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**Examining the impact of a social skills early intervention program for preschool
aged children in an inclusive setting**

Franca Dinolfo

A Thesis

In

The Department

Of

Education

**Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts (Child Study)
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ABSTRACT

Examining the impact of a social skills early intervention program for preschool aged children in an inclusive setting

Franca Dinolfo

The purpose of this study was to examine the impact of an eight (8) week social skills early intervention program for children with developmental disabilities and their typically developing peers. Twenty children attending a preschool setting took part in this study. Participants included 17 typically developing children and three (3) children with special needs.

The social skills intervention program was integrated as part of the classroom program. Observational data were collected during small and large group activities and during free play to assess the effectiveness of the program. Rating scales and questionnaires were administered to investigate the educators' and the parents' perceptions of the program as well as their evaluation of the program with regards to its benefits, limitations and recommendations.

Through qualitative analysis using themes this study revealed that the participants showed an awareness of their (1) Attitudes and Feelings, (2) Learning about bullying. They also had an increase in their (3) Focus and Participation and (4) Prosocial Behaviors throughout the program. Based on the findings from the qualitative data and the time sampling (quantitative data), results indicated that instances of prosocial behavior increased from time 1 to time 2. The results from the rating scales and questionnaires completed by the educators of the participating children revealed that the program was developmentally appropriate, that it was something that they would implement in their classrooms and that the children benefited from it. The

responses from the parents revealed that the bi-weekly “Parent Newsletters” offered useful suggestions and ideas that were well integrated in the home. Also, the program proved beneficial for both the children and their parents in terms of finding ways to discuss critical issues such as emotions, friendships, self-esteem and conflict resolution. Due to the short duration of the program it is unclear if the skills taught were sustained.

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TABLE OF CONTENTS

	Page
Literature Review	2
Historical Perspective	2
Biological Perspective	4
Human Ecological Perspective	6
Behavioral-Ecological Perspective	8
Goals of Early Intervention	8
Eligibility	10
Early Intervention Models	12
Current Models	13
Current Research in Early Intervention	18
Duration	18
Intensity	19
Early Intervention for Children with Downs Syndrome	20
Role of Parents in Programming	22
Early Intervention for Children with Autism	27
Social Skills	33
Social Skills Intervention	36
Methodology	43
Research Design	43
Site Selection	44
Setting	45
Participants	47
Procedure	47
Introduction Phase	47
Pre- and Posttest Phase	48
Intervention Phase	48
Measures	51
Materials	53
Data Collection Tools	54
Researcher Role	57
Ethical Concerns	58

Time Line	59
Results	60
Themes	60
Attitudes and Feelings	63
Learning about Bullying	64
Focus and Participation	65
Prosocial Behaviors	68
Questionnaires	70
Educator's perception regarding the impact of the program	70
Educator Evaluation of Program	71
Responses from Parent Bi-Weekly Letters	72
Parent Evaluation of Program	73
Data Analysis	74
Time Sampling	74
Educator Rating Scale	77
Correlation of Time Sampling and Educator Rating Scale	78
Case Examples	79
Irene	79
June	82
Discussion	85
Conclusion	92
Limitations	92
Implications for Future Research	94
References	96
Appendixes	
A. Partial Interval Time Sampling Procedure Form	106
B. Materials Used	107
C. Educator Rating of Children	108
D. Educator Evaluation of the Intervention	110
E. Parent Comments on Intervention	112
F. Consent Form for Parents	113
G. Consent Form for Educators	115

H. Consent for Release of Personal Information	117
I. Global Time Line	118
J. Intervention Time Line	119
K. Weekly Sessions Described	121
L. Parents Handbook (4 Bi-Weekly Letters)	137
M. Educator Weekly Feedback Form	146

LIST OF TABLES

	Page
Table 1. Theoretical Rationales	4
Table 2. Risk Factors	11
Table 3. Features of New Early Intervention Approaches	17
Table 4. Weekly Session Topics	50
Table 5. Operational Definitions of Social Skills	52
Table 6. Time Sampling Results	75
Table 7. Time Sampling (pre and post-test)	76
Table 8. Educator Rating Scale	78
Table 9. Correlations, Time Sampling and Educator Rating Scale	79

Examining the impact of a social skills early intervention program for preschool aged children in an inclusive setting

The capacity to learn is lifelong, although research in the field of child development has established that the rate of human learning and development is most rapid in the preschool years. Thus the implementation of early intervention programs and services becomes particularly important if a child runs the risk of missing an opportunity to learn during a state of maximum readiness. The most prevailing rationale for supporting and implementing early intervention according to Blackman (2002) “is that the decline in intellectual development that would occur in the absence of systematic early intervention can be substantially reduced by interventions implemented and evaluated during the first five years of life” (p.19). The belief is that positive early experiences are critical to optimal child development. Furthermore the rationale implies that as child advocates it is our responsibility to improve the development of a child who has a disability, is at risk, or is otherwise disadvantaged. Therefore intervention does not stop at the preschool level, it continues with services at the elementary level and beyond.

This thesis sets out to explore the impact of a social skills program in a preschool that promotes inclusion. Research has shown that intervention is affected by issues of intensity, duration, parental and community involvement (Strain & Hoysan, 2000). The effectiveness of early intervention is also influenced by professional and parental attitudes, training as well as program philosophies and most importantly individual differences. For early intervention to be effective one needs to keep in mind that whether working with typically developing children or children with special needs that the most

important thing to consider is that each child is unique and that we must adapt our services to better meet their needs.

Literature Review

Historical Perspective

Historically early intervention has been seen as a way of preventing or ameliorating developmental difficulties associated “with organismic or environmental deterrents” (Guralnick, 1998, p. 326). According to Guralnick (1998) early intervention can be defined as “an explicit program of remediation undertaken with infants or young children until school age” (p. 320). It is a system of coordinated services that promotes the child's growth and development and supports families during the critical early years. Early intervention can also be conceptualized as the different types of aid, assistance, and resources that individuals and groups provide for families and young children (Guralnick, 1998).

“The field of early childhood intervention is a model of remarkable accomplishments and unfulfilled opportunity” (Meisels & Shonkoff, 1990, p.107). We have learned a lot in recent years about the variety of ways of preventing difficulties to children, through prenatal and perinatal care, early childhood education, immunizations, nutrition and much more. The implementation of early intervention services is a complex issue. For a program to be successful, it must embrace certain philosophical and theoretical assumptions.

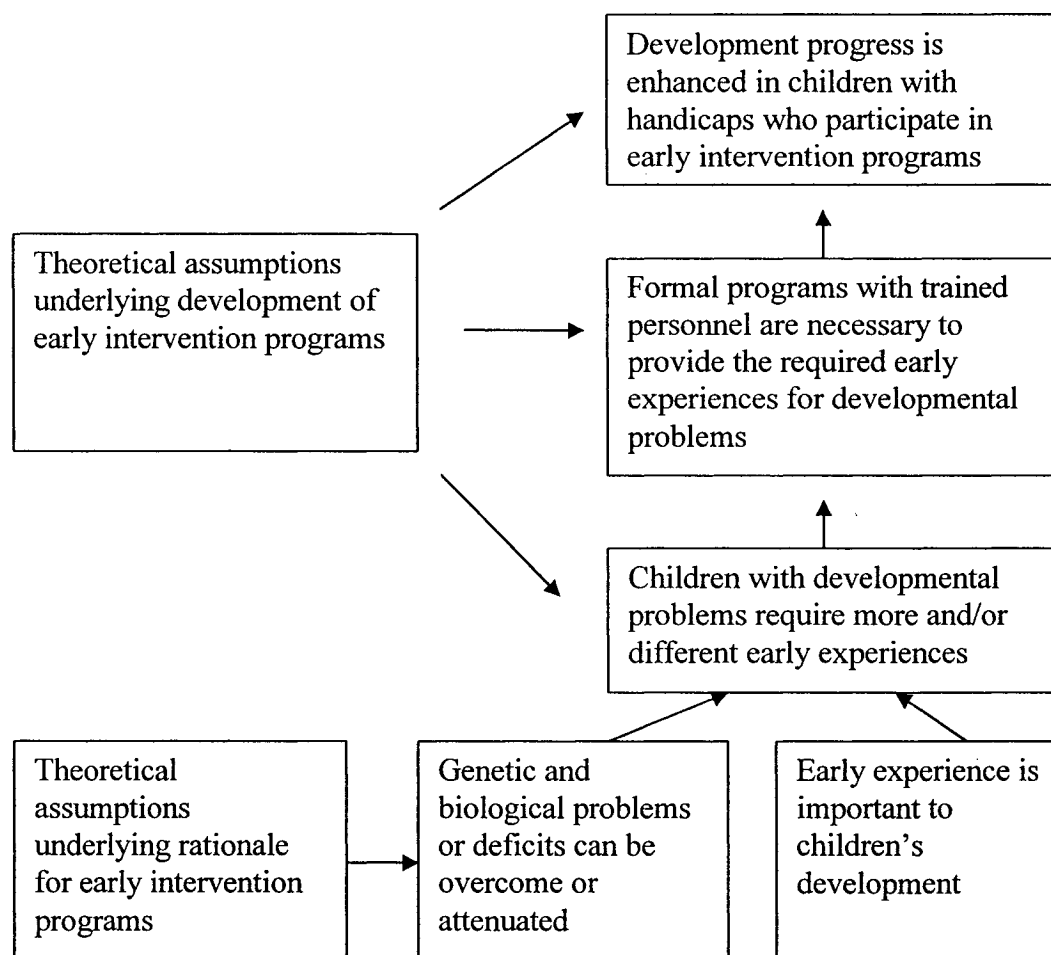
The theoretical assumptions underlying the development of early intervention programs for young children with disabilities appear to have changed little since the 1960's. As Meisels and Shonkoff (1990) suggest “wherever we deliberately intervene in

a child's life or in the life of a family, we assume a theoretical position regarding behavior" (p.543). There is a strong belief that theory should guide the important aspects of program development and provide the continuity necessary to ensure that early intervention practices are selected to match the purposes for which the program was established. There are a number of theoretical perspectives that provide the rationale for early intervention programs: biological, ecological and behavioural-ecological. Table 1 as shown in Meisels and Shonkoff (1990, p. 375) illustrates the theoretical assumptions used to explain early intervention and how important they are in helping us to understand child development. Furthermore, the table highlights the fact that early intervention can improve the development of children with special needs, provided with services that include trained professionals that provide positive early experiences.

Table 1

Theoretical assumptions for rationale and development of early intervention programs.

(As shown in Meisels & Shonkoff, 1990, p. 375)



Biological Perspective

One of the most critical theoretical rationales for the development of children and early intervention programs according to Bricker and Veltman (1990) “is that genetic and biological problems can be overcome” (in Meisels & Shonkoff, p. 375). The study of the brain and neuroscience has provided insight concerning child development and the way it relates to early intervention (Blackman, 2002). In recent years much has been learnt

about how the brain develops during fetal and early postnatal life. If properly timed and implemented, early intervention can make a substantial difference in the developmental outcomes of a particular child ‘for the brain grows at a remarkable pace’ (Bricker & Veltman in Meisels & Shonkoff, 1990, p. 327). By the fifth prenatal month, all the neurons the brain will ever have are present. Even with events like intrauterine infections, hazardous chemicals or trauma there is evidence that the brain attempts to correct itself (Blackman, 2002). Early synaptic connections among neurons appear to be genetically programmed, with three- fourths of total brain development occurring in the postnatal period (Blackman, 2002). From research and our own experiences we know how readily newborns can learn and how much they already know at birth. Shortly after birth, at 2-3 months of age, there is a rapid proliferation of synapses. These are called *experience-expected* synapses (Blackman, 2002). The proliferation of neural connections proceeds rapidly from 2 to 3 months to the second year of life in all areas of the brain. The synapses are programmed to receive experiences that are related to the species and that aid in adaptation. By the end of the second year of life, the brain has achieved four fifths of its adult weight and size (Blackman, 2002). Furthermore there is strong evidence that stimulation enhances new neural connections. As Blackman (2002) suggests “doing nothing else in early intervention beyond removing the barriers to normal brain developmental processes may be the most important and effective intervention we can imagine” (p. 17). Simply thinking about normal developmental processes and how these might be facilitated through interventions with the child, family and or the environment almost always guarantees effectiveness. This information alone could justify early intervention from a biological perspective. Given the information that we have from the

biological framework, there is strong support that the environment helps to stimulate development. This in turn leads us to an examination of the human ecological perspective.

Human Ecology Perspective

As Sameroff and Fiese suggest (in (Meisels & Shonkoff, 1990) “in essence early intervention programs cannot be successful if change is made only to the individual child” (p. 119). It is believed through the psychodynamic perspective that the infant or the child in the family should be studied in the context of their cultural and social patterns. Garbarino (1990) states that “the human ecological perspective focuses on the study of relationships between organisms and environments” (in Meisels & Shonkoff, 1990, p.80). In short, ecologists explore and document how the individual and the habitat shape the development of each other. Put this way, we must recognize that the habitat of the child at risk includes family, friends, neighborhood, and schools, as well as the less immediate forces like the laws, institutions and values of that society. The most important characteristic of this ecological perspective is that it both reinforces our inclination to look inside the individual and encourages us to look beyond the individual to the environment for questions and explanations about individual behavior and development. An ecological perspective constantly reminds us that child development results from the interplay of biology and society; from the characteristics children bring with them into the world and the way the world treats them, from nature and nurture. Each child is so unique that they each face different opportunities and risks for development because of their mental and physical makeup and because of the social environment they inhabit (Garbarino in Meisels & Shonkoff, 1990). According to

Garbarino (1990) the major premise of the ecological perspective “is to make use of a systems approach to clarify the complexity we face in attempting to understand the interplay of biological, psychological, social and cultural forces in early developmental risks and their amelioration” (in Meisels & Shonkoff, 1990, p. 81). Bronfenbrenner’s multilayered systems approach can be used to analyze the child’s relationship and interactions with his or her world. The various levels exist as linked social systems, implying that intervention can take place at each system and that intervention at one level may spill over to the others. The system includes at the very centre the microsystem which is the developing person in context which in this case is the preschool program. The mesosystem comprises of resources that are available to the children for instance the specialists and their educators. The exosystem affects the individual in an indirect way and it includes the hospitals, the community. Finally, the macrosystem is the cultural milieu and is represented by the policies, both health and social that dictate the policies that are in effect.

The ecological perspective has much to contribute to the process of formulating, evaluating, and understanding early intervention (Garbarino in Meisels & Shonkoff, 1990). It guides us to see the full range of alternative conceptualizations of problems affecting children with disabilities and points us in the direction of multiple strategies for intervention. As Garbarino (1990) argues “an ecological perspective provides a type of checklist to use in thinking about what is happening, and what to do about it when faced with developmental problems and social pathologies that afflict children” (in Meisels & Shonkoff, 1990, p. 84). For the purpose of this study an ecological approach was adopted.

Behavioral-Ecological Perspective

Borrowing from the ecological approach, the behavioral-ecological approach has added a critical component to the early intervention rationale. Strain (1992) believes that the behavioral perspective has contributed substantially to improving the lives of young children with developmental disabilities and their families. The strength in this perspective is in altering behavior enough so that it becomes socially important. This perspective also views family inclusion as a prime component. The belief according to Vincent (1990) is that there is a “generalization of behavior learned by children in the educational and therapeutic context to the natural home and to community environments” (in Meisels & Shonkoff, 1990, p. 177). In fact most early intervention programs include a home component where early intervention specialists visit families in the natural environment for all or part of the instructional experience. This thinking developed out of the recognition that children need to display learned behaviors in the environment where the behaviors will ultimately be required in order to function successfully in the community.

The notion that behavior is largely attributable to the impact of the environment, and that purposeful experiments could document this point, had a profound influence on early intervention. Taken together the behavioral and ecological approach provide a useful basis for examining the relationships that emerge as the child and the family interact with each other over time.

Goals of Early Intervention

Research in the field of child development has given us an enhanced understanding of the importance of the early years and has provided us with a foundation

for helping children to develop social, emotional and cognitive competences. Evidently the primary goal of early intervention according to Guralnick (1998) is to “prevent or minimize the physical, cognitive, emotional, and resource limitations of young children disadvantaged by biological or environmental risk factors” (p. 321). Equally important the goals include providing support and assistance to the family, enhance the capacity of families as caregivers, and maximize the child and the family’s benefit to society (McCollum, 2002). Early intervention services also have a significant impact on the parents and siblings of an infant or young child with a disability. The family of a young child often feels disappointment, socially isolated, stressed, frustrated, and helpless (Guralnick, 1998). The compounded stress of the presence of a child with a disability may affect the family's well-being and interfere with the child's development. Families of children with disabilities are found to experience increased instances of divorce and suicide (Guralnick, 1998). Children with disabilities are more likely to be abused than is a child without a disability. With the implementation of an effective early intervention program parents may develop improved attitudes about themselves and their child, be better informed, possess skills for teaching their child, and have more time for leisure and employment. Gallagher (1990) has provided five objectives of early intervention as it pertains to meeting the needs of families, they include: (1) “helping parents overcome feelings of confusion, uncertainty, guilt, or fear associated with the birth and parenting of a child with a disability; (2) helping parents understand the child’s disability and its limitations, and prepare them to accept the responsibilities for assisting in planning and implementing ameliorative program activities, (3) facilitate developmental progress in the child by providing training for parents in specific skill area; prevent possible disruption

of normal, mutually reinforcing parent-child interactions by training parents to be responsive, (4) and by enhancing reciprocal interactions; (5) and to assist families with infants with disabilities gain access to relevant community services” (in Meisels & Shonkoff, 1990, p. 543). Successfully attaining these goals would help families tremendously.

Eligibility

Eligibility for early intervention has changed over the last two decades. The children that are served are younger and the range of disabilities and severity wider. Eligibility for intervention may be based on environmental or biological risk factors, rather than because children currently have a disability. As a result, more children are being served by this revised eligibility criteria.

More specifically, eligibility of children with developmental delays for early intervention services are determined through clinical and qualitative methods of assessment, for instance observations of the child in his/her natural environment. As for children who are considered at-risk, their eligibility is a result of prenatal, perinatal, postnatal, demographic and family factors. Children that have a physical or mental condition that has a high probability of resulting in delay, for instance children diagnosed with Down Syndrome or cerebral palsy, are eligible for medically based intervention services as well as interventions that address cognitive, social and emotional development. Eligibility also includes children that are diagnosed with chronic conditions for instance: a heart condition, spina bifida, or FAS (Fetal Alcohol Syndrome). As previously stated, the issue of eligibility is complex. However it is important to note that it includes children that are biologically, environmentally at risk, disadvantaged or

with established disabilities. The disabilities range in severity as do the needs of each child and their family. The following table as shown in Shaffer, Wood and Willouby (2002, p. 355) highlights the instances when early intervention services or programs are implemented.

Table 2

Prenatal, Perinatal, and Postnatal Risk Factors (as shown in Shaffer, Wood & Willouby, 2002, p. 355)

Prenatal Risk Factors	Perinatal Risk Factors	Postnatal Risk Factors
<ul style="list-style-type: none"> • Maternal age (under 15 or over 40) • Parents of low socio-economic status • In utero infections • Maternal history of difficult pregnancies • Chromosomal abnormalities • Gene disorders • Maternal nutrition • Maternal Rh blood sensitization • Exposure to drugs to drugs/toxins 	<ul style="list-style-type: none"> • Prematurity • Neurologic problems • Low birth weight of less than 1,750 grams • Anoxia • Birth injury • Severe respiratory distress • Congenital infections 	<ul style="list-style-type: none"> • Drugs/toxin exposure • Postnatal infections • Inadequate support systems • Impoverished home environments • Poor parenting practices • Undernutrition • Accidents • Extended separation of parents and infants

For the purpose of this thesis the primary focus will be a population of preschool aged-children. The challenge of this age group is that typically developing children significantly vary in their abilities and special needs children's disabilities may be less specific as children may be diagnosed with a global developmental delay. These early signs of disability may possibly be attributed to a learning disability, cognitive delay, language disorder and other delays which are not fully recognized until the child reaches school age. Therefore, early intervention efforts may intervene with both the child and the environment.

Early Intervention Models

There are three models that encompass and serve the wide range of disabilities for children eligible for intervention. The first model is one that is medically based and is directed toward remediating the physical conditions that impede a child's development and well-being. A second model used for serving children eligible for intervention is one that is grounded in social services. This model is targeted toward providing family resources and to help parents improve their parenting skills that might lead to positive changes in the parent's relationship with their child. The third model reflects a developmental perspective, which is directed toward promoting cognitive or social development by providing stimulating environments that optimize opportunities for learning. In many circumstances these models are not used exclusively from one another, for a child may require different types of interventions and at different levels. This is evident in the fact that each situation is different, also as disabilities vary in severity so do the needs of the families and the children as well as the specific services offered by the

communities. The following section describes the types of programs that may be used in conjunction with these models.

Current Models

Early intervention is viewed as a family-focused, family-oriented, family-centered system that is tailored to the rapidly changing nature of today's society and which recognizes that the child is part of a family unit. Additionally, any intervention must correspond to the beliefs and attitudes of the parents if they are able to participate in a meaningful manner (Guralnick & Neville, in Guralnick 1997). Thus the goal is to establish an intervention with long-term generalizability and the ideal would be to encourage the use of supports that will continue beyond the life of the intervention.

In a study conducted by Wesley and her colleagues (1997), interviews were administered with the aim of understanding the perspectives of the parents and professionals regarding service coordination, awareness of early intervention services and their views of what an ideal system should look like. Parents expressed that they believe that an ideal system of services should include competent and caring professionals and a centralized method for retrieving research findings and other pertinent information. Information collected from the parents showed that they felt that they should be given a voice in determining the nature, location and intensity of early intervention services. The parents also advocated for new opportunities for children with disabilities to participate in activities with typically developing children and a comprehensive and current list of services that are readily available to them. This information is important for it highlights and recommends the direction that future research can take and illustrates precisely how intervention can be improved to better meet the needs of the important players involved.

Thus examining the thoughts of parents and professionals is critical to designing effective early intervention services.

In addition to investigating the attitudes of parents it is equally important as Guralnick (1997) suggests, to address the issue of social support for families. The issue of social support refers to the concerns and aid that is extended to the families involved by the community at large. Guralnick (1990) found that the importance of social support derives from both its empirical relationship with individual and family functioning, and the potential that it holds as a major form of intervention. Social support both enhances well-being and lessens the likelihood of emotional and physical distress. The fact that social support has positive influences on parent, family, and child functioning is of special interest to professionals working with early intervention programs. A model that examines the attitudes of parents and professionals and that views social support as a fundamental component to successful intervention is the challenge for future research.

According to Mahoney (1998) an increase in family involvement was a result of the implementation of IDEA (Individuals with Disabilities Education Act). The primary emphasis is on collaborating with and supporting parents. Since the 1970's contemporary theories began to view child development from the context of parent, family and sociocultural influences. The manner in which parents interact with their children plays a critical role in early development. Bronfenbrenner (1979b) wrote that "intervention programs that place major emphasis on involving the parents directly in activities fostering child development are likely to have a constructive impact at any age, but the earlier such activities are begun, and the longer they are continued, the greater the benefit to the child" (p. 465). Thus as was previously mentioned, family involvement in

intervention suggests the potential for more positive outcomes. In explicitly acknowledging the family, rather than the child in isolation as the central focus of service, the concept of early intervention reflects contemporary theoretical perspectives about child development (Wyngaarden & Jacobs, in Meisels & Shonkoff, 1990). As early intervention activities become more integrated into community experiences a more ecological model evolves. The challenge ahead is to be sensitive to cultural differences for this is critical to understanding the development of children.

Recently the trend has been a focus of viewing the child within the context of the family. An extension from this is the transdisciplinary service delivery model which promotes exactly this whole-child and whole-family approach. In addition, this model involves team members sharing roles. Each specialist helps other members to acquire skills related to the specialist's area of expertise. This requires both 'role release', accepting that others can do what the specialist was trained specifically to do, and 'role acceptance' (Meisels & Shonkoff, 1990, p. 23), accepting that one's job can include more than what one was specifically trained to do. It also allows for the efficient use of the primary interventionist, for this model argues that the child and family do not always need to see many different specialists, for this in turn fosters skill development in everyone. However, the major challenges of this model of service delivery is the progressive and inevitable ambiguity of disciplinary boundaries. There is a need to rethink traditional disciplinary boundaries to ensure that professionals will be flexible in their orientation of adapting to the individual needs of young children (Meisels & Shonkoff, 1990).

Another critical shift in the area of early intervention has been away from a focus merely on the acquisition and practice of developmental cognitive abilities to skills that foster functional and social competence. Zigler (in Meisels & Shonkoff, 1990) a pioneer in the field has criticized interventions that have focused exclusively on raising IQ points. Recently, there has been a shift in the research away from the narrow cognitive focus to the broader basis of human functioning in society. Programs now seek to integrate the cluster of skills that make up the construct of social competence. The challenge however in this area of research is that social and emotional aspects of an intervention are more difficult to identify and measure, whereas cognitive and motor problems are most easily recognized.

The following table highlights the overall shifts that the field of early intervention has undertaken. As mentioned from the description of the current themes of early intervention, we have moved away from a traditional model that focused on professional expertise and services as well as a move away from measuring children with disabilities by their weaknesses. Today the approach to early intervention has evolved tremendously for it now embraces individual differences and recognizes the infinite potential of children with disabilities. Today's approach perceives children as having the ability to function in society and empowers parents in their role as caregivers. Professionals are no longer seen as the sole bearers of knowledge for they now work in collaboration with the parents, families and community toward the child's best interest.

Table 3

Defining Features of Contrasting Approaches for Conceptualizing and Implementing Early Intervention

New paradigm	Traditional paradigm
Promotion models	Treatment models
Focus on enhancement and optimization of competence and positive functioning	Focus on remediation of a disorder, problem, or disease, or its consequence
Empowerment models	Expertise models
Create opportunities for people to exercise existing capabilities, as well as develop new competencies	Depend on professional expertise to solve problems for people
Strengths-based models	Deficit-based models
Recognize the assets and talents of people, and help people use these competencies to strengthen functioning	Focus on correcting people's weaknesses or problems
Resource-based models	Service-based model
Define practices in terms of a broad range of community opportunities and experiences	Define practices primarily in terms of professional services
Family-centered models	Professionally-centered models
View professionals as agents of families and responsive to family desires and concerns	View the professionals as experts who determine the needs of people from their own as opposed to other people's perspective

Source: Dunst, J. C. (2000). Revisiting "Rethinking early intervention." *Topics in Early Childhood Special Education*, 20(2), 95-104.

Current Research on Early Intervention

Over the last three decades intervention, specifically early intervention with children with developmental disabilities from birth to five years old has become a burning issue that influences the role of families, schools, communities and governments. For the purpose of this paper, the literature that has been chosen discusses issues surrounding the effectiveness of early intervention programs. The research discussed will focus on the belief that 'earlier is better' and the effects of intervening immediately at birth versus waiting until the child is older. Reviewed is the research that debates the issue of duration and/or intensity of a program. In addition, the review will examine the effects of different types of programs on children with special needs, ranging from children with Down Syndrome, autism, pervasive developmental disorder and disorders due to organic cause. A discussion of the results of short-term and long-term studies will be reviewed as will the kinds of gains or lack thereof that children experience from these interventions. Lastly, the research examined will focus on the outcomes of school placements for children with disabilities and whether or not early intervention has led to an increase in inclusion and a decrease in special educational services.

Duration

One of the critical features of an early intervention program is its duration. According to the literature, the length of a program can influence the outcomes of school achievement, success and grade retention. In his study, Reynolds (1994) investigated social competence outcomes of one thousand- one hundred and six preschool to grade 3 low income Black children that were part of a 5 year intervention program with a two year post program follow up. The program was designed to improve school readiness

through structured instructional support services, parental involvement, and a focus on reading and language development. The results indicated that the number of years of an intervention was significantly related to school achievement. He suggests that the duration of intervention is important for later success. In fact, children that participate in 4 or more years of intervention had significantly better outcomes than children that participated for less than four years. Other studies have concluded that children who receive 4 years of early intervention before kindergarten performed better on achievement tests and were less likely to be retained in any one grade (National Head Start Association, 1990; Zigler & Styfco, 1993). This finding is supported by research conducted by Bryant and Maxwell (in Guralnick, 1997) pointing to the fact that duration is critical to school readiness and achievement and supporting that intervening earlier is better.

In order for intervention to have a positive impact, the research suggests that the intervention must occur over a sufficiently long period to allow the family's own strengths to take over and sustain it. Thus, programs should avoid being crisis intervention that last for only a few months, rather they should focus on being available to families for several years at a minimum.

Intensity

Another critical program feature of early intervention is the intensity of a program. In their meta-analysis, Casto and Mastropiero (1986) (in Innocenti and White, 1993) concluded that "longer, more intense programs are associated with intervention effectiveness" (p. 421). The programs ranged from home-based, center-based and combined home and center-based. They included a variety of models such as highly

structured, behaviorally-oriented, as well as play-based with infant, toddler and preschool aged children with developmental disabilities. The number of hours of each weekly session lasted anywhere from 1 hour to 15 hours and ranged from 6 months to 2 years.

The result of studies reviewed by Innocenti and White (1993) revealed that children were not affected by differences in the intensity of an intervention. Except for research conducted by Lovaas (1987) there is no persuasive evidence that children in more intensive programs benefit more than those in less intensive programs. However there is consistent support for the statement that “providing little intervention that is ineffective to many is just as detrimental as providing more intervention than needed to too few” (Innocenti & White, 1993, p. 46). In addition, earlier research conducted by Horowitz and Paden (1973) states that “the most impressive results come from the most intensive programs” (p.391). Other views hold that less intensive interventions are just as effective as their intensive counterparts.

The issue of intensity has encountered difficulty in establishing a clear and standard operational definition. For some intensity implies the number of sessions, weeks, or minutes of intervention per sessions. Others perceive intensity to mean the number of hours of interaction between the specialist and the child or between the parents and the child. This area is also of much concern because the intensity of a program strongly affects the cost of the program therefore it influences its implementation.

Early Intervention Programs for Children with Down Syndrome

Much research has been conducted on the effectiveness of early intervention for children born with chromosomal abnormalities, for instance children born with Down Syndrome. This disability is usually discovered immediately at birth or prior to and the

implementation of an intervention program is almost automatic. Children with Down Syndrome are often candidates for early intervention because of their health and cognitive developmental concerns. There is universal acknowledgement in the research of the presence of a progressive decline in the rate of development for children with Down Syndrome. The goal of treating these children is that participation in early intervention will diminish the effects of mental retardation and will slow the decline. Many of the earliest studies of children with Down Syndrome claimed positive effects of early intervention by analyses indicating slower declines in the developmental quotient (DQ) or IQ (Spiker & Hopman in Guralnick, 1997). It is assumed that early intervention is beneficial for infants with Down Syndrome and their families for it serves both to improve the child's rate of early development and because of the opportunities it provides parents in terms of training, skills and strategies that they can use with their children and therefore feel empowered (Spiker & Hopman in Guralnick, 1997). The focus of attention remains on the child with Down Syndrome, however family members and caregivers need direct intervention to become competent sources of information for others and agents for therapeutic intervention.

Each intervention for children with Down Syndrome is complex because of the medical diagnosis. Early intervention for this population is concerned with the effects of duration, intensity, individual differences, medical conditions and how they all relate to program efficacy. Intervention programs and services for children with Down Syndrome are usually centered around both a medically based team as well as psychoeducational specialists.

Positive outcomes for children with Down Syndrome were demonstrated in Bruder's (1993) study. The program took place in community-based centres for toddlers and preschool aged children. The goals were to address the child's behavioral and developmental challenges. The sample consisted of thirty children with moderate to severe disabilities including Down Syndrome, autism, cerebral palsy and global developmental delays. There was no control group or comparison group in this study.

The results suggested significant developmental gains for all children. In addition, the families and the staff involved in the program reported positive outcomes on measures of attitude. Across all 30 children, it was found that successful service delivery within a community program was determined by staff competencies (attitude, experience, and training), rather than in the frequency and type of specialized services provided by specific disciplines. This finding facilitated the project's dependence on the transdisciplinary model of service delivery that was reviewed earlier.

Role of Parents in Programming

Bruder (1993) also set out to discover the attitudes and ideas of the parents concerning an effective program. These interviews revealed that an effective early intervention program should consist of a well-constructed Individualized Education Program (IEP) and Individualized Family Services Plan (IFSP). They also agreed that an ideal system would be an integrated delivery of educational and related services, a consistent and ongoing system for training staff and staff development and a comprehensive system for evaluating the effectiveness of the program.

Mahoney and Bella (1998) studied families with children with developmental disabilities from birth to three years of age. The study focused on children's

developmental functioning; mother's styles of interaction with their children, family functioning and maternal stress (Mahoney & Bella, 1998). Similarly to Bruder (1993), Mahoney and Bella (1998) used a family-centered model of service delivery with the hopes that this would help to achieve better intervention outcomes. They hoped that this model would enhance the effectiveness of parents and caregivers at promoting the development and well-being of their children (Mahoney & Bella, 1998).

The researchers assessed the impact of family-centered early intervention services on children and their families during a twelve month period. The sample consisted of 47 families who attended and were part of 1 of 36 programs. The programs studied mothers' styles of interacting with their children, family functioning and maternal stress. The majority of the children in this study had Down Syndrome 40%, 13 % had cerebral palsy and 13% had global developmental delays. About 40 % of the sample received home-based services, 21% received centre-based services and 38% received a combination of home and centre based services.

Overall, they found that the children who participated in this study made statistically significant improvements in developmental age scores regardless of the setting of their intervention as revealed by the Family-Focused Intervention Scale. However, the rate of development during intervention was generally equivalent to the children's rate of development prior to the onset of this study. This finding seems fairly inconsistent with other early intervention efficacy studies, which have shown that children with mild to moderate disabilities tend to maintain their rate of development during early intervention. In addition, it is important to note that 30% of the children achieved developmental gains that were at least 20% greater than predicted based on their

entry-level scores. By the same token however, nearly an identical number of children made developmental gains that were 20% less than expected. This study could not prove with confidence that the positive changes were associated with a family-centered approach. In fact the impact of early intervention on families revealed that the services mothers received did not help to reduce their stress as the study had anticipated as family cohesion and increased instances of control over situations were not observed.

This study presents three major challenges for research on early intervention. This study can be interpreted as a call to the early intervention community to devise better measures and procedures for assessing the impact of the services. Also it may be unreasonable to expect that a one year early intervention program would be sufficient enough to alter the fundamental characteristics it was measuring. Perhaps research should focus on increasing the duration of programs and revisit the need for programs to be more than family centered for as this study revealed the children did not achieve the outcomes that were anticipated. Lastly, the studies examined did not include typically developing children which would have served as a comparison group which may have served as a measure of developmental gains.

Research has shown that early intervention programs are moderately effective in producing short-term gains. The purpose of the study by Fewell and Glick (1996) was to gather and analyze data on the effectiveness of early intervention programs that had set out to produce developmental changes in children. The researchers looked at forty-four children from birth to 2 years of age with special needs in the areas of cognition, gross and fine motor development, receptive language and expressive language. All the children received twenty-five hours a week of early intervention in a centre-based

program. Similarly to Bruder (1993) and Mahoney and Bella (1998) this program also encouraged family participation.

In terms of cognition, the results revealed that children with less severe impairments made more progress than children with more severe impairments. The same applied for the area of gross and fine motor development, however not for all children. It was also concluded that neither group made progress with regards to language skills. The study demonstrated that early intervention programs are moderately effective in producing short-term gains in the areas of cognition and gross and fine motor development. The study is consistent with the work of Bruder (1993) in that the children made progress in several areas of development.

There has been a growth in the research that examines children with biological impairments for prior to this it was believed that children from this population could not make significant gains and that early intervention was more beneficial for environmentally vulnerable children. Similarly to Bruder (1993), Thomaidis, Kaderoglou, Stefou, Damianou and Bakoula (2000) discuss the efficacy of well-structured early intervention programs for children with biological impairments. The children that participated in this study were diagnosed with Down Syndrome, Fragile X, autism and prematurity with brain damage. In their study, the researchers documented 31 studies that support the fact that early intervention is beneficial for children with biological impairments. The goal of this study was to show the effectiveness of a program that trained caretakers to teach their child in their natural environment. The goals of the program were to help the children to show imitation, awareness of their space, attentional focus, self-help skills, preacademic skills and language acquisition. The philosophy of

the program was called Portage. Portage draws on behavior modification principles while having a very family-centered approach where the parents serve as the primary therapists. The participants in this study included 24 children with biological impairments between the ages of 8 months to 5 years old, an age group that is commonly used in early intervention research as was seen by the study conducted by Bruder (1993) and Mahoney and Bella (1998). However this study differs from these in that it divided 24 children with biological impairments into two groups; one was a treatment group and the other a control group. The treatment group received highly individualized help from educational advisors on a weekly basis. The control group did not receive any form of intervention from the educational advisors. The intervention lasted for two years and the follow-up occurred eight months after the termination of the program.

After the first year the results demonstrated that the treatment group showed gains in overall functioning, in fact their IQ scores increased from 54 to 70 points, whereas the IQ scores of the control group decreased from 58 to 55 points. The results after the second year demonstrated that the IQ scores of the children in the treatment group continued to increase however at a slower rate from 70 to 73 points. The IQ points for the control group however showed a decline that was greater in the second year which went from 55 to 49 IQ points. After eight months the children were part of a follow-up which revealed that the gains made by the treatment group were not lost. At the follow up the IQ points of the control group had further decreased from 49 to 47 points. Therefore children with biological impairments that receive intensive early intervention show gains in all areas of development with the greatest gains in the areas of social and performance domains. Neither group showed improvements in motor development. With

regards to long- term effectiveness the results were greater after the first year. Bruder (1993) concluded that the effectiveness of the program was due to the structured nature of the intervention. Again, this study did not follow the IQ's of typically developing children as a way to compare whether their IQ's experiences similar and different changes as the treatment and the control group.

Early Intervention Programs for Children with Autism

Studying children with autism has been a major focus in early intervention research for many believe that all children with autism benefit from early intervention. Much of the research is based on applied behavior analysis (ABA) and behavior strategies as a focus for intervention. This model is based on the UCLA model that was used by Lovaas in 1987. Being the first of its kind, the Lovaas (1987) model used what it said to be “the most promising treatment for children with autism, behavior modification” (Lovaas, 1987, p. 3). The ABA program uses intensive one-to-one discrete trial training for approximately forty hours per week. In essence, children are being taught skills by breaking them up into small steps.

Lovaas' (1987) study focused on four year old children with autism, and supports the literature that 'earlier is better'. This philosophy supports the belief that earlier is better and the evidence that it is easier to mainstream a very young child into preschool than to integrate an older child into the elementary level, keeping with the goals of minimizing special education placements. The focus of the research were nineteen children in the experimental group and twenty-one children in the control group. The children were not randomly assigned due to parent protest and ethical concerns. In all cases the diagnosis of autism was met with 100 percent agreement. The groups that were

part of the intensive treatment received forty hours a week of one-to-one treatment. The control group was a minimum treatment control group that received ten hours or less of one-to-one treatment per week. The differences between the groups were that the control group received less treatment with less intensity and without parental involvement or training. Both groups received the treatment for two years or more. In the experimental group, the parents were trained extensively about the ABA approach and were part of the treatment team so that the treatment could take place for almost all of the subjects waking hours. The treatment was extended into the community to teach children how to function within a preschool group.

The results suggested that the nineteen children in the experimental group had substantially higher levels of intellectual functioning compared to the control group. In fact, the experimental group scored 30 IQ points higher than the control group. The intensely treated group maintained their gains and functioned at a more satisfactory level than did the control group on measures of adaptive behavior and personality. When the children were followed up in grade 1, the children from the experimental group were said to be indistinguishable from the other children in the public school. As for the control group, only two percent of them were integrated into public schools. The results of this study support the notion that the intensity and the duration of a program are critical to significant gains in development for children with special need. The results also support the notion that the earlier children are provided with early intervention the more likely they are to achieve positive outcomes (Lovaas, 1987).

In their chapter Dawson and Osterling (in Guralnick, 1997) provide a review of the general outcomes of several popular intervention programs implemented for children

with autism. The programs included LEAP, Douglas, Walden and the Young Autism program. Generally they all revolve around themes of behavior modification that last for a minimum of 1 year and a maximum of three. The intensity ranged from a minimum of 15 hours to a maximum of forty. The average age of the children entering the programs was from 3.5 to 4 years of age. The goal of the LEAP program was to expose children with autism to typical playschool activities, social interactions and independent play skills. These skills are facilitated by using peer models and by prompting, fading and reinforcing target behaviors. The Douglas program was very focused on ABA and behavior intervention approaches which provided intense one-to-one discrete trial training in highly structured preschool settings. The Walden preschool program focused on language and social development and the interactions between adults and children in natural contexts. Lastly, the Young Autism program was strictly based on the UCLA model (Lovaas, 1987). The general outcomes of these programs demonstrated that for the Douglas program 3 out of 21 children were fully integrated into their classroom settings after one year of treatment. They also found an increase of 19 IQ points for this group. In the LEAP group 50 % of the children were placed in regular classrooms; they also had significant gains in language, cognitive and motor development. In the Walden program 12 out of 14 children were fully mainstreamed. As for children in the Young Autism program, 9 out of 19 attended inclusive first grade classes and 47 % of the 19 children were in inclusive classes at age 13. In terms of IQ, by the first grade these children had gained 20 points (Dawson & Osterling, in Guralnick, 1997). Evidently all programs were quite effective in fostering positive school placement and in obtaining significant developmental gains.

Much research has shown that intervention prevents the decline in intellectual development that would occur in the absence of the intervention and that it may reduce family stress, however some children continue to display substantial delays (Guralnick, 1998). Smith and his colleagues (2000) set out to examine the effects of intensive treatment and parent training for young children with pervasive developmental disorder. The study included 28 children, between the ages of 18 to 42 months. Out of the 28 children 14 of them were diagnosed with autism and 14 were diagnosed with pervasive developmental disorder. Participants had diverse ethnic and socioeconomic backgrounds. Both groups were similar at pre-test. The intensive treatment group received ABA treatment for 25 hours per week by specialists, for two to three years. The goal of the intensive treatment was to maximize children's intellectual, adaptive, and social emotional functioning, thereby reducing the need for special education services. For the control group the parents received parental training in ABA for 3 to 9 months. The goal of the training was to teach the parents to use the ABA treatment approach. The parents received five months of training from student therapists that belonged to the UCLA program.

These results were consistent with previous research by Lovaas (1987) and other studies that treated children with autism with ABA in that the group that received the intensive treatment outperformed the parent training group on measures of intelligence, visual, spatial skills, language and academics. The results showed that intensive treatment seems to maximize intellectual, adaptive, and socio-emotional development in children with autism therefore reducing the need for long-term special education services. Parents in the parent training group reported that their children improved in all areas

although the differences were not significant enough to show changes in IQ. However the results concluded by Smith et al (2000) were not as positive as those concluded by Lovaas (1987). This may have been due to the fact that in the Lovaas (1987) study the children received 40 hours per week of ABA intensive treatment, whereas the children in the study conducted by Smith et al received 25 hours per week. Smith et al (2000) also showed that children with pervasive developmental disorder gained 17 IQ points, which is as much as or even more than what some of the children with autism gained. This study is important for it suggests that intensive treatment can be beneficial for children with autism as well as for children with other disabilities.

Over the last two decades research has shown that children with autism may benefit from intensive behavioral treatment. The study conducted by Bibby et al.(2001) involved 66 children with moderate to severe autism of which 11 were girls and 55 were boys with a mean age of 75.5 months. The mean age of the children in this study was higher than that of Lovaas (1987), Smith (2000) and Dawson and Osterling (1997). The children were served by 25 different early intervention consultants. The treatment involved parental training of ABA. After one year of parent-child interactions using ABA the results showed a notable positive change in IQ scores of one standard deviation. After the second year, however the children's IQ scores did not change. In fact none of the children attained normal functioning as did the children in Lovaas' (1987) study. In terms of assessing school history, 25 out of the 66 children were placed in regular schools, 23 received full time individual adult support and 18 remained in special education settings. The small and nonsignificant gains obtained in IQ were comparable with data reported by Lord and Schopler in their 1989 study of children that did not

receive intense behavioral treatment. Although it was not reflected in the scores, parents reported that their children displayed less autistic behaviors. Overall the research to date and the results of this study suggest that although parent managed programs may bring about gains in language, adaptive and intellectual functioning, the gains may not be as significant as in center –based programs that used intensive ABA treatment. As in the Lovaas' (1987) study, it was found that children that began treatment earlier than 43 months made more progress, therefore those that start earlier achieve more positive results. The study by Bibby (2001) demonstrated precisely this notion, for the children started receiving the intervention at almost six years old versus four years old as was the mean age for the Lovaas (1987) study. This study highlights a critical issue in that it is important to think about what is happening to the children during these hours of treatment. However most studies do not have a direct measure of the quality of the treatment.

The studies that were reviewed in this section provide a global picture of the results that are found when early intervention is applied to children with special needs ranging from biological impairments to global developmental delays. As we have seen, the results are more inclined to conclude that generally children with special needs do benefit from early intervention. However it is too simplistic to say that early intervention is effective because there are many factors that must work in collaboration and many variables that must be manipulated and controlled for success to be ensured. Based on the studies that were reviewed we can say with certainty that children with special needs benefit from early intervention, however each child will benefit to a different degree. As for children with autism, the literature seems to support the fact that using ABA is the

most successful method to use for the child to attain developmental gains. The success of a program is also very much affected by its duration as was shown in the literature that the longer an intervention lasts the more effective the results will be. The issue of intensity is extremely important and it seems that there is almost universal belief that more intensive programs are more effective. Lastly, there is evidence to support that intensive interventions are more effective at producing greater developmental gains than are programs that use parent training. Perhaps the challenge for future research will be to improve parental training methods and incorporate them as part of an ongoing program of intervention.

Social Skills

Over the last fifty years, the inclusion of children with disabilities in regular early child care programs has gone from a family issue to a burning issue that involves the broader system, influencing the role of government, schools and communities (Prentice, 2001). The way inclusion influences children can be looked at in various ways. First and foremost it is salient for young children to establish meaningful friendships for it is critical to their development and functioning as adults. Friendships provide children with opportunities to become socially competent, and help them feel that they are members of a larger group. According to Guralnick (1990) the ability to establish appropriate and effective relationships with one's peers constitutes a critical developmental milestone for children during the preschool years, one that has important implications for children's cognitive, communicative and social development. However, for many children, with and without disabilities, establishing friendships is a difficult process. Thus, researchers and educators must constantly devise new programs to facilitate and improve inclusive

settings. The opportunities provided for both typically developing children and children with disabilities in inclusive settings provides benefits for all children. The ways that each group interacts with one another is critical when studying the degree at which inclusion is successful.

It has not been until recently that policy makers, researchers, and educators have devoted substantial attention to social development as an important foundation for young children's later school readiness and overall well-being (Raver & Zigler, 1997). Children thrive on love and encouragement of caregivers, siblings, peers and others as they navigate through infancy and early childhood. Thus children must be able to recognize themselves as social actors within their communities, learning about their identities and roles as members of their families, peer groups and neighbourhoods. We often define this capability to feel positively about oneself and to fit in well within a network of positive relationships with family and peers as "social competence" (Raver & Zigler 1997). As a group, preschool children with disabilities are at risk for problems in the development of social interactions skills and related behaviours. Social interaction skills deficits in the preschool years have been associated with subsequent, ongoing social problems as these children are at risk for behavioural and social maladjustment in later life (Brown & Odom & Conroy, 2001) Sharing, exchanging play ideas, negotiating play, and responding to aggression are but a few of the skills that young children learn through social interactions with peers. Concerns about the acquisition of necessary social skills and the formation of positive peer relationships have led professionals to propose that the development of peer-related social competence should be a central goal of early childhood intervention programs. Intervention strategies that consistently provide time for children with and

without disabilities to engage in social interaction play activities may well affect the social acceptance of children with disabilities (Odom & Favazza, 1999).

It is a well established tenet in the field of cultural, social and neural psychology that from birth, learning is a process which occurs in a social context (Saracho & Spodek, 2002). Recent research on brain development has shown that early social experiences affect the neurological foundation of children's later experiences (Saracho & Spodek, 2002). Thus providing children with special needs with opportunities to improve their social skills is important. As Ball (1996) stated "the most important learning in preschool education has to do with aspiration, socialization and self-esteem, no one learns effectively without motivation, social skills and confidence" (as cited in Saracho & Spodek, 2002, p. 250). The implications for the future is to prevent the occurrence of failing to succeed in school because of inadequate social skills resulting in a lack of social acceptance from peers (Taylor, 1998).

There is an emerging interest in social competence. In fact, the decade of the 1990's has marked a time of major concern for the inclusion of social competence as part of early intervention. Since the 1980's the field of special needs has emphasized concepts of independence and inclusion as primary goals of intervention programs. Promoting a child's social competence should not be seen as a separate enterprise; rather it should be integrated into the child's overall early intervention program.

According to Guralnick and Neville (1997) the purpose of the social component of an early intervention model is to identify the needs and the issues that a family considers important enough to warrant their time (Guralnick & Neville, in Guralnick 1997). A way to integrate the improvement of social skills into early intervention is for

parents and teachers to help their children establish relationships with peers and to develop friendships. This will help children better adjust with their peers in later years. Providing parents with knowledge about their children's peer social networks and about peer relationships is critical. Parents and educators alike should also be informed about how to provide opportunities for unstructured play, for incorporating play into the program will help the child develop and enhance their physical, cognitive, emotional and creative skills. This model also provides parents with ideas about how to orchestrate strategies to facilitate their child's social skills in informal play situations.

Social Skills Interventions

The following section reviews the literature concerned with the implementation of social skills early interventions programs in inclusive settings. The social skills programs reviewed in the literature share common objectives such as increasing social interactions, promoting positive behaviors through peer mediation, role modeling as well as teacher led instruction.

Garfinkle and Schwartz (2002) conducted a study to evaluate the effectiveness of a peer-mediated intervention program with four preschool aged boys. Three of the participating boys had autism and the other participant had a developmental delay. All four children had significant social, communication and cognitive delays, which manifested themselves in poor social skills and difficulty interacting with peers. The purpose of this study was to implement a peer mediation intervention in an integrated preschool setting. The authors argued that through peer imitation, children with autism will have increased social interactions.

The researchers observed and documented the behavior of the target participants during small group activities over a five month period. During this time the classroom teacher organized activities that involved selecting children to lead activities. The teachers used prompting and verbal praise to encourage peer imitation for the target children. Once the activities took place, the researcher noted the number of times the target children imitated the behavior of their peers during free play periods to ensure generalization of the learned skills. The authors found that prior to the intervention, the baseline observations revealed very low peer imitation. After the intervention took place a minimal increase of peer imitation was observed during free play. The results also indicated that after the intervention the target children would stay in closer proximity to their peers which was not present during the baseline observations, suggesting that once children with autism learn to imitate their typically developing peers and become successful observational learners that ultimately there will be an increase in the amount of social interactions they engage in.

Strain and Hoysan (2000) discuss the research in support of the long-term effectiveness of social skills early intervention. A discussion of the results of the LEAP program for children with autism was reviewed. The aim of the LEAP program is to improve the social relations of young children with special needs, specifically autism. The families, parents and the community are also an integral part of the program. For three hours per day families are part of extensive home and community training where they learn to implement specific strategies for social skills interactions.

In this study there were six preschool aged children between the ages of 30 to 53 months with moderate to severe autism. All the children had significant delays in

communicative, adaptive and social functioning. The study was longitudinal and the children were involved in the intervention for approximately two years or until they were in grade one. During the follow up, the children were reexamined at age ten and it was found that their behavior symptoms had reduced to the point that they were no longer characterized as having autism. The results indicated that the children involved in the program made gains in overall levels of developmental functioning. The results also indicated that the children made large increases of appropriate behavior with their primary caregiver which occurred after two years and was maintained through to age ten. Although a small sample size, the results proved that by age ten the participants in this study were no longer characterized as having autism and that in the long-term they had made substantial gains in overall development as found by Smith (2000) and Lovaas (1987). In fact five of the six clients did not require special education services.

An important issue to consider when dealing with early intervention is that it has long term effects and that it can be generalized to other areas. A study conducted by Stoney, Danko, Strain and Smith (1992) looked at the treatment gains and maintenance of a social skills program for six preschool aged children between the ages of 4 and 5 with developmental disabilities. A peer-mediated social skills intervention program was used for one year to increase the social interactions of the target children during their last year of preschool.

For twenty days before the intervention began, the children were observed during free play; their interaction with peers and adults were recorded. Once the intervention was complete and one year had elapsed the children were revisited in kindergarten. The data collected at this point revealed that 5 out of the 6 children showed an increase in the

number of students they interacted with. In addition, the interaction levels were within the norm as compared to the other students in the classroom who were fourteen typically developing children. Thus this study demonstrates that changes in social behavior as a result of a peer mediated intervention can be maintained and generalized to new settings and with different peers.

In their study Hall and Smith (1996) looked at five children with autism between the ages of 4.10 to 5.5 that were attending an early intervention program. The purpose of this study was to evaluate the effectiveness of a social skills program to promote the generalization of social interactions between children with autism and their typically developing peers. Baseline data was collected over a two month period during free play through a partial-interval time- sampling procedure. The four social interaction categories that were being observed were: sharing, verbal-interactions between peers, play and play initiation. The social skills program that focused on promoting these skills was implemented for eight weeks. Once the intervention had ended, the facilitators observed the participants and recorded the number of times they engaged in the four behavioral categories. The results indicated that the amount of sharing increased significantly for 4 out of the 5 children, verbal interactions increased for all five children and play and play initiation was displayed frequently for 4 out of the 5 children.

Another study followed a total of 92 participants with a mean age of 58.5 months with developmental delays were part of a study conducted by Odom et al (1999). The children were randomly assigned to five different conditions: a control group (C), an environmental arrangements group (EA), a child-specific group (CS), a peer-mediated group (PM) and a comprehensive group (CM). In the (C) group teachers were asked to

conduct their daily activities as they normally did. In the (EA) group teachers organized structured play that included children with and without disabilities. These activities lasted between 6 to 10 minutes. The (CS) group participated in a 25 day social skills program that focused on teaching concepts such as: sharing, agreeing, leading a game and trying a new way. The (PM) group involved typically developing kindergarten children learning 10 social skills training lessons and teaching them to their peers with disabilities. The (CM) group combined the features from (EA), (CS) and (PM) and featured 25 social skills lessons. At the follow up, all 92 children were observed in free play and the results revealed that the children that participated in the (PM) and the (CM) programs had the highest number of social interactions which led to the greatest generalization of skills in different settings. This indicates that two different types of programs can be successful. First, having typically developing peers teaching their peers with disabilities about social skills proved to have a positive impact on the social skills of children with disabilities. Also, this has a higher chance of generalizing because the same peers are involved during free play. In addition, a program that involved social skills lessons being taught by classroom educators also proved to increase social interactions among children with disabilities.

In their study Kohler et al (2001) investigated the effects of social skills interactions for four boys with autism and 35 typically developing peers in an inclusive preschool setting. The study involved training four teachers in naturalistic teaching approaches. The teachers were to use 10 minute activity sessions to encourage the children to play in six to eight different areas. The researchers used a partial interval time sampling system to code the children's play behavior and the same system to code the

performance of the teachers. The teachers were provided with additional technical assistance from the researchers when they were not conducting the activities as trained. The results indicated that all four boys exhibited higher levels of social exchanges after their teachers received technical assistance. The boys were also observed displaying social interaction skills in a variety of areas in the classroom, implying that the activities conducted by the teachers were helping the boys to generalize their behavior in different areas. The data also indicated that the boys exhibited high overall levels of active participation during and after the intervention in comparison to the participation that was observed in the baseline time sampling procedure. In general the increases in social interactions for the four boys was modest, however it is important to note that it occurred in a naturalistic setting, without adult prompts and over various areas of the classroom.

In their meta-analysis, Chandler and Lubeck (1992) examined 51 studies that investigated five major issues dealing with social interaction research for preschool children. These issues include providing training or consequences for behaviors during intervention, producing behavior change during intervention, including preschool aged children, focusing on peer interactions and assessing a generalization of social behavior. In their discussion, the authors reviewed an elaborate list of factors that affected the most successful as well as the least successful studies. To begin, the targeted behaviors that resulted in the most successful change include initiating peer interactions, followed by conversation or reciprocal interaction and responding to and sharing with others (Lynette & Chandler et al., 1992). The behaviors that occurred with the least success include the decrease of inappropriate social behaviors, toy play and proximity. The strategies that proved to be the most effective across the research include: positive reinforcement,

instructions, prompting, rehearsal, modeling, feedback and discussion. The most successful studies used a combination of three or four of the strategies, such as prompting, positive reinforcement and feedback. The authors also investigated the number of participants and the length of treatment that produced the most favorable results. They concluded that for the number of participants, the range was from 1 to 22 with the most successful studies using 6 participants. The characteristics of the children in the majority of the studies included preschool aged children with intellectual delays and social delays. In terms of the length of the treatment, the studies with the most successful results implemented an average of 33 sessions that lasted each approximately 21 minutes. The studies with the least successful outcomes conducted an average of 16 sessions. A critical component of their analysis also included an examination of the generalization of acquired skills. They found that the studies that examine generalization across two or more dimensions had the most successful results. The authors concluded that there are many factors that affect social interaction research with preschool children. They advocate that future research should focus on the generalization of social skills across the various dimensions.

Given the results from the studies reviewed above, this study was undertaken to further investigate the effects of a social skills intervention program. The purpose of this research was to explore the following four research questions: (1) First, does participation in an eight week social skills early intervention program for children with disabilities and their typically developing peers impact the number of positive social interactions that they exhibit in their daycare centre? (2) Secondly, based on the topics of emotions, friendships, self-esteem and conflict resolution that were practiced throughout the

program, will the children's social skills be impacted after their participation in the program? (3) Thirdly, what are the perceptions of the educators and the parents with regards to the efficacy of the program and the impact they believe the intervention had on their children? (4) Fourthly, what are the recommendations and feedback of the educators and parents in response to the quality of the program?

Methodology

Research Design

The focus of this study was to collect qualitative data with the aim of exploring the impact of a social skills early intervention program for children with developmental disabilities and their typically developing peers. In addition, quantitative analyses were conducted to assess the impact of the program on the children's social skills. The first step was to conduct baseline observations of the social interactions of children across two classrooms. During this time the researcher also conducted a partial-interval-time sampling procedure to record the number of times the identified prosocial behaviours occurred (See Appendix A). The second step was to implement an eight (8) week social skills intervention in two classrooms, which will be referred to as classroom A and B. Once the intervention ended, the researcher conducted a second series of partial-interval-time samplings to record the number of times the target behaviours occurred. The third step included creating two case examples across two of the three children with special needs to evaluate the impact of the program. Two children were chosen as case examples for they were identified by the educators as displaying observable changes in behaviour.

Site Selection

The research took place in a non-profit (CPE) in Montreal, Quebec, whose philosophy is to promote the inclusion of children with special needs in a daycare setting with their typically developing peers. All the data collection took place at the daycare for the participants are familiar with the setting.

The daycare was contacted in early March of 2004. The researcher met with the director of the daycare and described the preliminary nature of the research study. After this first meeting, the researcher prepared a research proposal describing the various components of the study such as the: goals, the literature that describe the importance of social skills, the components of the intervention, the instruments and procedures and issues related to ethical considerations, validity and reliability. A proposed time line for the length of the intervention was also included. Once the proposal had been accepted by the thesis committee, the Concordia University Ethics board and the director and staff of the daycare, the researcher discussed the study with the educators of both classroom A and B and the special needs educator. Classroom A and B were selected based on the following criteria, the children were between the ages of four to five and both classrooms included children with special needs and typically developing children. Consent forms were then sent home to the parents. As a team, the researcher and the educators of the daycare evaluated the needs of the children based on the psychological evaluations in their personal files and based on their classroom observations of the participants. A social skills intervention program was devised based on the needs of the three children with special needs. The intervention was class-wide, therefore all the children participating benefited from the program whose main goal was the building of social skills as a

fundamental component of development for all children (Brown, Odom & Conroy, 2001). Together with the educators, the researcher selected four areas of social skills that were considered to be challenging for the participants. The areas addressed were: feelings and emotions, friendships, self-esteem and self-concept and conflict resolution.

Setting

The study was conducted in a daycare centre in a residential area in Montreal. The façade of the structure is two semi-detached cottages. The second cottage is for 38 children between the ages of 3 to 5 years old. For children between the ages of 3 to 5, the ratio is one educator for every ten children. In addition the special education educator assists each class to help the children with special needs integrate into the program. This setting is divided into two floors with four classrooms, a kitchen, a 'potty' room, an office for the assistant director, and an additional office for the special education educator and the basement floor is used for the children's lockers. The exterior environment of this home includes a large climbing structure, a large sand area and a bicycle path. All the classrooms are arranged in activity centres. Both homes include an indoor gym for physical activity and a music centre with a piano where the daycare hosts their concerts. There is a ramp for accessibility into the daycare for children with physical disabilities; this ramp is located on the side of both homes.

The daycare is a full day childcare program that runs from 7:45 a.m. to 6:00 p.m., it includes children with disabilities the whole day. The children are allowed approximately 3 and a half hours of free play per day, which occurs both indoors and outdoors. There are thirteen educators in the daycare. Their training ranges from a DEC in Early Childhood Education and Bachelor degrees in Child Study and Early Childhood

Education. There is one special education educator and her training is in inclusive education and special needs populations.

The daycare setting is an important component to the site selection procedure of the study. When implementing a social skills intervention program, one wants to ensure that the quality of the daycare encourages the skills, strategies and topics that are being implemented. In order to accomplish this, the ECERS (Early Childhood Environment Rating Scale) was administered by the researcher in both classroom A and B to investigate whether or not this setting met the important issues assessed in the ECERS. Administering this tool also helped to ensure that the impact of the intervention would be promoted by a centre that already encourages and meets the needs that help to build social skills. In essence, the ECERS would indicate whether or not the facilitator would be conducting a study in a centre where there are factors present that would interfere with the study's effectiveness. Once the pilot study was complete and the researcher had familiarized herself with the daycare, three hours were set aside to conduct the ECERS. The researcher's helper also administered the ECERS at the same time to allow a comparison of scores. Once the ECERS was completed and the scores were calculated, the daycare received a total score that ranged between good and excellent, the scores ranged from a 1 to a 7, 1 being poor and 7 being excellent. Of the seven (7) sections outlined in the ECERS, the daycare received excellent scores in the following areas: language and reasoning, interaction, program structure and parents and staff. Areas of space and furnishings and personal care routine received ratings between good and very good. Overall, it is considered a high quality centre.

Participants

A total of twenty children were part of this study. All of the children were between the ages of four to five. Of the twenty children seventeen are typically developing and three children have special needs. These three children are integrated into the daycare setting. Also, they are divided into two classrooms each with 10 children. Classroom A has eight typically developing children and two children with special needs. Classroom B has nine typically developing children and one child with special needs. Of the three children one is a boy and two are girls. The boy has Asperger Syndrome, one girl has Fragile X and the other has autism.

Procedure

Introduction Phase

Prior to designing the intervention, the researcher conducted a pilot study in both classroom A and B. The rationale for conducting this pilot study was for the researcher to familiarize herself with the centre, their philosophy of education and the types of social interactions and play behaviours of the children. Observing the interactions of the children provided the researcher with the rationale for the design of the intervention as it was tailored to the children's interests, their needs and designed in such a way as to sustain their attention. In essence, the pilot study involved collecting detailed observations of all the children's social interactions and play behaviors. The observations took place for 1 hour two times per week over a four week period. With the collaboration of the director of the daycare, both classroom educators and the special needs educator, the researcher conducted a needs assessment to guide the design of the intervention. In particular the needs assessment looked at the challenges in the area of social skills that all

three children with special needs were experiencing. The social skills of the typically developing were assessed based on the researcher's observations. As a result, the areas that both groups exhibited challenges in terms of social skills were used in the development of the intervention. The researcher in collaboration with all three educators discussed the issues that would be incorporated into the program. Recommendations also derived from conversations with the director of the daycare and by reading the personal files and diagnosis of the children with special needs. Therefore, the skills that were decided upon corresponded to the area of social skills where the children exhibited mild to moderate delays in. These areas included skills such as turntaking, sharing, dealing with rejection, and expressing and regulating one's feelings and emotions.

Pre- and Posttest Phase

The intervention was integrated as part of the classroom program. Observational data were collected during small and large group activities to assess the any changes in the children's social skills from the pre to the post test phase of the data collection. Observational data were also collected during free play, the generalization setting. The educators and parents completed questionnaires to give their perceptions of the program as well as their evaluation of the program with regards to its benefits, limitations and recommendations.

Intervention Phase

The intervention took place in the children's classrooms as part of the ongoing daily activities. The intervention occurred over an 8 week period. The intervention was scheduled two times per week in each class and replaced the educator's circle time, to ensure that the sessions would not disrupt the routine and schedule that the children were

accustomed to. Each classroom consisted of ten children between four and five years of age. Classroom A included two children with special needs and eight typically developing children. Classroom B included one child with special needs and nine typically developing children. Each session lasted between 15 to 20 minutes. More specifically, each session began with a short 1 to 2 minute icebreaker or warm up activity; this activity lead into the major topic of the session and served as a way to introduce the topic. The intervention was designed to last approximately 20 minutes and include discussion time. The length of time of the sessions were readjusted to last an average of 15 minutes. The sessions were shortened as a result of the feedback provided to the facilitator by the classroom educators and by the facilitator's own observations of the children. According to the meta analysis conducted by Chandler and Lubeck (1992), a 15 minute session is within the range for an age appropriate length of time for implementing a social skills program. An opening and closing activity took place during each session to bring the group together and then the topic to a close. The sessions followed the schedule and routine of the classroom to ensure that the children did not feel uneasy or experience any sudden change. As mentioned earlier an effort was been made to design the intervention in such a way that the children were familiar with the nature and format of the activities. The rationale for the types of methods that was used to implement the intervention are consistent with the literature and the research that explores the most effective ways of teaching social skills to preschool age children (Chandler & Lubeck, 1992). The sessions used large and small group activities, play, role playing, storytelling, puppetry and discussion to transmit knowledge. The activities involved in the intervention also included storytelling and circle time guided discussions.

The major components of the intervention included: regulating one's feelings, friendship, self/esteem and self-concept, dealing with rejection and bullying. The activities were accompanied by structured play activities with peers with disabilities, making materials available that depict individuals with disabilities in a positive manner. In addition activities focused on the use of peer-mediation, dramatics and role modelling, functional activities, constructive activities, sociodramatic play, games with rules, as well as the use of songs and music.

The following table details the topics that were covered over the 8-week intervention.

Table 4

Weekly Session Topics

Week	Session #	Activity
Week 1	Session #1	Introduction- classroom rules
	Feelings/Emotions Session #2	Feelings Cube
Week 2	Session#3	Discovering Happiness, sadness and anger
	Session #4	Discovering fear, shyness and disappointment
Week 3	Session #5	Mr. Happy, Mr. Sad, Lonely, Confused, Nervous, Scared, Excited, Surprised, Embarrassed, Frustrated, Calm, Angry- puppets and role playing
	Session #6	I identify what is going on inside my body
Week 4	Session #7	Double dip Emotions
	Session #8	I recognize the consequences of my reactions and regulating

		emotions
Week 5	Session #9	Cooperation Web- Story book discussion
	Friendship Session #10	Friendship chain- art activity, story book discussion
Week 6	Session #11 Self-Concept/ Self-esteem Session #12	“I like me” Bingo and story book discussion Story book discussion, art activity
Week 7	Session #13 Conflict Resolution	Dealing with Rejection
	Bullying Session #14	Bullying and dealing with it
Week 8	Session #15	Bullying role playing and stories
	Relaxation Session #16	My magic place and learning to calm down

Measures

Baseline data were collected for all the children simultaneously. This helped to determine a basis for the specific intervention that was implemented. This also provided a measure for comparing children’s performance before and during the intervention to determine their progress and the impact of the intervention once it was complete.

Baseline observations took the form of a time sampling procedure where the children were observed in three settings before the intervention began and administered a second time after its completion. The children were observed for 10-seconds followed by a 10 – second period for recording their behaviour, this occurred over 12 intervals for each

child. For each interval, the child would receive a score of 1 or 0, 1 if a prosocial behaviour was observed and 0 if it was not. The researcher had selected the behaviours based on the literature of social skills and each behaviour was operationally defined to ensure replicability. The behaviours include; sharing, turntaking, helping, group/cooperative play, parallel play and initiation. The following table illustrates the operational definitions for each prosocial behaviour.

Table 5

Operational Definitions for Social Skills

Prosocial Behaviors	Operational Definitions
Sharing	Instance of using something jointly with others (toy), sharing thoughts and feelings and granting others with the opportunity to enjoy the use of something.
Turntaking	Realizing that others should have the opportunity to participate or speak at a given time, not dominating activity.
Helping	Providing assistance to someone, showing a willingness to cooperate.
Group play	Children are playing together. They may play with different toys, but they talk to each other, help each other, or even argue or fight. They may also play make believe or a group game, they are interacting with one another.
Parallel play	Playing, even in the middle of a group, while remaining engrossed in one's own activity. Children playing parallel to each other sometimes use each other's toys, they are aware of the other person but always maintain their independence.
Initiating play	Readiness to ask others to play, join already established groups and propose play ideas and scenarios.

The children were observed in three settings, they included indoor play, outdoor play and a structured activity. The rationale for this was to ensure that the behaviours

that emerged would not be by chance for the children would be observed in various settings under different circumstances.

Materials

Materials chosen for this study have been compiled from a number of sources that have been designed, developed and used for teaching preschool aged children social skills. The primary sources for the section covering feelings and emotions were adapted from Cain's (2001) book on identifying and dealing with feelings and emotions. From this source, heart shaped puppets were created for the children to use to express their personal feelings. The section discussing self-concept and self-esteem drew on examples from Borba and Borba (1978) as well as icebreakers from Mannix (1993) and general activities for social skills building for children with special needs. Examples taken from Morris and Schulz (1989) about creative play for children with disabilities were adapted throughout the program to ensure that the children's creative expression would be promoted. The last major topic, conflict resolution was divided into two sections; dealing with rejection and bullying. Several resources on bullying were incorporated such as Beaty (1995), Brookman (1999) and Horne and Bartolomucci's (2001) bullying and being a victim. Lists of conflict resolution scenarios, posters and short stories were used from the Pacific Path Program (Moreau, Claude et.al. 2001) for preschool aged children. In general, the intervention comprised of a variety of creative materials and was created from a combination of sources as no single program exists that specifically addresses these four topics and that incorporates children with and without disabilities.

Data Collection Tools

The intervention was initiated for all the children in both classrooms on the same days and was administered by the facilitator. The intervention consisted of targeting four different components of social skills development. The same components were addressed in each classroom. The classroom educators were present throughout all the sessions to assist the facilitator and become aware of the issues presented in order to incorporate them into the remaining classroom schedule.

In response to the first research question outlined in this study, the researcher administered a time sampling procedure. This tool was used to compare the number of positive social interactions the children exhibited before and after the implementation of the program. The second assessment tool, the Educator Rating of the children's social skills also helps to respond to the first research question. Prior to the beginning of the intervention, the educators were asked to complete a 9 item educator rating of the children's social skills on a 5-point Likert scale (See Appendix C). These items discuss the play patterns and behaviours of the children and their social development. This tool was also used as a way of providing consistency with the baseline observations (Time Sampling) that the researcher conducted in order to ensure that the behaviours observed can be compared with those indicated by the educators.

In response to the second research question, the educators completed a social validity questionnaire which was used to examine the impact they believe the intervention has had on the children, as well as responding to the third research question which involves their perceptions and evaluation of the program (See Appendix D). This questionnaire remained anonymous and consisted of five questions whose answers were

rated on a 5-point Likert-type scale (1= not at all and 5 = a lot), and by three free response questions. The questions were concerned with the ease at which the educators would use the intervention in their practice, its effects on the children in their classroom, and the likelihood that they would use the intervention in the future. The questions included “The intervention was something I could do in my classroom” “I could implement the intervention in my regular curriculum” “The target child benefited from the intervention” “Other children benefited from this intervention” “ I would use this intervention in the future with other groups.” Three-open ended questions provided the educators with the opportunity to respond freely and elaborate on their feelings and perceptions about the intervention and its impact on the children in their classroom. Research questions number four was addressed in this last section which was a space provided for suggestions, possible changes to the intervention, additional comments and recommendations (Garfinkle, 2002).

The fourth assessment tool was in the form of a questionnaire for the parents of the participants involved and also helped to respond to the third research question outlined in this study (See Appendix E). There were three open-ended questions, the first two provided the parents with the opportunity to describe their overall level of satisfaction with the program, their perception and attitude toward the program and if they felt their child benefited from it. The third open-ended question addressed the last research question posed for it welcomed the parents’ description of how they felt the program could have better met the needs of their child and lastly their thoughts on the parent handbook that was provided to them by the facilitator.

In order for the researcher to address the final research question, the educators were asked to complete feedback sheets at the end of each week in order to provide the facilitator with ongoing comments and recommendations about the intervention. For each feedback sheet, the educators provided their feedback and comments on the two sessions that were held each week as well as describing any differences in behaviour, references to the sessions from the children or regressions that had occurred (See Appendix K). This tool was also used to provide the facilitator with the observations from the educators who inevitably spent more time with the children. It was also used as a method of comparing the facilitator's observations of the children with those of the educators.

In addition to the educator feedback sheet outlined above, parents were asked to complete a suggestion and comment sheet with each package as part of the bi-weekly "Parent Letter". A total of 4 newsletters were sent home. The items addressed on this sheet were the following: "Please provide any comments you may have about the suggestions made in the Parent Letter", "Did you incorporate the suggestions made in the Parent Letter into your daily routine at home? If so, how and what are your thoughts on the outcomes?" And lastly, "Is there any information that you would like to be provided with in regards to the program or any other issues pertaining to it?" The package also provided the parents with the contact information of the researcher and a date at which the comment sheet had to be returned to the director of the daycare. The rationale for providing the parents with these comment sheets was to encourage them to be involved in the program that was being implemented and to provide them with a voice to share their comments and recommendations. For the facilitator this tool served as a method of

obtaining ongoing feedback from the parents since helping to build social skills is better attained within an ecological approach, one that included the home as a critical component to development. Also the intervention was designed in such a way that it would be evolving depending on the needs of the children. These newsletters also helped to shed light on the final research question.

Researcher Role

Throughout the intervention, the researcher (who was also the facilitator) took a “promotion” approach (Wicher, 1989). Therefore, the facilitator’s intervention was as limited as possible, and existed solely to promote problem solving, and discussion which promotes prosocial behaviours between the children. The role of the facilitator was not to create the solutions for the children; rather it was to encourage communication between children, to encourage input from children and to keep the children focused on the proposed activities. The facilitator provided the practice and the tools for children to build on and improve their prosocial skills. According to Wicher, children take charge while the adult has a role that involves guidance (1989, p. 54-56).

The facilitator also had an assistant. This person was a graduate student in the Child Study program. The assistant was an integral part of the study. The role of the helper included administering the ECERS at the beginning of the study before she was informed of the purpose of the study. Thereafter, the helper was informed about the study in detail and about the intervention. Due to the fact that the helper was aware of the purpose of the study, the helper’s role involved assisting the facilitator in areas that did not involve being part of the implementation of the program or its evaluation. The helper’s role also included videotaping the intervention sessions as they were being

implemented by the facilitator and to assist the facilitator with materials and props. In sum, the role of the helper was to assist the facilitator throughout the course of the study, to ensure that the facilitator could focus on implementing a quality intervention and that the sessions ran smoothly and efficiently.

Ethical Concerns

The first step of this research study was to address the ethical concerns related to conducting research with preschool aged children. Since the present study involved human participants who are not capable of fully understanding the implications and the nature of this study because of their age, their parent (s) or guardian (s) through their written agreement to participate in this research granted consent. The concerns outlined in Concordia's Summary Protocol Form (SPF) were dealt with in the strictest manner.

Informed consent was obtained in writing from the parents of the children in classroom A and B (See Appendix F). The educators also gave their informed consent (See Appendix G). Attached to the Summary Protocol Form (SPF) was a form giving release of participant's personal information to the researcher (See Appendix H). This information was stored in the office of the Director and did not exit her office under any circumstance. The director, the educators and the parents were completely informed about the intentions of the study. No form of deception was employed in this study.

The director and her staff as well as the parents were given freedom to discontinue from the study at any point. No reasons had to be given. All data from those who would discontinue their involvement in the study would be discarded, however this did not occur.

It was the responsibility of the facilitator to educate herself on the most effective ways of implementing the program depending on the abilities of the participants thus assessing the risk to the *subject's physical well being, psychological welfare, or reputation*. Furthermore, through her experience working with this population, the facilitator was prepared to work with emotional upsets, behavioural problems etc. which addressed the concern of *protecting and/or addressing participant "At Risk" Situations*.

The sixth concern dealt with *post-research explanation and debriefing*. The researcher explained the study to the educators and parent(s)/or guardian(s) of the children. The director, educators and parents were invited to contact the research team via telephone and/or by email to retrieve the results and discuss them in further detail if desired.

Lastly, confidentiality was honoured at all times. Participants were assigned identification numbers before commencing the study. This information was kept safe as private property of the researcher and the research supervisor. The participant's names or personal information would not be disclosed under any circumstances unless permission was granted by their parents/ guardians.

Time line

The timeline required for this study was five months (See Appendix I). The detailed duration of each step was as follows. The pilot study took place over the period of one month. Two weeks were allocated to receiving permission from the director of the daycare, the educators and the parents of the participants. Two weeks of observations and partial-interval time samplings took place before the intervention was implemented. The intervention lasted exactly 8 weeks, followed by a second two week period of

observations and partial-interval time samplings. During the last four weeks, educators and parents completed their questionnaire and returned them to the director of the daycare. At the end of the data collection, a thank you letter was sent to the parent(s) of the children and the daycare staff that participated in the study, this letter indicated when the results would be available and how to proceed if one wishes to discuss them with the researcher. The study respected the time line outlined in Appendix I.

Results

Observational data were collected over the course of the intervention, during sessions and during different play settings. A total of 32 hours of videotaped footage was transcribed verbatim and then coded by session. From this, 40 codes were generated. The codes were then collapsed into categories to reduce redundancy and then further collapsed into themes. The result was four major themes. From the observational data and the rating scales, two case examples were created that involved two of the three target participants based on their observable behaviours.

Themes

This study identified the following themes: (1) Attitudes and Feelings, (2) Learning about Bullying (3) Focus and Participation (4) Prosocial Behaviors. The theme of attitudes and feelings were illustrated by instances of positive, affirmative and assertive attitudes and feelings that participants expressed throughout the intervention. Theme 2 is defined by the examples that demonstrated that the children acquired information about positive social behaviors throughout the intervention and how they were able to relate it to their personal experiences. Theme 3 is defined in terms of the

instances of increased and sustained focus and the extent of participation by the participants throughout the intervention. Lastly, prosocial behaviours is defined by the instances of prosocial behaviours such as sharing, turntaking, helping, group and parallel play as well as initiating play that was exhibited by the group over the course of this study.

Attitudes and Feelings

Generally, the children showed a great interest in learning about feelings as they expressed their interest by enthusiastically sharing their own personal stories and showing a genuine curiosity toward the characters in the stories and in the posters that were part of the sessions. During the first week when we identified basic feelings such as ‘angry, happy, sad’ the children shared their stories and spontaneously showed each other through their facial expressions what each feeling looks like. As more complex feelings were introduced into the program such as ‘proud, disappointed, confused’, the children were attentive to the stories and tried to relate their experiences and understanding of these feelings. It became evident in the session discussions that meaning was acquired and an understanding of the feelings was demonstrated through their stories. An instance that was expressed by one of the participants was that he felt “proud when we do a good job on our art work.” An awareness of these more complex feelings was exhibited by the participants during an activity when the children were asked to follow a certain sentence “I feel...” and then explain how are feeling. During this activity it became clear that the children had retained the information presented in the previous sessions and that they were now using more specific terms to explain how they were feeling. There responses were illustrative of exactly how they felt, for instance, “I feel fidgety..., I feel nervous.”

During the Double Dip Emotions session number 7, the issue of feeling more than one feeling at the same time was discussed. Although a fairly new topic for the children, they seemed to quickly grasp the issue and shared their stories about feeling two emotions at the same time, one of the participants said it feels like “going to the doctor and feeling shy and scared at the same time.” Evidently, the stories that were presented to the children illustrated instances that were relevant to the lives of preschool aged children as they were able to identify with the feelings presented in the story. In essence the double dip short story book dealt with everyday emotions children experience therefore helping them to understand that it is perfectly ‘normal’ to feel two feelings at the same time.

Through week 5 to 8, the participants were exposed to several instances when they observed the story book characters dealing with certain issues in an assertive manner. Consequently, during the activities the children were invited to show how they would deal with situations such as bullying, dealing with rejection and self-esteem. Through their role playing and group discussions they showed an awareness of how to respond to a given situation. One of the role playing exercises asked the participants to illustrate dealing with a situation when someone has upset you, unanimously the children responded that an effective way to respond would be to ‘use your words’ and ‘not your hands.’ This method of problem solving was explored in numerous stories and discussed at length with the group. Instances of the children showing that they understood that it is their right to express how they felt and be assertive were illustrated when the participants said “I feel like peace and quiet.” This is clearly an example of a child showing his assertiveness to the group and the noise level. This also demonstrated their ability to

express their feelings in a more elaborate and specific way. During several occasions for instance in session 7, children would voluntarily attempt to regain the focus of the group to the activity by saying “It’s not funny anymore! Let’s here the rest of the story!” Their assertiveness was also demonstrated in the increased number of instances toward the end of the intervention when they identified more ways to solve the issues on their own rather than answering that they would get help from an adult. There was a greater willingness to problem solve independently. During the week 7 role playing exercises, the children showed much assertiveness in their role playing. When asked how they would react to a situation of someone telling you that you cannot play with them, some of the responses were “You can ask someone else to play,’ or ‘Go to another play centre.” Other children responded “You can tell him how that made you feel in a nice big voice!” and ‘You hurt my feelings!” “Just walk away!” or “I don’t like that!”

Interestingly, through the stories read to them, the children were able to identify how their actions would lead others to feel. In session 6 we read the story “Rodano’s Anger”, when Rodano broke his mother’s vase all the children replied ‘ooooh, that would make my mom angry!” Showing that they can relate the stories to their own lives and how it would lead others around them to feel. The children also showed how they identified with the feelings expressed by the story book characters. One child shared his feelings and a strategy he uses at home when he becomes angry with his brother. The boy explained that when he is angry “I go into my room and close the door to relax.” References about what led the children to experience certain feelings in their daily lives continued to be expressed by them throughout the sessions.

Learning about Bullying

When the issue of bullying was first mentioned to the group it was clear that they were aware of its meaning and eager to learn about how to deal with it. During week 7, session 14, the group was presented with the topic of bullying, when asked what it was, some of the responses were “it’s someone that is mean to you”, and “it’s someone that thinks they are tough and calls you a baby!” Clearly the children were able to define what a bully was however, it was the ‘how to’ deal with bullying that seemed to be a topic worth investigating due to the fact that some of the ways the children expressed they would deal with a bully was “if a bully tries to beat you up, you are allowed to beat him up.” Also one of the children said that “bullies are mostly boys and not girls.” Before going any further into the discussion about bullying, the children were presented with a poster that says “Stop and Think!” This poster was intended as a starting point for dealing with all stressful issues. As the discussion continued and we explored different ways of dealing with a bully through various scenarios, the children seemed to feel comfortable with the topic as they began to offer their own suggestions which were drastically different from their first thoughts on how to deal with bullies. Clearly, once the participants were provided with concrete and meaningful examples of how to deal with bullying they began to associate what was learnt with the new situations that were presented through role playing. Some of the recommendations made by the children were “ we can walk away and go play with someone else,” “you can also tell the teacher so the teacher can tell the bully to have a time out,” and “ ask the bully how it would feel to be treated this way.” Their suggestions took on a mature approach which very much reflected the message that was being transmitted from the poster, stories, discussions and

role playing. As the group was observed engaging in the role playing exercises, it was clear that they showed much assertiveness in the face of the bully, in fact one of the children did not follow the script at all, he completely improvised the lines and showed much creativity in the face of the bully. He responded to the bully who was insulting him by saying “I don’t like being insulted, lets get along without teasing!”

Focus and Participation

From week 1 session #1, the participants showed an interest in the various topics by asking questions about the characters presented and about the pictures. They demonstrated their curiosity about the subjects through their body language as they moved in closer to the facilitator, constantly touched the posters, and contributed suggestions voluntarily. Notably, it was observed that the children displayed almost complete focus for the first 15 minutes of the session, after that it was challenge to regain and maintain their focus. Due to this observation by the facilitator and the classroom educators, an effort was made to shorten the sessions and use more flexibility during the sessions to include or exclude certain activities depending on the interest of the group and the progression of the session. However one exercise remained constant throughout the intervention as it was well received by the children and it allowed the facilitator to investigate the level of their focus. This activity was the passing of the hand impulse which was introduced in session 2 and continued through to the very last session. This activity consists of the group sitting in a circle holding hands. They must decide who will be the leader that day and how many squeezes will be passed around the group. The person who begins squeezes their neighbor’s hand with their hand three times, and the neighbour passes the three squeezes the person next to them, until the squeezes have been

passed around the circle and returned to be felt by the leader. This element of predictability was used to calm the children and bring the circle to focus at the beginning and end of the session, as a transition exercise. Although the children were excited about it, they were assured each one would have the opportunity to begin passing the impulse and to determine the number of impulses, this seemed to have provided them with much ownership and maintained their focus. It was clear from the videos that there was an increase in focus from week 2 session 3 when the activity was novel as the children giggled and were fidgety throughout. At this point they also passed the impulse more times than was determined at the onset and did not wait their turn, as if eager to squeeze each others hands repeatedly. By week 5, session 9 the children followed the instructions and sat still and silent throughout the passing of the impulse. They watched the impulse travel around the circle with big eyes and anticipated its arrival to them with great excitement. At the end of each passing of the impulse, they would applaud their efforts by laughing and clapping their hands. On one occasion, week 4 session 8, one of the children asked to redo the impulse since they felt the group was not 'quiet enough!' As the group engaged in this activity, it seemed to have become important to the whole group that it be accomplished successfully without any disruptions. By week 8 session 16, the children said they felt confident enough to pass 10 squeezes, this task was completed successfully as they sat and watched this very large number of squeezes go around the circle with big eyes and huge smiles. When it ended the group stood and jumped around hugging each other and a wave of total group cohesion was felt as they had accomplished a great task.

In terms of the first topic covered in the intervention, feelings, a significant improvement in participation was observed. From week 1 session 2 to week 4 session 7, the children went from seeming shy to express feelings through their facial expression or body language to very confident and volunteering participation. A sense of embarrassment was observed through the children's facial expressions during the first session of 'feelings' although using animals to express emotions seemed to have put some group members at ease. At first the group also required lots of encouragement to participate, the facilitator felt it was effective to have herself and the classroom educator role model what was expected, although the children were free to modify. By week 2 session # 4 when we read the three short stories the children showed much spontaneity and involvement as they used their body language to imitate how the characters felt and contributed many suggestions during "learning to calm down." Some of their responses were "we can take a deep breath," and "we can go ride our bike." Focus was also demonstrated in the way the children made reference to the other sessions and the characters that we encountered along the way. They used the vocabulary that was learnt in previous sessions during role playing to explain how they would feel in given situations, they used words such as 'disappointed' and remembered the 'proud lion' and used the terms in the appropriate context. The children also improved by watching the others and imitating the appropriate behaviour. The increase in focus and participation lead into our final theme that of prosocial behaviours for it was observed that when the group displayed these behaviours and promoted them that the group as a whole showed more cohesion. This focus is revealed in how well they were able to relate to the feelings and events that were represented in the stories by drawing parallels to the own lives.

During the art activity of making a friendship chain the children showed much interest in each others' work as it was made very clear in the beginning that all the chains would be intertwined to make one chain. During our discussion when we spoke about how it felt to have everyone's work come together, the children responded 'beautiful' and 'we did that?!' truly demonstrating their sense of group togetherness and cohesiveness. During week 7 of the role playing exercises the same children that were reluctant to share their voices in week 1 session 2 were volunteering to role play the various characters. In fact, the whole group was eager to participate and all waved their hands in the air to be chosen.

Prosocial Behaviors

One of the main behaviours that will be discussed in this section is turntaking. As it was observed from this group during the pilot study, turntaking for instance allowing each other to tell their stories, interrupting and waiting patiently for their turn seemed to be a challenge for this group. As a result, activities that encouraged turntaking were incorporated into the intervention. As observed from week 1 session 1, the children repeatedly interrupted one another. Several children were constantly observed trying to get all the attention from the group by telling detailed stories when it was their turn even though every activity was role modeled for them by the facilitator before beginning. Although they were asked at times to conclude, they would extend their stories and finally when they would finish they would not give the other group members their attention. The issue of respecting others as they speak by not interrupting or waiting ones turn was discussed through role playing exercises and short stories. As the intervention progressed, the issue of turn taking was taken very seriously. Again, the passing of the hand impulse activity seemed to have placed the children in the frame of mind to take

turns and focus thus allowing them to remain this way throughout the sessions. Being in this small group setting allowed those with less developed social skills to imitate desired behaviours. Also the stories that were presented and discussed served as a tool to get a message across using events and scenarios that were very much applicable to the lives of preschool aged children. During session 10 the participants were asked to pick names out of a box and say something nice about the person they picked, here the children were observed helping each other sound out the names and recognizing the names. Peer mediation was also used at several instances, during session 7, one of the children was observed showing the special needs child, June how to pass a squeeze. Another instance during what felt like the most impressive session was when the children were asked to create a spider web, their involvement and excitement was so clear that they were seen helping each other hold the string and maintain it in place and sharing with each other exchanges, such as 'wow, what we did is so cool!' During the group bingo game, it was interesting to see how the children responded when they are asked to work in pairs and share the materials, the children had a difficult time sharing the responsibility of the task and wanted to possess all the materials without sharing with each other. This activity proved to be a challenging task for the group and as the educator observed, it raised an awareness of the type of activities and group settings the children need additional exposure to. However as the children were repeatedly reminded that they need to share, words like "after me you can have it" emerged, suggesting that exposure to different types of small group activities can be useful in helping children deal with social situations. Toward the end of this activity as more of the groups accomplished the goal of the game, group ownership and cooperation was expressed by words such as 'we got it!'

During the role playing exercises in week 7, although they seemed very eager to identify with what was being presented in the pictures they seemed to have really developed turn-taking and listening skills. They were all patiently waiting their turn with their hands up and listening to each other.

Questionnaires

Educator's perception regarding the impact of the program

As part of the ongoing weekly feedback sheets, suggestions by the educators were used to assess the implementation and structure of the program. At first, the educators expressed that sessions would be more age appropriate if they were shorter, therefore an adjustment was made to shorten the sessions from 20 minutes to 15 minutes. The educators also commented that they observed that the children enjoyed the humorous stories which in turn "prompted interesting comments and detailed personal stories." The topics discussed were also referred to as 'age appropriate'. They felt that the issues raised in the sessions addressed the daily classroom challenges and provided concrete opportunities for problem solving. Additionally, the educators expressed that the hands on activities were effective in maintaining the interest and attention of the children. An important concern raised by the sessions led the educators to become aware of the types of activities that the children need further exposure to. For instance, during the friendship bingo game, it was a challenge for the children to share the materials. Therefore, this allowed the educators to see first hand the skill areas that need to be focused on.

As mentioned earlier, the main purpose of the educator feedback sheets was for the facilitator to compare her observations with those of the educator in order to assess the progress of the intervention and to explore the impact of the intervention on the

children's social skills. From the feedback sheet of week 1, session 2, the educator from classroom A reported that 2 children requested to use the dice so that they could take turns exploring the emotions depicted on it. Next in week 2 session 3, it was reported by the educator that the children proceeded to draw heart shaped faces and giving them features representing the emotions that were discussed earlier in session. Once the topic of feelings was discussed (week 4, session 8), several children spoke openly about feeling two emotions at the same time, one of the examples that was used was a child that explained that the dark made him feel both 'afraid and curious at the same time.' In addition, in week 7 one child made reference to the topic of awareness of body language however, this issue was addressed in week 3 session 5 of the program. The child described the way the bear looked by saying he was 'sad' because he had hunched shoulders. Finally, the Magic Place activity of week 8 session 16 was repeated by both classroom educators once the intervention was complete for they expressed that they were amazed at the expression of creativity that emerged from the children when they were asked to drift off to 'their Magic Place'. Therefore as was depicted by the themes presented by the facilitator and the comments from the classroom educators, similar observations were recorded and consistent gains were witnessed by both.

Educator Evaluation of Program

Educator comments were also welcomed as part of the evaluation for each section. Results indicated from the educator of classroom B were that the sessions were "interesting, relevant and helpful." Both educators reported that the sessions were "adapted to the age group and developmentally appropriate." The questionnaire also revealed that "the children talk about feelings more than they used to" and that "the

children whose social skills need to be developed the most benefited.” The recommendations from the classroom B educator were to use arts and crafts more often as a means of exploring the various topics and to make the activities less elaborate as occasionally the children tended to need redirecting to the session. Also, it was recommended that using smaller groups perhaps of 4-5 children would have provided them with more discussion time and opportunities to express their stories.

Comments from the classroom A educator were as follows: “the children clearly identified with many issues raised in your program,” “if we use the level of their participation as the measure of their interest in the sessions, it was very high,” “the sessions provided the staff and I with a good starting point for dealing with conflict resolution, for instance... remember the story Franca told us about...” The educator from Classroom A had the following recommendation for the program “the challenge was to attend to the varying degree of needs and skills (language, cognition) within the same group of children.”

Overall, from the educator’s evaluation of the program, they expressed that the intervention was something they would implement in their class in the future and that generally the children benefited from it. The results from the questionnaire were all very promising for all five questions received a rating of no less than 4.5 out of 5, 5 being excellent and 1 being poor.

Responses from Parent Bi-Weekly Letters

In order to ensure an ecological approach parents participation was incorporated into the intervention. To accomplish this, the facilitator constructed four newsletters that were sent to the parents (see Appendix L). These letters explained the topics that were

being addressed in session with recommendations as to what can be done at home to ensure continuity and reinforce the session topics. Parents were also invited to share their comments and suggestions about the program and reminded that they were welcome to attend the sessions or consult with the facilitator or research supervisor for additional information. The bi-weekly response rate from each newsletter was approximately 3 to 5 parents.

Through their comments the parents expressed that the topics that were being addressed in the study “were relevant and important to preschool-aged children.” They also reported that they felt the program provided them with “a good starting point on how to address the topic of dealing with rejection” with their children, a topic one parent revealed they were unsure how to approach. Common to their comments was the fact that although the parents felt the recommended activities in the letter would be effective, it was difficult to implement them at home because they work full time. However, it was observed by the parents that the topics that were being addressed in session were being brought home for discussion by the children. One parent explained that comments about what it means to be a good friend and how one should treat their friends emerged in the home. In addition, parents also noted that their children made a lot more comments like “I can!” and “I can help” or “I want to try!” indicating that the children had an increased awareness about self-esteem and their self-concept and that the skills presented in sessions were transferred to the home environment and their daily lived experiences.

Parent Evaluation of Program

The perceptions and opinions from the parents with regards to the evaluation of the program were revealed through four free response questions (see Appendix E). The

comments revealed that the parents were “pleased with the program” and that they saw “positive results and a change in the way situations are handled.” They also said that they found the program “simple but effective” and that “it can be used as a guide for everyday life”. One parent reported that their child “was made aware of many elements of social skills, and this awareness is key... _____ talks about his/her feelings a lot!” The one recommendation that was generated from the parent’s evaluation is that they would have “liked to receive a progress report to assess how their child responded to the given situations within session.”

In effect, it seems that the issues that were covered at the beginning of the program seem to have been learnt by a number of children as they were very much a part of their dialogue weeks after they were introduced in the program suggesting that the discussions about self-esteem and self-concept have been learnt and have been demonstrated by some in their home environment.

Data Analysis

Time Sampling

The time sampling measure of the children’s prosocial behaviours was administered in order to explore the first research question outlined which was, does participation in an eight week social skills early intervention program for children with disabilities and their typically developing peers impact the number of positive social interactions that they exhibit in their daycare centre? This measure was analyzed quantitatively using a paired sample t-test. To begin, the total score, which included 12 intervals of observations for indoor free play at pre-test were compared with the total score of indoor free play at post-test and revealed a correlation of .923 where $p < .001$.

The mean for the pre-test was 5.90, the post-test revealed a mean of 7.10. The same test was administered for outdoor free play and a structured activity before and after the intervention was complete. When comparing outdoor free play at the pre-test to the time sampling of outdoor free play at post-test, the correlation was .795 with $p < .001$, with a mean score of 5.40 at pre-test and 6.20 at post-test. The pre-test for the structured activity compared to the post-test of the structured activity demonstrated a correlation of .926 where $p < .001$. Here the mean at pre-test was 5.40 and 6.55 at post-test. Total scores for each setting were also calculated using a paired sample t- test. To begin, the total score for all the children at pre-test for indoor free play were paired with the total score at post-test for indoor free play and revealed a t value of 5.080 where $p < .001$ at 19 degrees of freedom. The same test was then administered for the total score of outdoor free play at pre and post-test and the t value was 2.223 and $p < .05$ at 19 degrees of freedom. Lastly, the total score of the structured activity was calculated at both pre and post-test and revealed a t value of 5.51 where $p < .001$ at 19 degrees of freedom.

Table 6

Time Sampling Results

Totals	Mean	N	Std. Deviation	T Value	P Value	Correlation
Tot Pre_I & Tot Post_I	5.90 7.10	20 20	2.69 2.67	5.080	P< .001	.923
Tot Pre_O & Tot Post_O	5.40 6.20	20 20	2.58 2.42	2.223	P< .001	.795
Tot Pre_S & Tot Post_S	5.40 6.55	20 20	2.46 2.35	5.51	P< .001	.926

When a final paired sample t- test was administered for the time sampling all the scores at pre-test for the three settings were compared to the total scores of all three settings for the post time sampling and this revealed a t value of 8.025 where $p < .001$ at 19 degrees of freedom. The reliability of the time sampling procedure was also analyzed quantitatively and the 12 intervals for the pre-test of indoor play showed an alpha of .63, at post-test the alpha was .73. The same test was administered for outdoor free play and revealed an alpha of .60 at pre-test and .57 at post-test. Lastly, reliability for the structured activity at pre-test was .58 and .58 at post-test. When all 36 intervals were grouped, reliability for all three times, which include indoor, outdoor and a structured activity, revealed an alpha at .83 at pre-test and .86 at post-test.

Table 7

Total Scores for Pre and Post Time Sampling of Prosocial Behaviors

Names	Pre total Time Sampling	Post total Time Sampling
Robert	16	19
Joanne	27	29
James	10	12
Victoria	14	18
Rae	24	26
Peter	18	16
Jerry	23	26
Sebastian	23	26
June	9	13
Anders	27	31
Micheal	7	13
Lisa	10	12
Victor	9	11
Jack	16	19
Cecile	20	26
Paul	19	23
Carlo	22	27
Irene	4	8
Emma	16	18
Linda	20	24

As table 7 indicates 19 out of the 20 children showed an increase in the number of prosocial behaviours from time 1 to time 2. It is also noteworthy to mention that the scores of all three of the children with special needs increased between 4 to 6 instances of prosocial behaviours from time 1 to time 2. Only one out of 20 children showed a decline of 2 instances of prosocial behaviors from pre to post-test.

Educator Rating Scale

Results from the Educator Ratings Questionnaire were compared at pre and post-test in order to examine the effects of the intervention on the children's social skills based on their educator's perceptions. The instances of prosocial behaviours that resulted from the time sampling procedure were analyzed by arriving at average scores of the three play settings at pre and post-test. This tool was used to explore the play behaviours of the participants. First the reliability of the 9 items on the scale showed an alpha level of .97. A paired sample t- test was also administered for this scale. This test was used to compare the results of the items from the pre-test to the post-test. This t-test revealed a correlation of .970 where $p < .001$ and $t = 1.644$. As illustrated in table 7, the scores of 6 out of the 20 children stayed constant which implies that the educators did not observe any change in their social skills. Unfortunately, the educators indicated an increase in the scores of 5 out of the 20 children which means that they observed a decline in the social skills of these children. However a decrease in the score of 9 out of the 20 children was indicated which means that an improvement in terms of social skills was witnessed by the educators. As for the children with special needs two out of the three children showed an increase in prosocial skills and one of the children was given a constant score at time 1 and time 2.

Table 8

Educator Rating Scale Results

Name	Pre-total Educator Rating Scale	Post-total Educator Rating Scale
Cecile	15	18
Jack	26	22
June	31	31
Irene	45	44
James	23	23
Joanne	10	10
Jerry	11	13
Paul	19	20
Lisa	36	33
Anders	9	9
Linda	20	16
Michael	38	34
Peter	30	31
Rae	10	9
Emma	29	22
Robert	17	20
Sebastian	17	17
Victoria	23	23
Victor	29	26
Carlo	33	31

Correlation of Time Sampling and Educator Rating Scale

In order to analyze the validity of both measures, the time sampling procedure was correlated to the educator rating scale as shown in table 9. Therefore, the total of the time sampling measure at pre-test was correlated with the pre-test total of the educator rating scale and revealed a correlation of .82 with $p < .001$. A second correlation was computed for the total of the time sampling procedure at post-test to the total of the educator rating scale at post-test and revealed a correlation of .81 where $p < .001$.

Table 9

Correlations of Time Sampling with Educator Rating Scale

	Pre-test Educator Rating Scale	Post-test Educator Rating Scale
Pre-test Time Sampling		
Pearson Correlation	.82	1.000
Sig. (2-tailed)	.000	.
N	20	20
Post-test Time Sampling		
Pearson Correlation	1.000	.81
Sig. (2-tailed)	.	.000
N	20	20

Case Examples

Two children were singled out as having shown observable gains in prosocial behaviours, they were two children with special need and serve as case examples.

Irene

Irene is a five year old girl that has been at the daycare centre for two years. She is in classroom A which has one main educator and a helper at different times of the day. Irene is not at the daycare full time, she is receiving ABA treatment for approximately 25 hours per week outside the daycare. Irene spends four mornings from 9:00 a.m. to 12:00 p.m. in the daycare, two hours are spent outside of the classroom with a speech therapist per week. Irene was diagnosed with autism at the age of two. She has delayed gross and fine motor skills, low muscle tone, significant deficits in verbal skills, very poor self-help skills and significantly poor social skills. At times she engages in self-mutilating behaviors such as biting her arm, also she sways her body back and forth and engages in

yelling fits. Her behaviour is very unpredictable, however she does respond well to close contact such as hugs and allows others to comfort her and help her to calm down.

Irene is a very affectionate, warm and an inquisitive individual. She seems to enjoy looking out the window and being with adults. At times she watches the group while sitting on the educator's lap or with the helper and rarely joins the other children in play. Mostly Irene engages in unoccupied play behaviors and adult interaction. She is very tactile and seems to love bright, warm colors and vivid images as she can be seen staring at them for extended periods of time. Otherwise, Irene is easily distracted and spends most of her time in the classroom wandering around, touching the walls and various bright objects and gazing out the window.

As noted from the sessions, Irene's attention and focus as well as participation increased from week 1 to week 8. At the beginning, Irene was observed sitting on the educator's lap watching the group from a distance and walking around the room uninterested in the activity taking place. During week 5, session 10 Irene joined the group voluntarily by standing next to me as I read the book "Rainbow Fish" she touched the pages and seemed to be looking at the bright illustrations and made loud noises. This interaction lasted 10 seconds and then Irene returned to sit with the educator. Also, during week 5 session 10, Irene made a breakthrough. As the group moved to the art table to create their friendship chain, Irene joined them at the table voluntarily. She sat with the group and the educator helped her to pick a strip of coloured paper. Irene complied and then communicated with another child through gestures to pass her the stickers that were on the table and peeled them off and placed them on her sheet of paper. She seemed very excited as her eyes and smile were very big. Irene also used markers to decorate her part

of the chain. The educator and I complimented Irene on her drawing and she seemed very proud and hugged the educator. Irene's mom walked in at that moment to pick her up and Irene immediately lifted her chain in the air for her mom to see and her mom hugged her and complimented her work. Irene seemed very excited and ran out of the room. This instance shows that given the right activity and materials, Irene can show sustained attention and social interaction with the other children. It seems that hands on art activities and bright stickers attract her attention most.

Based on the Educator Rating of Children which was administered both at the beginning of the intervention and at the end and analyzed quantitatively, Irene's score went from a 45 to a 44, which showed that she improve on one of the items on the rating scale, the item was "How difficult is it for this child to tell the other children about the games that he/she likes to play", her score went from 5 (being very difficult) to 4 (being difficult). With respect to the time sampling procedure that was administered by the researcher, Irene showed significant gains. From time 1 to time 2 her score doubled. It was recorded that Irene displayed more prosocial play behaviours in all settings (structured, outdoor and indoor). Her score increased from a 4 at time 1 to an 8 at time 2. More specifically over 12 instances of structured play Irene displayed 2 instances at T1 and 4 instances at T2; in terms of outdoor and indoor play her score went from 1 instance at T1 to 2 instances at T2.

In general, the sessions seemed to have provided Irene with opportunities to witness prosocial behaviours such as turn taking, sharing, and listening to stories. It was evident in the observations of Irene that she began to spend more and more time in closer proximity to the rest of he children as it seemed she was engaging in more instances of

imitation. The art activity was also a breakthrough for it gave Irene the occasion to practice her fine motor skills by peeling the stickers and placing them on her chain as well as coloring with a marker. The fact that Irene joined the group voluntarily and sat at the table with the others and imitated their actions also gives credit to the positive effects of inclusion of special needs children in preschool settings.

June

June is in classroom B, she is five years old and has been diagnosed with Fragile X syndrome. She has severe receptive and expressive delays which affects her vocabulary, syntax, language pragmatics and phonological development. She has significant difficulties expressing her needs and feelings to others and difficulties communicating with peers and adults. June's disorder was diagnosed shortly after birth as the family was aware of the possibility that June would be affected. She has been at the daycare for 2 years and attends daily from 9:00 a.m. to 3:00 p.m. each day. June is not receiving treatment outside the daycare, however she spends approximately 3 hours per week outside of the classroom with the special education educator learning principles such as the letters of her name, animals, colors etc. June also has 30 minute sessions with the speech therapist that visits the daycare on Wednesdays.

June is a curious and pleasant individual. She is curious about the world around her and loves to touch everything in her surroundings. At times she can be extremely shy and soft-spoken and at the other times she enjoys being the centre of attention and talking loudly, her behaviour is very unpredictable. June also requires constant encouragement to participate in group activities and tends to stay close to adults, either sitting on their lap or next to them. She rarely enter into group play spontaneously as she spends most of her

free play time in solitary play talking to herself. At times, she was observed walking out of the circle to a table and sitting by herself and requiring help from the educator.

June's level of participation and prosocial behaviours seem to have shown impressive gains. Generally she showed increased instances of independent sustained attention, interest in the stories that were read and more impressively she volunteered to participate in various role playing situations. June was also observed positively imitating others, repeating new vocabulary that was introduced in sessions and expressing her feelings more appropriately. One instance in particular that displayed June at her best was during the "Double Dip Emotions" session 7. During this activity, June stayed with the group the entire session listening to the short stories. Due to her very tactile nature she repeatedly touched the various feelings puppets and repeated their names and spontaneously showed the group the kind of facial expression that is associated with each feeling. This instance showed an increase in confidence in June that was never before witnessed as well as a clear understanding of what each feeling represents. This was a huge accomplishment for her. Perhaps this will provide June with the tools to better express her emotions in the future, an area that was reported in her file as being a challenge. Short instances of June volunteering to participate were also observed and as reported in her file she lacks verbal skills and confidence. In two sessions, June displayed great interest and enthusiasm toward the activity. During passing the impulse of session 11, when I asked who would like to start passing the impulse, June raised her hand up high and exclaimed "Me!" When I asked her how many impulses she would like to pass she softly said "One" and smiled shyly and put her head down. Shortly thereafter she started to pass the impulse and watched it go around the circle looking very proud of

herself, she smiled very widely and moved around in her spot with excitement. During session 15 a role playing session, June volunteered to be on the pretend 'stage' with the others and followed the instructions of the role that was assigned to her. She also repeated the lines that were assigned to her in a very soft voice but nevertheless maintained focus with the activity and seemed to grasp the essence of the activity. Similarly to Irene, June showed much focus, enthusiasm, active participation and cooperation during the art activity of session 10. The bright colors of the stickers and the hands on activity seemed to have captured her attention. It is noteworthy that June was observed asking the others to pass her certain materials which is very unusual as she mostly asks the educator for help.

According to the quantitative data collected, June showed constant and positive gains in social development. Based on the results collected from the Educator Rating scale, June's score remained constant at 31 at both pre and post-test. The results from the time sampling procedure illustrated that June showed positive gains in all three play settings. Her average score increased from a 9 at pre test to a 13 at post test therefore indicating more instances of prosocial play behaviours from time 1 to time 2. Individually the scores for each play setting were as follows: for structured play she had a score of 3 occurrences out of 12 instances at pre- test and 4 at post- test, for outdoor play her score doubled from 2 at T1 to 4 at T2. Lastly for indoor play her score increased from a 4 at T1 to a 5 at T2.

Discussion

This study evaluated the impact of an 8-week social skills early intervention program. The literature reviewed in this section highlights the effectiveness of social skills early intervention programs in inclusive preschool settings. Of the children studied in the literature, the majority were children with autism and mild to moderate intellectual delays including social delays (Strain & Hoysan 2000). The techniques that were used varied, however all studies examined the individual needs of the children involved and adapted their programs accordingly (Garfinkle & Schwartz, 2002). The target skills also ranged from peer interaction, to friendship and sharing and proved to be generally successful at demonstrating an increase in prosocial behaviours (Hall & Smith, 1996). In all the studies reviewed, children with special needs benefited from the social skills early intervention programs.

The present study set out to explore the impact that participation in an 8-week social skills early intervention program has for preschool aged children in an inclusive setting. The study showed that typically developing children and children with special needs can benefit from and acquire knowledge about social skills. The following section addresses the structure of the program and how this impacts the skills that are taught, the ecological approach that was adopted and the strategies that were used by the facilitator. Following, the time sampling procedure, the educator rating scale and the issues that arose from the case examples will be examined in light of previous research findings.

The structure of the intervention and the method of implementation of the present study was consistent with the research conducted by Chandler and Lubeck (1992), Odom et al (1999) and Garfinkle and Schwartz (2002). Research conducted by Morris (1989),

Cook (1992) and Taylor (1998) have shown that the value and benefits of group play and group centered activities cannot be overemphasized. The skills that were taught through these activities assist typically developing children and children with disabilities to develop appropriate interpersonal skills and relationships (Taylor, 1998). Group pretend play provides experiences that promote social and emotional development. Through these activities children developed abilities in cooperative play, sharing, following rules and direction. They also allow children with special needs to be included in class activities as they sometimes feel left out of play activities (Morris, 1989). Cooperative learning also emerges out of group activities. Cooperative learning is ideal for it helps children to work together toward a common goal. Learning together in a group format has proven to provide a sense of responsibility and an understanding of the importance of cooperation (Taylor, 1998).

The intervention also included puppetry and creative dramatic activities which are ideal for the development of prosocial skills for they can be therapeutic and enjoyable for children. It is not unusual for withdrawn children to say their first words with a puppet on their hands. Often they found it necessary to use the puppet for days when they want to talk (Cook, 1992). These types of activities provide countless opportunities for sharing ideas and information, cooperating, helping and comforting. By using puppets we allow the real life situations to come alive and to role play various scenarios in order to understand our emotions and the feelings of others. Puppets can help children to identify emotions, increase self-awareness and develop self-confidence. When children use puppets to project themselves into the character of another person, they find that it is

easier to role play that person's feelings. Often children feel freer to talk about the feelings they projected (Borba, 1978).

The role of play also had a fundamental part in the intervention. The crucial role of play in the development of skills leading to social competence has received considerable attention (Beaty, 1995). The importance of creating an environment that promotes spontaneous and appropriately directed play cannot be underestimated. Early childhood educators have long realized the need for play activities as part of all preschool curricula.

Role playing was also an integral component of the intervention for it was seen as an excellent technique for allowing children with and without disabilities to act out both appropriate and inappropriate behaviors without embarrassment or experiencing the consequences of their actions. It allowed children with disabilities and their typically developing peers to experience hypothetical situations that may cause some anxiety or some sort of emotional response thus allowing them to better understand themselves. Once the children understood the nature of the situation they were better able to transfer the emotions and feelings to their lived experiences. Role playing was also useful for it helped children learn the social skills that are appropriate in an enjoyable and indirect way. For the educator, role playing can serve as an effective way of dealing with the social deficits of the children by observing them and then developing role playing scenarios to deal with the major issues. In addition, role playing allows children to learn how to solve problems within a group setting; this may also be very beneficial for shy students.

The advantages of role playing are many and they include helping children to express their hidden feelings. It is also child-centered and addresses itself to the needs and concerns of the child, enabling children to empathize with others and understand their emotions and by allowing children to describe personal issues and problems. It also allows children that are non-verbal to express themselves through gestures, movement and facial expressions (Taylor, 1998). Role playing can be a useful strategy to develop social and communication skills for young children with moderate to mild delays. In addition, it permits children to have opportunities to practice turn taking with peers, initiating and maintaining interactive play, communication with peers and problem solving (Bricker & Cripe, 1992).

Critical to the implementation of the intervention was the issue of meeting the needs of the family and the daycare centre, therefore assuming an ecological approach. According to Guralnick and Neville (1997) the purpose of the social component of an early intervention model is to identify the needs and the issues that a family considers important (Guralnick & Neville, in Guralnick 1997). In addition, providing parents with knowledge about their children's peer social networks and about peer relationships is critical. Parents and educators alike should also be informed about how to provide opportunities for unstructured play, for incorporating play into the program will help their child develop and enhance their physical, cognitive, emotional and creative skills. This model also provides parents with ideas about how to orchestrate strategies to facilitate their child's social skills in informal play situations through the Parent Letters that were provided (Guralnick & Neville, in Guralnick 1997).

In turning to the research findings in the area of social skills, Garfinkle and Schwartz (2002) also examined the effects of a social skills intervention. Their study looked at four children with autism and found that after the intervention the target children would stay in closer proximity to their peers which was not present during the baseline observations. These results are similar to the observations of Irene in the present study, suggesting that once children with autism learn to imitate their typically developing peers and become successful observational learners that ultimately there will be an increase in the amount of social interactions they engage in as was revealed through the post-test results of the time sampling procedure.

An interesting finding with regards to the format of program implementation was evident. From the present study it was clear that the children learned from their peers and from the discussions led by the facilitator. This finding was consistent with a previous study conducted by Odom et al (1999) where a total of 92 participants with a mean age of 58.5 months with developmental delays were involved in various social skills programs. As a result of their study, Odom et al (1999) found that two types of program structures had the highest number of social interactions which led to the greatest generalization of skills in different settings. First, having typically developing peers teaching their peers with disabilities about social skills may potentially help children with disabilities acquire positive social skills or improve on the skills they have learned. In addition, a program that involved social skills lessons being taught by classroom educators also proved to increase social interactions among children with disabilities (Odom et al, 1999).

As mentioned earlier, the strategies that were used by the facilitator to conduct the sessions is consistent with previous studies, this program included the following

strategies: positive reinforcement, instructions, prompting, rehearsal, modeling, feedback and discussion. Chandler and Lubeck (1992) in their meta-analysis which examined 51 studies, investigated five major issues dealing with social interaction research for preschool children with disabilities. The most successful studies used a combination of three or four of the strategies, such as prompting, positive reinforcement and feedback. The authors also investigated the number of participants and the length of treatment that produced the most favourable results. The present findings conform to the findings of Chandler and Lubeck's (1992) for they concluded that for the number of participants, the range was from 1 to 22 with the most successful studies examining 6 participants.

Although the present study had a total of 20 participants, sessions were divided into two classrooms, thereby having 10 participants in each classroom. The length of time that each session lasted is also consistent with the literature examined by Chandler and Lubeck (1992), for according to the research the most successful sessions lasted 21 minutes. The sessions implemented in this study lasted no less than 15 minutes. However, inconsistent with Chandler and Lubeck's (1992) meta analysis is the fact that in terms of the length of the treatment, the studies with the most successful results implemented an average of 33 sessions, whereas the present study implemented 16 sessions.

When comparing children's prosocial behaviors before and after the intervention took place, it is evident by the results of the data analysis of the time sampling procedure that the children's prosocial behaviors increased from time 1 to time 2 in each setting. As shown in table 6 the correlations in each setting; indoor, outdoor and structured were all significant at the .001. Thus in this study children that participated in a social skills programs benefited and acquired information about how to improve their social skills and

how to use the knowledge they have acquired in different situations. It is also interesting to note that the settings in which the largest positive differences were in indoor and in structured activities, perhaps due to the fact that this was the format of the program's sessions.

The correlation revealed by the educator rating scale was also very significant, which illustrates the fact that the educators were consistent in their perceptions of the children's behaviors in the pre and post-test intervention ratings. This implies that perhaps one of three situations occurred, the first being that since these educators have been with these children for at least a year and a half by this point that their perceptions of the children's social skills may be very established. Moreover, this rating was not based on the educator's direct observations of the children but rather their thoughts and perceptions on the children's social behaviors. Secondly, due to the fact that the program had a relatively short duration it may have led the educators to believe that it could not affect the children's social skills in a drastic way. Lastly, due to the fact that the scale used addressed general social skills and only contained five scales may have meant that it was not sensitive to change or that it did not address the issues in a specific manner. As indicated in table 8 when the time sampling and educator rating scale measures were correlated the results revealed a significant correlation. Although the time sampling measure and the educator rating scale offer different ways of examining social skills, this test validates the fact that the children the facilitator observed as having positive prosocial behaviors where the same as the children that the educators identified as displaying developmentally appropriate and age appropriate social skills. In fact, the educator rating scale revealed that 9 out of 20 children showed improvements in their

social skills once the intervention was complete. As for the time sampling procedure, 19 out of the twenty children showed increased instances of prosocial behaviors following the completion of the intervention in comparison to the pre-test.

Conclusion

Limitations

The researcher acknowledges that there were several limitations to the present study. The first limitation was that the sample size of 20 was small and therefore may not be representative of all preschool aged children. Secondly, the two case examples may not be generalized to other children with developmental disabilities. With regards to the participants, a control group would have allowed the researcher to investigate the impact of the intervention, however the idea of withholding this type of treatment neglected ethical concerns outlined by the researcher. Thirdly, the number of sessions (16) might not be the most impressive number suggesting that a longer program may have had more observable results.

The effects observed once the intervention was complete may be due to other issues such as maturation and additional therapy or treatment, however the researcher did not control for those and other variables. The results obtained from the post-test of the time sampling procedure adds bias to the interpretation of the findings as the facilitator's own bias and expectations may have influenced the outcome of this measure. In order to remedy this issue in the future it may be helpful for the facilitator to have a second person who is completely removed from the study however familiar with the time sampling procedure to administer the test so that it could have been used as a reliability check.

Also, as mentioned earlier, perhaps the Educator Rating scale was not sensitive to change and was too general in nature thus not permitting the educators to account for change that may have occurred.

As mentioned, the bi-weekly parent letters were sent home informing the parents about the program and suggested activities; however it was not possible to control for how many parents were implementing the suggestions at home and to what degree. Therefore, some children may have been exposed to a larger amount of social skills activities outside of the daycare setting therefore influencing their behaviour at post-test. Also, the number of newsletters that were returned to the facilitator were 16, out of a total of 80 that were sent out over the eight week period. The bi-weekly letters also point to another issue that the parents that completed them may hold dissimilar beliefs to those who did not reply and thus hold different beliefs about social skills, its place in daycare settings and their role in program implementation. Similarly, the facilitator was not in the classrooms at all times, and so it was difficult to determine the method that was used and the intensity at which the educators reinforced the material discussed during the sessions. With regards to the questionnaires and evaluations, although a section on comments was made available for parents and educators in order to probe deeper into their opinions, perhaps a one-on-one interview with the facilitator would have allowed for further analysis into their feelings and thoughts about the intervention. In addition, the parents did not observe the sessions although an open invitation was extended to them, therefore their evaluation of the program was based on the newsletters and comments from their children.

Implications for Future Research and Practice

Future research might consider the following issues and concerns. Conducting a long term intervention for a year or several months rather than 8 weeks. Also a 3 to 6 month follow up may prove beneficial in order to investigate whether the skills acquired are still present and to what extent. Nonetheless as was indicated earlier, the literature is divided on the issue of duration for it is argued that the quality of a program determines its effectiveness. It is equally important to investigate whether the skills taught have been generalized to other settings and whether or not they are being generalized to everyday life.

As a result of the best practices determined by this study, future educators might consider using these techniques as part of the classroom daily interactions and as part of the daily guidance situations that may arise. Also taking into account the individualized program approach of this intervention rather than a traditional approach would ensure that all the children benefit. Special attention needs to be paid to the environment of the classroom, the materials used, activities, centres and equipment. It is essential that educators become aware of how they can help create, foster and promote opportunities for children to interact socially. However in order to effectively design an individualized program and ensure that one meets the needs of the children, pre –service training and other activities dealing with teacher training and working in inclusive settings must be addressed. Perhaps more focus on teaching within inclusive preschool settings would prove to be beneficial, as was observed in one classroom of 10 children the level of development across the various developmental domains varied greatly and therefore more training may help to address the challenge of meeting the needs of all the children.

The social skills intervention program implemented for this study provides evidence that preschool aged children can develop and show an increase in prosocial behaviours with their peers. As well, educators and parents voiced that the program led to an observable improvement in the way the children dealt with their feelings and how they perceived themselves and identified the way they expect others to treat them. For the participants, this study provided them with the opportunity to be part of a highly individualized program as well as a program that considered the developmental needs of all the group members. By examining and designing programs that meet the needs of the group, successful inclusion at the preschool level is more attainable. In addition, with the proper materials such as hands on activities like role playing and puppetry, the issues presented were relevant to the children's lived experiences. Lastly, with the involvement of the educators and the parents through their recommendations and feedback, program efficacy was targeted from all directions.

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Appendix A

Partial Interval Time Sampling Procedure

Child: _____ **Date:** _____
Start Time: _____ **Ending Time:** _____
Planned Activity: _____ #1 _____ #2 _____
 #3 _____

Observer: _____

Interval #(15s)	1	2	3	4	5	6	7	8	9	10	11	12
Partial Interval Time Sampling /(yes) x (no)												
Prosocial Behavior												

Percent of Prosocial behavior

Notes:

Barnett, D.W., Bell, S.H., Carey, K.T. (1999). *Designing preschool interventions A practitioners guide*. New York: The Guilford Press.

Appendix B

Materials to be used

Construction paper
Markers/crayons
Tape/glue
String
Hula Hoops
Posters
Puppets made from cardboard
Popsicle sticks
Socks
Felt
Yarn
Rubber bands
Scissors
Newspaper
Illustrations
Magazine pictures of children with disabilities
Role playing list of scenarios
Role playing footprints
Chart paper
Role playing props and dress up clothing
Relaxation balls
Colourful container
Sun glasses
Box
Chalkboard
Easel
Tag board
Books

Appendix C

Assessment I Educator Rating of Children

Child's Name: _____

Educator Ratings of Children

Please complete the following scale by circling the number that best describes your answer.

1) To what extent is the child withdrawn?

Not Withdrawn 1 2 3 4 5 Very Withdrawn

2) This child's social skills are:

Very Good 1 2 3 4 5 Very Poor

3) How difficult is it for this child to ask other children to play?

Very Easy 1 2 3 4 5 Very Difficult

4) How difficult is it for this child to tell other children what he/she wants to do?

Very Easy 1 2 3 4 5 Very Difficult

5) How difficult is it for this child to ask other children for help?

Very Easy 1 2 3 4 5 Very Difficult

6) How difficult is it for this child to tell the other children about the games that he/she likes to play?

Very Easy 1 2 3 4 5 Very Difficult

7) How difficult is it for this child to share toys with other children?

Very Easy 1 2 3 4 5 Very Difficult

8) How difficult is it for this child to respond to the initiations from the other children?

Very Easy 1 2 3 4 5 Very Difficult

9) Overall, to what extent are you concerned about this child's social skills?

A Lot 1 2 3 4 5 Not at all

Taken from Storey, K.S., Danko, C.D., Strain, P.S., Smith, D.J. (1992). A follow-up of social skills instruction for preschoolers with developmental disabilities. *Education and Treatment of children*: Vol. 15 (2).

Appendix D**Social Skills Intervention
Social Validity Assessment II****Educator Evaluation of the Intervention**

On the following scale please indicate your answer by circling the statement that best describes your thoughts about the intervention.

1) The intervention was something I could do in my classroom

strongly agree agree undecided disagree strongly disagree

2) I could implement the intervention in my regular curriculum

strongly agree agree undecided disagree strongly disagree

3) The target child benefited from the intervention

strongly agree agree undecided disagree strongly disagree

4) The other children benefited from this intervention

strongly agree agree undecided disagree strongly disagree

5) I would use this intervention in the future with other groups

strongly agree agree undecided disagree strongly disagree

General Comments

6) Please provide suggestions on the intervention

7) Please provide any possible changes to improve the intervention

8) Please provide any additional comments

Thank you for filling out this questionnaire

Garfinkle, A.N., Schwartz, I.S. (2002). Peer Imitation: Increasing social interactions in children with Autism and other developmental disabilities in inclusive preschool classrooms. Topics in early childhood special education, vol. 22 (1).

Appendix E

Assessment III Parent Comments

Please provide your answers to the following questions in the space provided.

1) Please describe your overall level of satisfaction with the social skills early intervention program.

2) Please describe your perceptions about the benefits of the program.

3) Please describe your views on how the program could better meet the needs of your child.

4) Please describe your thoughts and feelings toward the parent handbook that you were given, (was it helpful, relevant, difficult to follow, ect.)

Thank you for providing your comments

Rao, N. (1997). Facilitating development in preschoolers with Down's syndrome in Hong Kong: A controlled evaluation of the effects of centre-based intervention and regular preschool attendance.

Appendix F

Consent Form for Parents

Concordia University
Montreal, Quebec
Department of Education
April 1, 2004

Dear Parent (s)/Guardian,

My name is Franca Dinolfo and I am a graduate student in the Master's of Arts Child Study program in the Department of Education at Concordia University. For my master's thesis I will be conducting a research study that will evaluate the effectiveness of a social skills intervention program for preschool aged children in an inclusive setting and would like consent for your child to participate.

The purpose of this study is to investigate the effectiveness of a social skills intervention program in an inclusive setting. The research will begin in April 2004 and will terminate in June 2004. Your child will be involved in a study that recognizes the importance of improving social skills for future academic success and achievement in social relationships and quality of life. Developing strong social skills is important for social and emotional development; these skills provide an important foundation for young children's later school readiness and overall well-being. In order to design the intervention the class as a whole will be observed by the researcher and together with the educator and director's advice and recommendations a social skills intervention program will be designed to meet the individualized needs of the children in the classroom. Once these skills are identified the intervention will begin and will occur two sessions per week for eight weeks; the sessions will last approximately 20 minutes. The topics will be discussed in small and large group format, using story and circle time, music, songs and role playing activities. Over the course of the intervention, Parent Newsletters will be sent home discussing the activities that are being done during the intervention with suggestions on how to discuss the given topics with your child as well as recommended activities. The parents will be provided with a handbook on how to help their children to develop a variety of social skills. The educators will also be provided with the intervention package for their own future use. Once the intervention is complete, observations will occur to determine the impact the intervention has had on the participants.

Both parents and educators will be asked to complete a short questionnaire. The educators will be requested to evaluate the needs of the children and once the intervention is complete they will be requested to rate the intervention. This is a critical step to ensure the quality of future social skills interventions. Parents will also be requested to complete

Appendix G

Consent Form for Educators

Concordia University
Montreal, Quebec
Department of Education
April 1, 2004

Dear Educator,

My name is Franca Dinolfo and I am a graduate student in the Master's of Arts Child Study program in the Department of Education at Concordia University. For my master's thesis I will be conducting a research study that will evaluate the effectiveness of a social skills intervention for preschool aged children with disabilities in an inclusive setting and would like consent for your class to participate.

The purpose of this study is to investigate the effectiveness of a social skills intervention program for children with disabilities as well as their peers. The research will begin in April 2004 and will terminate in June 2004. Your class will be involved in a study that recognizes the importance of improving social skills for future academic success and achievement in social relationships as well as quality of life. Developing strong social skills is important for social and emotional development for they provide an important foundation for young children's later school readiness and overall well-being.

In order to design the intervention the class as a whole will be observed by the researcher and together with your assistance and the director's advice and recommendations, a social skills intervention program will be designed to meet the individualized needs of the children in your classroom. Once these skills are identified the intervention will commence and will occur two sessions per week for eight weeks; the sessions will last approximately 20 minutes. The topics will be discussed in small and large group format, using story and circle time, music, songs and role playing activities. Over the course of the intervention, you will be asked to distribute Parent Newsletters to the parents that will be produced by the researcher. These letters discuss the activities that are being done during the intervention with suggestions on how to discuss the given topics with their child as well as recommended activities that can be done in the home. I will also provide the parents with a handbook on how to help their children develop a variety of social skills. As an educator you will also be provided with the intervention package for your own future use. Once the intervention is complete, observations will occur to determine the impact the intervention has had on the participants.

Both you and the children's parents will be asked to complete a short questionnaire. You will be requested to evaluate the needs of the children with the researcher before the intervention is implemented and once the intervention is complete you will be requested to rate the intervention. This is a critical step to ensure the quality of future social skills

Appendix H**Consent for Release of Personal Information**

I, _____ the parent or guardian of _____ give consent for the release of personal information that the primary researcher from Concordia University may need for an upcoming research study. A pseudonym will be used to protect the identity of the participant, and all personal information will be viewed by Franca Dinolfo under the supervision of the director of the daycare. I understand that I may discontinue my and my child's participation from this study at any time and that all information will be kept confidential.

Parent Name (Print) _____

Parent Signature _____

Participant Name _____

Date _____

Appendix I**Global Time Line**

- Step 1Pilot Study
- Step 2Partial Interval time sampling
Pre-test for educators
- Step 3Social skills early intervention program
- Step 4Partial Interval time sampling
Post test for educators
Educator Rating Questionnaire
Parent Questionnaires

Appendix J

Intervention Time Line

An approximation of the topics and the activities that will be addressed over the 8 week social skills early intervention program.

Week	Session #	Activity
Week 1	Session #1	Introduction- classroom rules
	Feelings Session #2	Feelings Cube
Week 2	Session#3	Discovering Happiness, sadness and anger
	Session #4	Discovering fear, shyness and disappointment
Week 3	Session #5	Mr. Happy, Mr. Sad, lonely, confused, nervous, scared, excited, surprised, embarrassed, frustrated, calm angry- puppets and role playing
	Session #6	I identify what going on inside my body
Week 4	Session #7	Double dip Emotions
	Session #8	I recognize the consequences of my reactions and regulating emotions
Week 5	Session #9	Cooperation Web- Story book discussion
	Friendship Session #10	Friendship chain- art activity, story book discussion

Week 6	Session #11 Self-Concept/ Self-esteem Session #12	I like me Bingo and story book discussion Story book discussion, art activity
Week 7	Session #13 Dealing with Rejection Bullying Session #14	Dealing with Rejection Bullying and dealing with it
Week 8	Session #15 Relaxation Session #16	Bullying role playing and stories My magic place and learning to calm down

Appendix K

Week 1- Session #1

Introductory warm up activity

“Group rules”

Have the group brainstorm rules for how they want to treat one another in the group. Write the rules or illustrations on a sheet of large construction paper and then have all group members sign or help them sign their names or draw a picture on the paper as their commitment to these rules. Be sure that the rules are posted at the beginning of the session and throughout the intervention.

Materials- paper, markers, tape

Procedure-

- Introduce the sessions to the children by showing them the posters that will be used, the characters that they will meet along the way. Allow them to familiarize themselves with the topics by talking about the 4 different subjects that will be explored (feelings, friendships, self-esteem, bullying/rejection)
- Have the children sit in a circle and ask them to give you words and statements that can be used to show politeness and to promote positive behaviors.
- Prompt the children if needed and encourage the use of words such as:

No put downs or name calling

Take turns talking

I'm sorry, Thank you, please, excuse me, Can I help, Good morning, I forgive you, I like you, May I help, Pardon me

- Do this activity at the beginning of the intervention to have something to refer to over the course of the sessions.
- Ask the children where they would like to hang it (on the wall or from the ceiling, similar to a mobile)

Week 1- Session #2

Feelings Cube

Objective- To teach the children about different emotions, turn taking and role playing.

Materials- a 6-sided cube, that has six different feelings being expressed, one on each side. The different feelings include: happy, sad, angry, scared, silly, and proud and story book.

Procedure-

- Discuss each feeling expressed on the cube to ensure that the children understand the vocabulary.
- Ask the children to talk about a time when they had one of those feelings.
- Children take turns rolling the cube; each child is asked to make a facial expression or talk about a situation that made them feel the emotion that is being expressed on the cube.
- Read and discuss the story "When I feel Angry."

Closing-

- A closing activity is introduced to the children. Everyone is asked to sit in a circle and hold hands and the leader tells them that she will pass an impulse to the person next to her, who in turn will pass it to their neighbor and so on. This game will be at the beginning and at the end of almost every session to promote focus and self control.

Week 2- Session # 3

Discovering the feelings of happiness, sadness and anger (Pacific Path)

Objective- To teach the children about the feelings of happiness, sadness and anger as well as to teach the children to identify situations generating feelings of happiness, sadness and anger.

Activity- use the heart shaped puppets for role playing

Materials- use poster of Mr. Sensitive and puppets of happiness, sadness and anger, paper bag and illustrations.

Procedure-

- Warm up activity- pass the hand impulse
- Introduce Mr. Sensitive and explore with the children why he is called Mr. Sensitive.
- Explain that this is his name because he is sensitive to all his feelings
- Present the feelings of happiness, sadness and anger.
- Present the puppets demonstrating each feeling, take the appropriate tone of voice for each puppet and act out the feeling
- The puppet will tell the children that it represents a feeling but that it forgot its name
- Ask them to carefully observe the puppets facial expression and guess what feeling the puppet represents
- Reveal the feeling in question if they have not found it
- Ask the children if they feel they have discovered a feeling that brings them *warmth or a squeezed heart*, use the illustrations, explain what these illustrations mean using real life situations.
- Invite them to stand in a circle and hide the three puppets in a paper bag
- Explain that when you take out a puppet they will mimic the feeling by using a facial expression or talking about a situation that led them to feel that way.
- Close using pass the hand impulse activity.

Week 2- Session #4

Discovering the feelings of Fear, shyness and disappointment (Pacific Path)

Objectives- To teach the children about the feelings of fear, shyness and disappointment as well as to teach the children to identify situations generating feelings of fear, shyness and disappointment.

Activity- read three short stories: Nicolas's stroll, Kimberly's great talent and Tommy's picnic. Show the cardboard illustrations of the *Radiant heart* and the *Heart squeezed by a belt*

Materials- three puppets representing feelings of fear, shyness and disappointment, three stories and cardboard illustrations.

Procedure-

- Open with pass the hand impulse activity.
- Introduce the three feelings and discuss them with the children, explain the cardboard illustrations
- Read one of the stories to the children
- Show them the corresponding cardboard illustration one at a time as you go along.
- Invite the children to guess which feeling is being presented in the story by asking them how the characters feel.
- Reveal the feeling in question if they have not found it.
- Show them the puppet corresponding to the feeling and have them mimic the facial expression.
- Ask the children if they feel they have discovered a feeling that brings them warmth or a squeezed heart, use the illustrations.
- Repeat the steps mentioned above with the two remaining stories
- Close with pass the hand impulse activity.

Week 3- Session #5

Mr. Happy/Mr. Sad and other- confused, scared ect...

Objective- To teach the children about sharing, cooperation, and expressing emotions

Activity - using puppetry to work on fine motor skills, language and knowledge of emotions to describe different situations.

Materials-

Procedure-

Situations to be used with puppets:

- One rainy day Sally was very lonely and couldn't find anything to do. Sally's mother asked her if she would like to have a friend over. Sally said yes, so her mother called Sally's friend Lisa. Lisa was not home so Sally's mother said they would have to do it another day.
- Paul was very excited. It was a special day; his birthday. He had waited a long time for this day to come, and not he was getting dressed because it was almost time for his fifth/sixth birthday party.
- John was playing with his dump truck; He loved to use it in his sand box. He made roads and mountains and pretended he was in a far-away country.
- Susie loved to read stories about kittens. She also collected kittens of all sizes and colors. Today when Suzie's dad came home he had a special surprise for Suzie: her very own kitten names Mittens.
- Laura was building a tall tower with her new building blocks. She put windows in it and a flag at the top. Billy, Laura brother/friend at the day care, ran into her tower and tipped it over, sending the blocks flying to the ground. Laura's tower was ruined.

Week 3- Session #6

I identify what is happening inside my body

(Pacific Path)

Objective- To raise the children's awareness of the importance of better managing their feelings and to teach the children to identify the physical sensations related to various feelings they experience.

Activity- Read *Rodano's Anger*, discuss Mr. Cool's 1st trick and hide the illustrations representing the various feelings ahead of time around the classroom.

Materials- Mr. Cool's trick poster, illustrations of characters and feelings, illustrations of physical sensations, story book-*Rodano's Anger*, illustration of feelings thermometer

Procedure-

- Open with pass the hand impulse activity.
- Ask the children to look at the poster of Mr. Cool and explore the idea of Mr. Cool with them.
- Explain that this is his name because he does everything calmly to avoid unfortunate situations
- Explain what an intense feeling is (being very angry or very sad). Provide an example of each use feelings thermometer.
- Show them Mr. Cool's tricks
- Read the story *Rodano's Anger* and discuss the following questions:
How did Rodano feel at the thought of being punished?
Why did he feel that way?
What did Rodano do after his father punished him?
Do you think Rodano regretted his actions?
How do you think his father feels?
- Ask them to think about solutions to Rodano's dilemma
- Ask the children to look around the room and find the illustrations.
- Guide them into identifying the physical sensation that is being represented in the illustration
- Talk about different ways we feel physically: knot in stomach, tear like the rain, angry like an erupting volcano, happy like a rainbow, grey and sad like the sky and cold and distant like the ice cubes (show the various illustrations).
- Close with pass the hand impulse activity.

Week 4- Session #7

Doubled Dip Emotions

Final session on emotions- wrap up/return of characters from session #3 and #4

Activity- while in a circle, the children will be asked one by one to make a mask and for the others to guess the emotion

Materials- pictures of people displaying different emotions, heart shaped feelings puppets, story book

Procedure-

- Open with pass the hand impulse activity.
- Show the heart shaped puppets to the group, review the names of the feelings and their facial expressions.
- Talk about feeling two feelings at the same time.
- Discuss that there is more than one way to express an emotion and that sometimes we may feel more than one emotion at a time, read the book by Barbara Cain” Double Dip Emotions”
- At the end of each short story ask the children to identify the 2 feelings that are being experienced.
- Ask the children to talk about a situation when they felt two feelings at the same time.
- Close with passing the hand impulse activity.

Week 4- Session #8

I recognize the consequences of my reactions- (Pacific Path)

Objective- To teach children to become aware of the consequences different reactions may have on themselves and others. Warm up is used to help build self esteem and practice turn taking.

Activity- read and discuss the story *Perla's castle*

Materials- book, and illustrations

Procedure-

- Warm up- all the children's names are placed inside a small box, the box is passed around the circle and one by one the children are asked to pick a name and give a compliment or say nice words to the person's whose name they picked. (provide help to recognize each name if needed).
- Explain to the children that they will have to think about different reactions they may have when they experience feelings. They will also think about the consequences of their reactions on themselves and others.
- Read the story *Perla's castle*
- Discuss the following issues:
Ask the children what reactions Perla may have had after Martin's action
Show the illustration of Perla's reactions
Suggest some reactions that would not favor resolving the conflict i.e.: "if Perla hits Martin, she would later feel bad and Martin may get so angry that it could be the end of their friendship
- Present the different reactions that Perla could have had to the children.
- Ask the children to observe the different reactions and identify the best one and discuss the reactions she should not have and why.
- Close with passing the hand impulse activity.

Week 5 -Session #9

Friendship-

Cooperation spider web-

Objective- To teach the children about cooperation, turn taking, and friendship

Activity- use a ball of yarn to make a spider web, and read and discuss the story “Jennifer Jones Won’t leave me Alone”

Materials- ball of yarn, story book

Procedure-

- Warm up with pass the hand impulse activity.
- Hold the end of the yarn from a ball of yarn and gently toss or roll the ball of yarn to a child sitting across the circle.
- The child who catches the ball holds the section of the yarn that has unrolled in her hands and tosses the ball to a child sitting across the circle.
- This continues until every child is holding a section of the yarn.
- Once the web is woven, ask the children to place the yarn on the floor in front of them.
- Ask the children to stand and look at the web they have created together.
- Cut the web and allow the children to keep it for another time .
- Read and discuss the story- “Jennifer Jones Won’t leave me Alone”
- Close with pass the hand pulse.

Week 5- Session #10

Friendship Chain

Objective- To teach children about friendship, turn taking, cooperation and individual differences.

Activity- Discussion of the story “Rainbow Fish” by Marcus Pfiser, art activity (create a friendship chain)

Materials- tape, construction paper, glue, glitter, stickers, story book

Procedure-

- Warm up with pass the hand impulse activity.
- Read and discuss the story “*Rainbow Fish*”
- After reading the book the children will be asked to move to the art table and pick any color paper and to stick whatever they want on it.
- Help the children to tape their piece of paper together like a chain
- The facilitator will go around the circle and ask the children to lock their chains together with their neighbor.
- When the chain is complete the children will be asked to decide where they would like to display it.
- Discuss how the chain looks and how each link is special and different and what can be accomplished when we all work together.
- Close by passing the hand impulse.

Week 6- Session #11

Friendship BINGO....

Objective- To teach the children about cooperation, listening to instructions, friendship, helping others and sharing.

Activity- Read and discuss the story- “We Share Everything” by Robert Munsch followed by a BINGO game.

Materials- bingo sheets, bingo markers and story book.

Procedure-

- Session will begin with passing hand impulse activity.
- Read and discuss the book “We Share Everything” by Robert Munsch”
- Invite the children to the art table and ask them to get into pairs and play BINGO, the center will say **I like me!**
- The children will be asked to help each other find the picture on their sheet
- They can make a T or L, or the whole card depending on the time.
- At the end of the game, the children will be asked to return to the carpet to talk about the game, how it felt to work together, to share bingo markers and what the various pictures on the bingo sheet meant to them.
- Close with passing the hand impulse.

Week 6- Session #12

I Like Me!

Objective: To teach the children about self-esteem, positive self-concept and to express themselves creatively.

Activity: Read and discuss large picture book "I like me!" An art and language activity to follow.

Materials: picture book, colored construction paper, crayons.

Procedure:

- Warm up- pass the hand impulse.
- Read the story "I Like me!" and discuss
- Ask the children to move to the art table and ask them to draw their favorite part of the story by showing how they cheer themselves up when they are feeling down.
- Encourage the children to incorporate language into the story and help them to write in their books.
- Ask the children to return to the carpet and share their short stories with each other, talk about each story and the techniques that the children use.
- Close with passing the hand impulse activity.

Week 7- Session #13

Dealing with Rejection

Objective To help children deal with rejection positively, problem solve, regulate emotions, and express feelings

Activity- role playing exercise

Materials- role play footprints, tape, and role play illustrations

Procedure-

- Invite the children to warm up their voices by passing around a sound and imitating each other.
- Discuss what rejection means by giving examples and allowing the children to describe it before beginning.
- Discuss with the children how it feels when someone does not want to be your friend.
- Explain to the children that today we are going to talk about a situation that everyone has to deal with at some point: Sometimes when you ask someone to do something, they say no. Or, someone that you like will tell you that he or she does not want to be your friend. Tell the children that this can really hurt our feelings and can make us feel very bad about ourselves. But today we are going to talk about how to feel better about it.
- **Present the children with a Dealing with Rejection Role- play situations list.**
- Based on the illustrations ask the children to identify who is being rejected and how this person can deal with the situation.
- Then ask the children to think of things they can do if someone does not want to play with them or be their friend. What can a person do to make him or herself feel better and where might he or she turn to find support or friendship. Examples include: asking someone different to play, asking the other person to do a different activity, finding a fun activity and inviting others to participate, asking an adult for advice.
- After each illustration ask the children who would like to volunteer to role play the situation on the illustration sheet.
- Use a large space for the stage and ask the children that are acting to get into the role by stepping on the footprints (taped on the floor).
- Repeat until everyone who wants to participate has a turn.
- Close the session by discussing how it felt to be the person “being rejected” or the “rejecter”.
- Finish by passing the hand impulse.

Week 7- Session #14

Bullying-

Objective- To introduce the children to the concept of bullying

Activity- discuss bullying, illustrations of events, role playing.

Materials- illustrations

Procedure-

- Begin with passing around the hand impulse.
- Say to the group “Sometimes people hurt our feelings by accident. But other times, people hurt our feelings on purpose because they want to tease us and see if we get angry.
- Show illustrations of the events “Things done on purpose or an accident”
- Discuss “if you refuse to react in the way they want or expect you keep the personal power. It’s important to learn to control your initial reaction of lashing back at them.”
- Show them pictures of various victims and their bullies and of situation where an incident occurred that was an accident or on purpose.
- Ask the children to identify the bully or whether the situation was an accident.
- If the situation shown illustrates an instance of bullying, ask the children to discuss how they would deal with the bully, the words and various actions they would take.
- Conclude with passing the hand impulse activity.

Week 8- Session #15

Bullying (Brookman, Beverly)

What do you already know about bullying?

Objective- To teach the children about bullying and how to deal with it

Activity- discussion about bullying poster and role playing activities.

Materials- chart paper, markers, role playing list, and poster

Procedure-

- Begin by passing around the hand impulse
- Ask the children to pass around a sound of an animal to warm up their voices, have the other children imitate
- Have the children express what they already know about bullying
- Expand on what they already know with a discussion and strategies to deal with bullying situations
- Show them the poster "I have a right to be safe"
- Discuss what this means
- Write down what the children say on chart paper
- Discuss questions like: what do you already know about bullying? Where does bullying happen? How does it make you feel? How can you solve the problem? What do you do when someone bullies you?
- Next re-introduce the role playing footsteps, tape them on the floor.
- Read out the first role playing bullying situation
- Ask the children who would like to be play the various roles.
- As a group, encourage the children on stage to use proper vocabulary when dealing with bullies. (as discussed previously).

Week 8- Session #16

My Magic Place Activity- (Horne and Bartolomucci)

Objectives- To teach the children to use imagery to promote relaxation and to encourage children to take private breaks at times they are experiencing intense feelings

Activity- relaxation

Materials- relaxation balls, stress balls, book with warm, serene illustrations, relaxation music, relaxation script, poster, blanket.

Procedure-

- Remind the children that this is the last session
- Start with passing the hand impulse
- Discuss the idea of calming down with the children
- Go through the six steps to calm down (show illustration)
- Hide under a blanket objects that can be used to calm down (bottle of water, book, massage ball, music tape, picture of something you love)
- Have the children guess what is under the blanket, then have them touch the objects
- Have the children explain how we can use these objects to calm down.
- Introduce the activity to the group. You might say something like the following:

When you are in different situation and you're not sure what to do, do you ever wish you could just go away and get some time to think? Today, we are going to learn how to take a private break for a few minute of relaxation. You can do this exercise from the space.

- Dim the light, then instruct the children to put their heads down and close their eyes, they can lie on the floor if space is provided.
- Follow the script.

Discussion- Would anyone like to share his or her magic space?

How did it feel in your magic place?

Do you think you can visit your magic place when you are feeling angry?

- Close the last session by passing the hand impulse and thanking the children for their participation

Appendix L

Introducing the Program

Helping your child be successful!

A Social Skills Program

Your child has just begun a new program at school. A Social Skills Program teaches children the skills they need to be successful at school and at home. Teaching children social skills is very important. Social skills are essential for both academic success and healthy self esteem.

Many children have difficulty making friends and may act out in ways that interfere with their learning. However, the Social Skills Program can help your child get along with others and control his or her behavior.

This program teaches children to

1. Better understand and deal with their emotions.
2. Calm down when upset and overexcited.
3. Accurately “read” social situations
4. Problem solve independently
5. Be a good friend
6. Improve their self-esteem/self-concept

You will receive updates about what your child is learning and what you can do at home with your child to reinforce these skills.

Parent Letter

Dear Parents,

Emotions and feelings have been the focus of our social skills program. Throughout each day, the children experience many feelings, ranging from happiness to sadness. The purpose of this unit is to have the children develop an understanding of feelings. Feelings are something we all share, and feelings are acceptable. We will be exploring ways of expressing different feelings.

AT SCHOOL

Some of the learning experiences planned for this unit include:

- ❖ Listening and discussing the book *When I feel Angry* by Cornelia Maude Spelman.
- ❖ Discovering the feelings of happiness, sadness, anger, fear, shyness and disappointment through Mr. Sensitive.
- ❖ Each child will be given the opportunity to describe an event and a feeling that accompanied it, through the use of a Feelings Cube and heart puppets.
- ❖ Listening and discussing the stories of *Nicolas's Stroll*, *Kimberly's Great Talent* and *Tommy's Picnic*.

AT HOME

To help your child identify situations that elicit feelings, have your child cut or tear pictures from discarded magazines that depict events or situations that make your child feel the wide range of emotions that we have. These pictures can be glued or pasted on paper to create a feelings collage.

Talking with your child about your feelings will encourage parent-child communication. Tell your child what things make you feel various ways. Then

ask your child to share some feelings. Also feel free to discuss the activities mentioned in this newsletter with your child as a way of talking about their day and what they have learnt.

Promoting Social Success Parent Newsletter #2

Friendship

Helping children to be good friends!

Making and Maintaining Friendships

Friendships are some of the most important relationships in our lives. They provide us with emotional support, companionship, and, most of all, fun!

Your child's class is beginning a unit that teaches children how to be good friends. Below are some of the topics that will be dealt with during the activities:

1. Helping and sharing
2. Empathy
3. Accepting others
4. Dealing with rejection
5. Give and take
6. Cooperation

The activities will ask the children to identify characteristics of a good friend and provide strategies for making and maintaining relationships that are fulfilling and enjoyable.

Focusing on friendships helps create a classroom atmosphere that is accepting and supportive. A friendly classroom is a place where children can look forward to being in every day!

What Can You Do? With your child...

- Read a book about friendship (*Charlie the Caterpillar* by Dom Deluise, *Rainbow Fish* by Marcus Pfister, *Anansi the Spider* by Gerald McDermott)
- Talk about the kinds of things that make a person a good friend
- Tell how you solved a problem in one of your friendships

- Draw a picture for a friend
- Talk about any problems your child might be having making friends

Parent Letter

Promoting Social Success!!

Parents take home activity...

I like Me!

Dear Parent,

Your child has just finished a Big Book called “**I Like Me!**” by Nancy Carlson. This story is a fanciful tale by a pig who wants to prove the value to self reliance. She begins by announcing that she is her own best friend. Then she tells about reading books and doing lots of other things by herself. By the time she gets to the end of the story, this wonderful pig has proven she indeed is her own best friend. Ask your child to tell you the story in greater detail.

You can help reinforce the ideas presented in the Big book. Discuss with your child other things the pig in the story might do by herself. Later, turn your discussion to the idea of people feeling good about themselves. Try to get your child to express their personal view of the idea.

Use this opportunity to discuss the value of family and friends as well as the value of self-reliance. Let your child talk about things that are more fun or more of a pleasure when done with family and friends.

Thank you!!

Additional Activities...

Self Portrait

Children can use torn paper to make a self portrait.

I like.... Collage

Supply children with many different magazines, with foods, toys, etc. Let the children cut out things they like and glue them onto a piece of paper.

Life Size Me

Have the child lay on a piece of butcher paper and trace them. Have the child color the paper, then cut it out.

Promoting Social Success!!

The Calming Down Steps

Calming down the steps help kids think clearly!

The Three Steps for Calming Down

Children often act in impulsive ways. Feelings of anger or excitement can be overwhelming. Teaching children to monitor their emotions and to calm down when these emotions are running high can help them to control their behavior and make better choices.

With this goal in mind, through the Promoting Social Success activities, the children have learnt three steps to help them calm down. Using a red traffic light symbol to cue the children, we ask them to :

1. Stop
2. Keep hands to yourself
3. Take a deep breath

People use many methods to help themselves relax. Some people count to 10, and some picture themselves on a deserted beach.

We believe that these three steps are a good tool for kids who need help calming themselves. The steps are simple, easy to remember, and can be done as easily in the mall as they can be done in the classroom.

With practice children can become proficient at recognizing when they need to calm down and at performing the three steps independently.

Practicing at Home:

You are your child's most important teacher. Reinforcing skills at home is an essential part of your child's learning. And learning to calm down is a skill that will benefit your child both academically and socially.

What Can You Do?

With your child....

- Post the Stoplight Poster on the refrigerator.
- Coach your child to perform the three steps when he or she is upset.
- Plan an exciting game, then practice calming down using the three steps.
- Use the words feeling, angry and calm in a sentence.

Please return this portion to the day care as soon as possible.

Please provide any comments you may have about the suggestions made in the Parent Letter.

Did you incorporate the suggestions made in the Parent Letter into your daily routine at home? If so, how and what are your thoughts on the outcome?

Is there any other information that you would like to be provided with in regards to the program or any other issues pertaining to it?

Appendix M

Class A/B- Date

Week _ Session #_

Please provide your feedback/comments on the session/

Week _ Session _

Please provide your feedback/comments on the session/

Please note any differences in behavior, references to the sessions from the children or regressions that occur.