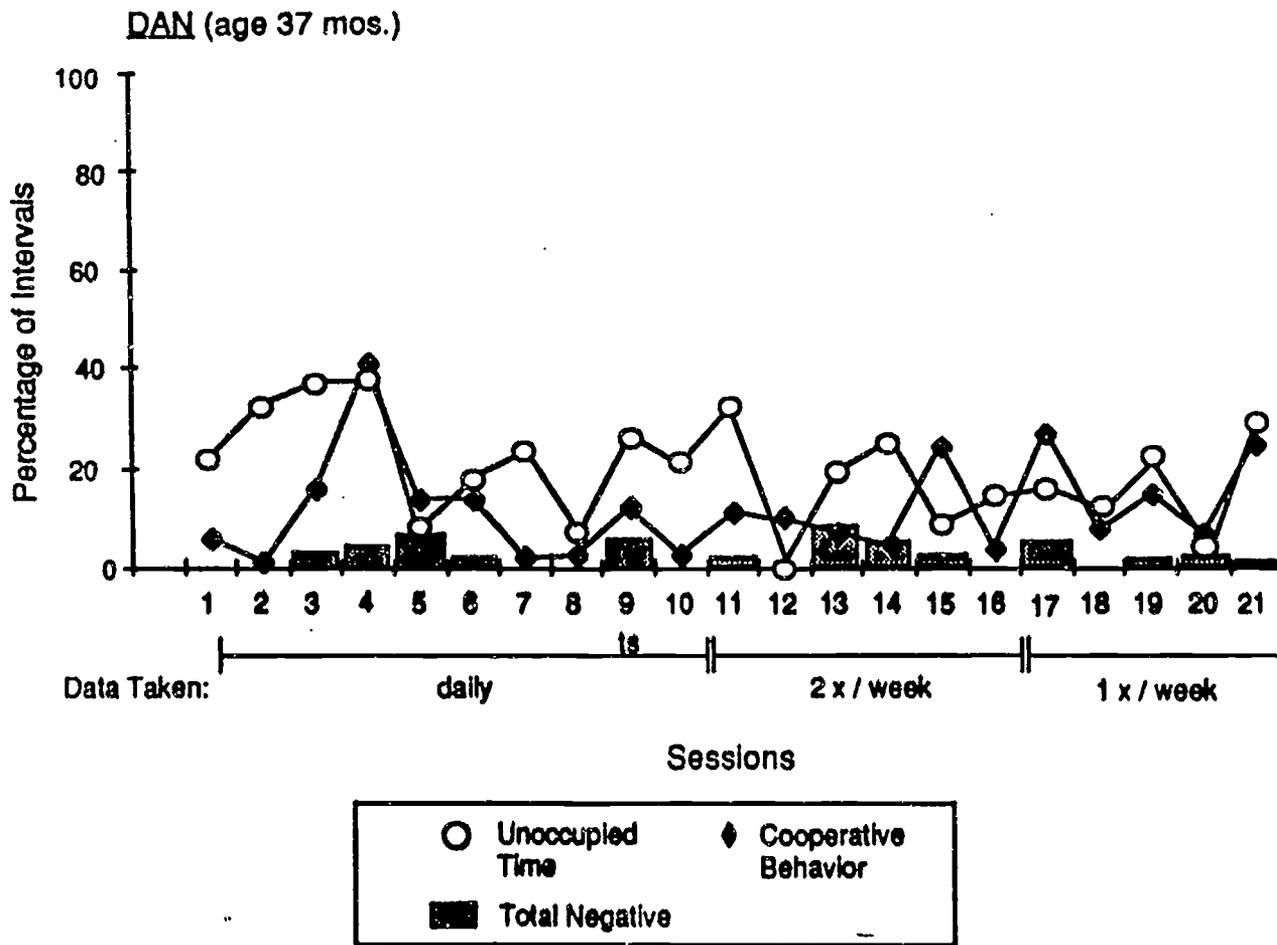


Figure 5. Percentage of Eric's cooperative behavior, unoccupied time and attention received from the teacher.

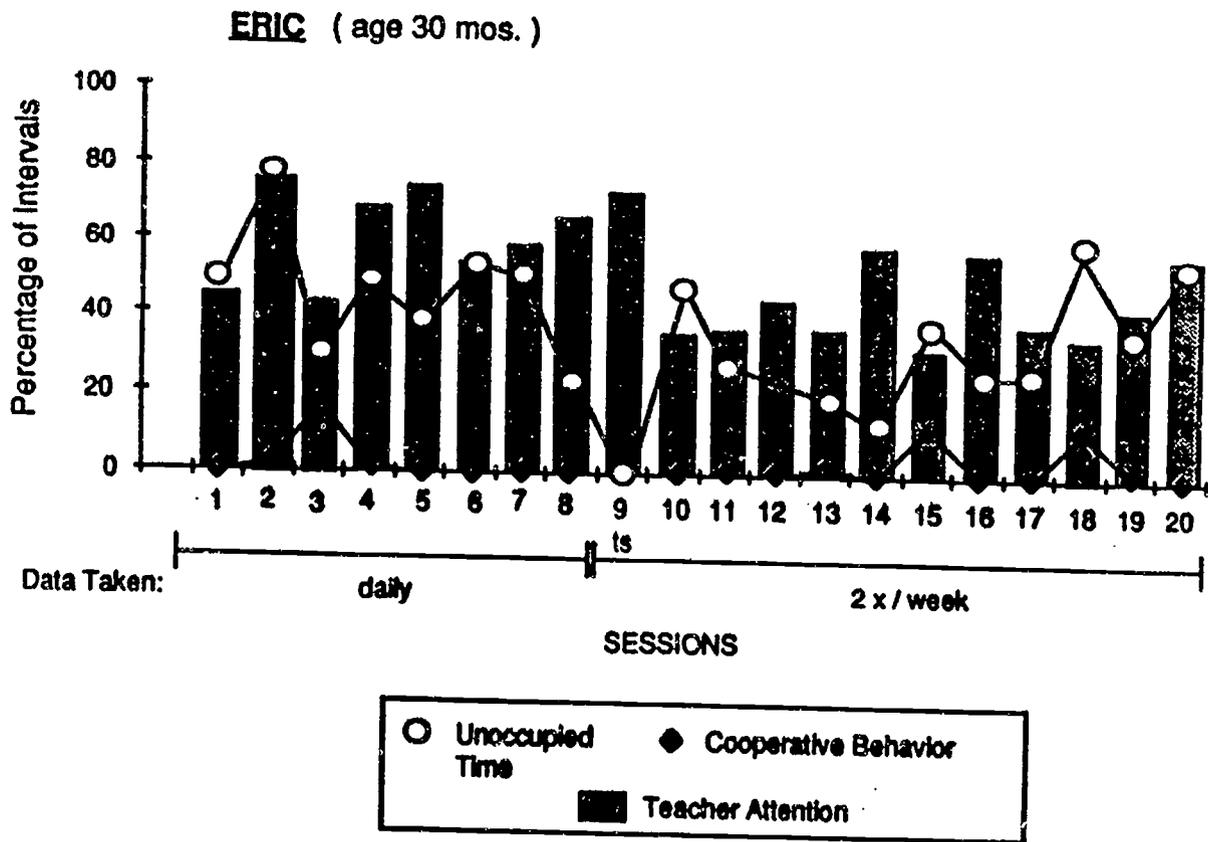


Figure 6. Average and range of percentage of intervals of teacher attention to the five children across the first 25 observation sessions.

