Reflections

Transition from Preschool to "BIG SCHOOL"

By Jan Blacher, Ph.D., Columnist, and Guest Co-Author, Laura Lee McIntyre, Ph.D., Syracuse University

One of the first rights of passage children experience in their formative years is the transition from day care or preschool to the "big school." This move brings increased responsibility, expectations, and opportunities for success and failure for children and their families. Successful adaptation to school is influenced by many factors, including academic, social, emotional, behavioral, and cognitive competencies of the child. With the developmental flux that children of this age are experiencing, it is helpful if the transition to school can be as smooth as possible. When your child has special needs, it is even more important to be proactive in facilitating this important move.

What is really expected of my child as she transitions to kindergarten?

Young children, five or six years of age, are expected to "play the school game," one that has a surprisingly large number of rules. As "players," young children must adapt to teacher and classroom demands. They must navigate through a barrage of complex peer interactions. At the same time, they must develop autonomy and identities of their own. Children's friendships and social status with their peers, and positive, communicative relationships with teachers, bode well for early school adjustment. In the midst of these expectations, a surprising number of children are triumphant! Most students come to understand the demands of their new environment and to meet them.

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Many students, however, are at-risk for difficulties as they transition to school. Robert Pianta (University of Virginia) and his colleagues have conducted a series of studies focused on a central aspect of adaptation to school - the child's relationship with her teacher in kindergarten. Their Student-Teacher Relationship Scale considers a higher quality relationship to be indicated by the teacher's report of high closeness with the child and low conflict and dependency. These studies, primarily with typically developing children, have demonstrated the importance of the child's early relationship with her teacher, as this is predictive of greater academic success in later school years and of social success.

Children with intellectual disabilities, by nature of their impairment in cognitive functioning and adaptive behaviors, are at heightened risk for negative outcomes in school. These include not only the expected academic difficulties, but socio-emotional problems as well. Researchers have shown that children with intellectual disabilities have a much higher incidence of behavior and mental health problems, and that these challenges (even more than the cognitive deficits) are associated with stress and depression in caregivers. Likewise, although little studied, these behavioral challenges may interfere with the development of a positive relationship with the teacher and classmates, and with the school experience generally.

What does research tell us about the transition to school for children with exceptional needs?

We (Laura Lee McIntyre and Jan Blacher), with our colleague Bruce Baker (University of California, Los Angeles) recently reported a study of the transition to school, in the Journal of Intellectual Disability Research. We studied sixty-seven young children (five to six years of age), with and without intellectual disability, as well as their mothers and teachers. In attempting to understand the transition period better, we asked two primary questions. First, did the children with ID have lower quality relationships with their teachers than those without ID? Second, did measures of child functioning (cognitive, adaptive, social, and self-regulato-
ry) predict positive school outcomes?

We obtained information from parent-completed questionnaires from direct observation of parents and children when they visited us at our university laboratories and when we visited them in their homes, and, for a sub-sample of the children, when we systematically observed them at school. School outcomes were assessed by having the child's teacher complete Pianta’s Student-Teacher Relationship Scale as well as surveys of the child's problem behaviors and social skills exhibited at school.

We found that children with ID fared worse than children who were typically developing during the transition to school. They were rated by their teachers as having more behavior problems, fewer social skills, and lower quality student-teacher relationships. However, some children with developmental disabilities also had positive transitions to school. In fact, about one-third of the children with developmental disabilities have average or above average quality relationships with their teachers.

Second, several child measures predicted more positive school outcomes. Children’s self-regulatory skills—their abilities to regulate their emotions and behavior—were related to positive school outcomes. Self-regulation reflects children’s ability to manage and cope with their emotions and to express these emotions in appropriate ways. Learning to regulate negative emotions is a process that begins in infancy, and is greatly influenced by parents through modeling and teaching. Self-regulation becomes especially important when children enter school, as our research shows, in determining how well children are able to persist on difficult tasks, comply with school rules about behavior, and cope with frustration when learning new skills.

In the children we studied, self-regulation was highly related to children’s level of functioning. That is, children who were typically developing, on average, exhibited better self-regulatory functioning than children with intellectual disabilities. Children’s social skills also predicted positive school outcomes, regardless of whether the children were typically developing or developmentally delayed.

What do these findings mean? It appears that as children transition into “big school,” those who present with dual cognitive and behavioral risk factors likely will have difficulties adjusting to the new academic and socio-behavioral environment, but we know that it take more than one therapy modality to help children with brain injuries, so we offer a multi-disciplinary approach including intensive pediatric therapy including Therasuit™, acupuncture, massage & herbal/nutritional support.

Richard A. Neubauer, M.D. Internationally renowned expert & innovator in HBOT for neurologic injury, CP, Anoxia (lack of oxygen), autism, mitochondrial, spasticity, developmental delay & other brain injuries.

The Recoverable Brain: CP & the Brain Injured Child

The Ocean Hyperbaric Neurologic Center is the most experienced HBOT center in the US for the treatment of CP & the brain injured child. Patients come to Dr. Neubauer from around the world because they trust his caring manner & over 30 years of pioneering experience and scientific expertise with hyperbaric oxygen therapy (HBOT) in neurologic injury. Brain injury is associated with decreased blood flow. Decreased blood flow results in a profound lack of oxygen with devastating effects. However, in most brain injury, areas surrounding damage are receiving enough oxygen to exist but not to function. These damaged, stunned areas are known as the ischemic penumbra or THE RECOVERABLE BRAIN. HBOT, the safe use of 100% oxygen under increased pressure has been shown to awaken & facilitate hypoxic, idling neurons to function while reestablishing needed oxygen & blood supply. In a study with Nova Southeastern University Medical School, functional brain imaging studies have been statistically & significantly correlated to the clinical & cognitive improvements after HBOT (J of Int. Neurosciences, 2004).

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demands placed on them. Successful adaptation to school for very young children, particularly those with intellectual disability, primarily involves appropriate emotional and behavioral control, along with basic social and functional skills. Indeed, behavioral, emotional, and social competencies have been suggested to be just as important, if not more so, than intellectual or academic skills in early educational settings. Child self-regulatory and particularly social skills, therefore play important roles in early educational experiences.

**What are some special areas targeted for intervention at this time?**

Early intervention programs for children with, or at risk for, developmental delays traditionally focused on cognitive gains—raising the IQ. More recently, however, the scope of early intervention programs, and outcome measures, has broadened to include the child’s behavior problems and social development—and sometimes parent well-being as well. This broader focus recognizes the many factors that come together in predicting the child’s successful development.

In addressing early child behavior problems, many professionals (e.g., psychologists, educators, social workers) are now trained in techniques to reduce these problems. Generally speaking, early and comprehensive interventions are successfully developed to reduce problem behavior and increase adaptive behavior. These interventions can be family-focused, and usually include parent training and counseling as well as child behavioral therapy. Developmentally appropriate strategies, based on the principles of applied behavior analysis and social learning theory, can be tailored to address the needs of the children while fitting with the values and parenting practices of the family. Research has shown time and again that early and comprehensive services (targeting home settings as well as other daycare/school settings) will have better, more long-lasting success.

Parents are key players in these programs, and, indeed, many guides are now available to help parents work with their children on self-care, social, behavioral, and academic skills early on. Our favorite book, though with full disclosure your columnist admits to participating in its writing, is *Steps to Independence: Teaching Everyday Skills to Children with Special Needs*, by Bruce Baker and Alan Brightman (Baltimore, MD: Paul H. Brookes). After thirty years and four editions, this easy-to-read guide is still helping parents to reduce child behavior problems and to teach a range of new skills.

We have seen that children with better social skills transition to school more successfully. The good news is that social skills, like daily living skills and academic skills, can be broken down into smaller units and taught individually. A social skills assessment should be conducted first (early childhood professionals can be invaluable here) and the child’s skills should be described in terms of acquisition and/or performance deficits. Acquisition deficits are “can’t do” problems, whereas performance deficits are “won’t do” problems. Acquisition deficits occur because the child does not have the necessary social skills to perform the social task. Performance deficits, on the other hand, are problems with motivation or interest in social activities. Once the target social skills are identified and described, individualized interventions are developed. Social skills training programs typically focus on teaching a skill in isolation (for example, greeting another child), practicing that skill (using feedback and treats to encourage performance and motivation), and then transferring the newly acquired skill to a more natural setting. During the skill transfer step, other children can help with the process. This usually involves working with the other children in advance (telling them what to expect and how they should respond) prior to bringing in the child who is experiencing difficulties.

The steps are simple enough; however, it is important for families to have the support and expertise of early childhood professionals.

Robert Pianta and Martha Cox, in their book *The Transition to Kindergarten* (Baltimore: Paul H. Brookes), promote the development of parent-professional partnerships during this period. It is important for families and educators to be on the “same page” and to work together to achieve common goals during the transition to kindergarten. Actually, there is no reason why the development of such parent-professional partnerships must wait until the transition to kindergarten. A working partnership between parents and early intervention staff during the toddler years sets the stage for developing later partnerships with preschool and school teachers.

Here, we offer several examples of concrete things parents can do to build partnerships with teachers, and/or improve transitions: (1) Consider planning visits with your toddler to the preschool setting, or visits with your preschooler to the kindergarten setting, both in the spring before they enter their new school; (2) Plan play dates with your child’s future classmates; (3) Meet with preschool or kindergarten teachers to discuss how you can prepare your child for his or her class; (4) Meet with your child’s new teacher early in the school year to coordinate your home-school intervention efforts. Clearly, children’s success can be enhanced when a team of dedicated individuals, including family and professionals, are working toward common goals.

Transitions can be scary. By definition they involve a certain amount of uncertainty. However, parents who prepare, through skills learned and partnerships formed, can more confidently launch their child from preschool to “big school.”

References cited or consulted in this Research Reflections column are available upon request from epedit@aol.com.