2005

The inclusion of parents in early childhood language and behavior development

Kathryn Lee Demoville

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THE INCLUSION OF PARENTS IN EARLY CHILDHOOD LANGUAGE AND BEHAVIOR DEVELOPMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Education:
Special Education

by
Kathryn Lee DeMoville
September 2005
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LANGUAGE AND BEHAVIOR DEVELOPMENT

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September 2005

Approved by:

Ann Selmi, First Reader

Thom Gehring, Second Reader
ABSTRACT

Behavior difficulties have often been documented in the research on language delays in early childhood development (Warren & Yoder, 1996). Research has been completed on the training of teachers and parents in early interventions that can be used to change inappropriate behavior of young children (Brault, 2004; Droettboom, 2004; Greenspan, Wieder & Simons, 1998). The purpose of this study was to examine changes that occurred when (1) Parent involvement, (2) Language skill development, and (3) Behavior development, were combined in one early intervention curriculum for children with delays in language and behavior development.

Through a collaborative effort between a school district and a county Department of Mental Health, early intervention services were provided for ten children with difficult behavior. Children ages three to five years old, and their parents participated in activities from the Incredible Kids Dinosaur Program (1996) during the 2002-2003 school year.

At the end of the first year, the child’s speech and behavior goals were utilized to determine if the curriculum had an effect on the speech and behavior delays. The
results were then compared to the parent's attendance at the parent training sessions, to further determine the curriculum effect. A final method to measure growth in speech and behavior was the educational placement of the child for the year after this project. A follow up study was done to determine if the children maintained the skills learned in the Incredible Kids Dinosaur Program. This follow up was done through the gathering of parent, teacher, or school information.
ACKNOWLEDGEMENTS

I would like to thank Moreno Valley Unified School District and the County of Riverside Department of Mental Health—Children’s Treatment Services for taking the time to write the grant for this collaborative program, which focused on the need for early intervention with young children with behavior difficulties. It was a very needed program for our parents and students. I need to thank the parents for taking that first step and making the referral for their child to be a part of this program and class.

Another thank you needs to be said to my professors, for their patience as I worked on the written portion of this project. Life sometimes has its own schedule, and it does not always agree with what I have planned. I appreciate the support and time you gave me, knowing I would get this done.

My final acknowledgement and thank you goes to my family. Their support, love, encouragement, and gift of time meant I could finally get this project written. Thank you for giving me these things.
### TABLE OF CONTENTS

**ABSTRACT** ............................................................... iii

**ACKNOWLEDGEMENTS** ............................................. v

**LIST OF TABLES** ..................................................... vii

**CHAPTER ONE: INTRODUCTION** ................................. 1
   - Scope/Description ........................................... 2
   - Significance ................................................... 8
   - Limitations .................................................... 10
   - Definitions of Terms ....................................... 12

**CHAPTER TWO: LITERATURE REVIEW** ......................... 15

**CHAPTER THREE: METHODOLOGY** .............................. 24

**CHAPTER FOUR: RESULTS AND DISCUSSION** .................
   - Children’s Results ......................................... 28
   - One Year Follow-up ......................................... 29
   - Parent’s Results ............................................ 31

**CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**
   - Summary ...................................................... 35
   - Conclusion ................................................... 36
   - Recommendations .......................................... 38

**APPENDIX: TABLES** ................................................. 41

**REFERENCES** ......................................................... 46

vi
LIST OF TABLES

Table 1. Demographics of Students . . . . . . . . . . . 5
Table 2. Education Placement History . . . . . . . . . 29
Table 3. Parent Meeting Attendance . . . . . . . . . . 32
Table 4. Speech and Behavior Goals in Relationship to Parent Meeting Attendance . . . . . . . . . . . . . 33
CHAPTER ONE

INTRODUCTION

Behavior difficulties have often been documented in the research on language delays in early childhood development (Warren & Yoder, 1996, p. 118). Research demonstrates the necessity of training teachers and parents about interventions that can be used to change inappropriate behavior of young children (Brault, 2004; Droettboom, 2004; Greenspan, Wieder & Simons, 1998). The purpose of this study was to determine what language and behavior changes occur when parents are included in a curriculum that provides intervention for children with language delays, and behavior and social delays.

The Incredible Kids Dinosaur Program (1996) was the curriculum used for one school year, from September 2002-June 2003, in a collaborative effort by Moreno Valley Unified School District and the County of Riverside Department of Mental Health-Children’s Treatment Services. This collaboration was funded by a grant from the California Children and Families Commission. This agency determines how money from the passage of Proposition 10 California Children and Families First Initiative Tobacco
Tax (1998) will be utilized to promote information and services for early childhood development and school readiness (Prop 10 Facts, n.d.).

Scope/Description

Districts are required by law to provide early intervention services to young children, ages birth to five years old. Individuals with Disabilities Education Act (IDEA) governs the early intervention programs for ages three to five years old, while P.L. 99-457 or Part C is the governing law for infants and toddlers, birth to two years of age. The purpose of early intervention is to enhance the development of infants and toddlers with disabilities.

Early intervention services may reduce educational costs and minimize the need for special education. This would also minimize the need for institutionalization and maximize independent living in society. Early service can help to enhance the family’s capability to meet the special needs of the child. IDEA and Part C of the Act provide the State and local agencies with the capacity to identify, evaluate, and meet the needs of historically under-represented populations (California Education Code).
Special education services are provided through the local school district or county programs. A special day class placement is determined through an assessment process involving a psychologist and or speech therapist, the parent, related medical information and any school information. There may be information included from a vision and hearing evaluation, mental health history, occupation or physical therapy history, and the social services department.

After the assessment is completed, the team members design either an Individual Family Service Plan (IFSO) for children 0-2 years of age, or an Individualized Education Plan (IEP) for children 3-5 years of age. These plans discuss the results of the assessment and document if the child would be eligible for special education services. The services may include pull-out speech therapy, and occupational therapy or physical therapy dependant on the needs of the individual child.

The special education services may be delivered in several settings. The least restrictive placement would be a regular classroom setting. Next would be a regular classroom with support services, such as pull out by the speech therapist. Then there is the special day class
setting in which the child is included part of the day in a regular classroom (California Education Code).

The team may decide the child needs to be in the special day class the majority of the school day. If the child is not able to learn or the behaviors are severe, a nonpublic school setting may be the team choice. The nonpublic classroom would be in a state approved private nonsectarian school. These schools are able to help youth struggling with academic, behavior and social issues (Department of Child and Family Services, 2004).

Ten children were found eligible for early intervention special education services related to delays in their development. These children also had been diagnosed with behaviors that interfered in their social, school and home environments. The children were between three to five years of age. Eight children had not received early intervention services in the past. Two children received services as infants, and continued to be eligible for special education at three and four years old. Four children were adopted or lived in long-term foster home placements, and three children came from divorced homes (see Table 1).
Table 1. Demographics of Students

<table>
<thead>
<tr>
<th>Student</th>
<th>Age (years)</th>
<th>Eligibility</th>
<th>Living Situation</th>
<th>Previous Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>Speech/language</td>
<td>Parents</td>
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</tr>
<tr>
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<td>Speech/language</td>
<td>Parents</td>
<td>No</td>
</tr>
<tr>
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<td>4</td>
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</tr>
<tr>
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<td>Adopted</td>
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</tr>
<tr>
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<td>No</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>Speech/language</td>
<td>Divorced</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>Speech/language</td>
<td>Foster</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>Speech/language</td>
<td>Parents</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>Speech/language</td>
<td>Adopted</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>Speech/language</td>
<td>Divorced</td>
<td>No</td>
</tr>
</tbody>
</table>

The children attended a special day class Monday through Thursday, and every other Friday, for three and a half hours a day. The Fridays in which the children did not attend the special day class were used for school related parent days and home visits. The special day class teacher was responsible for providing pre-academic development activities, working on the child’s special education goals, and facilitating skills learned in the Incredible Kids Dinosaur Program, also known as Dinosaur School.

During the time spent in the special day class, the student would work on language skills through modeling provided by the adults in the class. The child also may be
pulled out for individual or group speech therapy with a speech therapist, if this service was designated in the child’s individualized education plan. Many of the children also had sensory dysfunction, and were eligible for services from an occupation therapist trained in sensory dysfunction therapy.

Behavior and social skill development was also modeled or facilitated by adults. Rewards, such as a stamp or sticker chart, were utilized to encourage appropriate behavior and social skills. At the end of the day, the stamps or stickers were counted, and if the child reached their required number they could choose a prize from the chest. These prizes were crayons, age appropriate small toys, or packs of stickers.

The Incredible Kids Dinosaur Program was presented to the children by the mental health therapists from the County of Riverside Department of Mental Health-Children’s Treatment Services. Each therapist attended a three-day training session to learn how to utilize the puppets, materials, and curriculum with the children (The Incredible Years).

Each Dinosaur School session lasted fifteen weeks. The children met with two of the mental health therapists,
and each session was limited to five children. The therapists presented the components of the Incredible Kids-Dinosaur Program two days per week for one half hour per day. Ideas were presented to the children using puppets, video, books, practice of language related to personal feelings and social skills, and the assignment of homework. During the special day class time, the children practiced the language, behavior and social skill components they learned from Dinosaur School.

The parents, and any other adults who were part of the child’s life, attended a two-hour support session each week provided by the County of Riverside Department of Mental Health-Children’s Treatment Services. They learned about the skills that had been presented to their child that week, and were given ideas to use at home to encourage improved behavior, social, and language skills. They discussed difficulties the parents encountered trying to implement the new skills at home. Free childcare was provided to encourage parent attendance at these sessions. The time and day of the parent meeting was established by general consensus, scheduling the meeting day and time around the majority of the parents’ free time.
As the students in this study were placed in the special day class related to their special education eligibility and behaviors, there were no other children assigned to a comparison group. Rather, what was noted during the study was the level of commitment made by several of the children’s parent’s to attend the weekly adult meetings. This commitment level of adults made up the two comparison groups of children, those children whose parents attended the meetings, and those children whose parents did not attend the meetings.

Significance

During their credential preparation programs, all teachers are required to complete courses on how to (1) encourage and promote appropriate behavior from students, in the classroom, and (2) teach academic skills to children. Additionally, special education teachers are given extended training in how to help children develop appropriate social, behavioral and academic skills.

However, becoming a parent does not require someone to attend classes on how to parent prior to having children. Parents are expected to learn how to parent as their child grows up. They may do this through attending classes on
parenting, reading books or magazine articles on the subject, or using the same style as their parents.

Additional parenting concerns and pressures exist when a child has developmental delays. These concerns range from information discovered during the pre-conception and prenatal period, a premature birth experience, medical issues, a family history of delayed development or the stigma of having a special education label placed on the young infant or child. Some parents also have concerns related to the behavior issues of children who have a history of abuse, multiple placements in foster homes, shared custody and divorced homes, attention deficit hyperactivity disorder, prenatal drug or alcohol exposure, sensory dysfunction, and communication delays (Greenspan et al, 1998).

Behaviors may often reflect a high activity level or inability to attend to tasks for an age appropriate time. Some children may also be unable to follow adult requests or display tantrums for an extended time. Another example of behavioral concerns is demonstration of increased aggression toward adults, peers or family pets. Children may experience frequent mood swings or be destructive of toys and property.
These issues increase the pressures parents feel when raising a child with special needs. Many parents are uncertain about ways to help their child develop behavior that is socially acceptable, when they have these behavioral challenges (Greenspan et al., 1998). Consistency of expectations for the developing child may include the setting of the home environment, the parents and caregivers of the child, and the school in a curriculum that addresses behavior management and social skills training can provide (Greenspan et al., 1998; Webster-Stratton, 2000).

Limitations

This project had several limitations. First, there was empirical validation on the Incredible Kids Dinosaur Curriculum for children ages 4-8 years old, who were enrolled in an education setting (Webster-Stratton, 2000). Additionally, because the children in this study had a developmental age of approximately 1-1½ years below their chronological age, adaptations in the curriculum were necessary to foster understanding.

Second, the number of days the therapists met with the children each week was limited. Children receiving early intervention services need frequent repetition of material
to internalize the skills presented. The therapists met with children two days per week, for a half hour each time. As a result, much of the repetition of skills needed to occur in the special day class or at home.

A third limitation to this project was how to make the material in the curriculum understandable to children with speech and language delays or autistic-like behaviors. Children with these challenges need material to be more visual to promote comprehension of the ideas discussed in the therapy sessions.

Much of the Dinosaur Curriculum is language based, requiring a certain age level development in this area. During the therapy sessions, videos were shown and discussed with the children; the puppets "talked" to the children about feelings; and children participated in role-playing activities. Additional follow up lessons and homework activities focused on the use of limited pictures and more discussion time with the child.

The fourth limitation involves the parents' dedication to the program. The parents indicated they would be at these weekly meetings, but when it was time to begin attending them, 60% of the parents had other commitments. This made it difficult to provide the children with the
three components of the Dinosaur Curriculum: classroom, Dinosaur School, and the home environment. The consistency in the child's environments is necessary to develop understanding of the material presented during Dinosaur School.

Definitions of Terms

There are a few abbreviations and definitions that need to be established to assist with understanding of this project. Several terms may have additional names with the same meaning:

1. Behavior disorder (BD): A type of disruptive behavior disorder of childhood and adolescence characterized by a persistent pattern of conduct where the rights of others, or society norms and rules are violated.

2. Devereux Early Childhood Assessment (DECA): A nationally normed assessment used with two to five year old children to evaluate the positive behaviors and behavioral concerns.

3. Emotional Behavioral Disorder (EBD): Emotional illness, equivalent to mental disorder, not with a specific organic etiology or mental retardation.
4. Emotional Disorder (ED): Used to define any emotional disorder not caused by organic abnormalities or the brain, and in which a major disturbance of emotions is predominant.

5. Individualized Education Program (IEP): A written plan developed by a public school team to help an individual child. The IEP includes a statement of the present levels of performance, goals, and services offered to meet the goals.

6. Moreno Valley Unified School District (MVUSD): A school district located in Moreno Valley, California.

7. Non-public school setting (NPS): A private, nonsectarian and certified school setting able to provide special education services. These settings provide an environment to help youth struggling academically, behaviorally and socially.

8. Riverside County Mental Health (RCMH): Riverside County Department of Mental Health; provides community-based services to severely mentally disabled adults and children at risk of mental disability.

9. Special day class (SDC): A placement setting that provides intensive instruction and services to pupils when
the severity of the disability precludes participation in a
regular school program for most of the school day.

10. Severe emotional disorder (SED): Emotional
disturbance; a condition exhibiting one or more
characteristics over a long period of time and to a marked
degree that affects a child’s educational performance.
CHAPTER TWO
LITERATURE REVIEW

The link between early communication development and behavior has been studied for over thirty years by the John F. Kennedy Center for Research on Human Development. Steven Warren and Paul Yoder discussed the small group of premises which make up the basis of this research. The first premise states "an individual’s ability to communicate effectively will disproportionately determine his or her success in school, work, and social relationships" (1996, p.119).

The child needs to be able to communicate to be successful in all areas of life. Without this skill, a child cannot communicate effectively his needs and wants. The emotions of the child may not be adequately fulfilled because the primary adults did not understand the non-verbal cues the child gave them. Socially, the child is unable to develop turn taking conversation skills, or suggest the game or activity he wants to play with his peers because of this communication delay.
Academically, the child with a communication delay has difficulty in all the curriculum areas. Communication and language skills determine success in academic abilities, work prospects; and social relationships (Warren & Yoder, p. 119). Communication and language skills have been linked to difficulties with behavior, reading and cognitive development. Language skills and use of technology in today’s world require a certain level of communication ability, and if not attained, a person will likely endure dependency, isolation, and restricted work opportunities (Warren & Yoder, p.119). Early communication development plays a key role in the success of a person’s overall life.

Behavior concerns alone do not qualify a child for special education. The behavior needs to interfere with the child’s ability to learn socially, emotionally or in the classroom for the child to be eligible for services as stated in California Education Code Section 56441.11. The past few years have seen an increase in the number of children with challenging behaviors being diagnosed or found eligible for early intervention services (Webster-Stratton, 2000, p. xii). Also, these challenging behaviors are greater among individuals with other disabilities, and

Children with emotional and behavioral disorders have a difficult time being identified correctly by school personnel. Some of the reasons for this misidentification include the following: ambiguity of the State’s definitions, school psychologists’ lack of training in conducting severe emotional disorder (SED) assessments, or financial limitations of school districts. Another hesitation is using labels such as behavior disorder (BD), emotional behavior disorder (EBD), or severe emotional disorder (SED) with a young child (Lambros, et al., 1998). The U.S. Department of Education listed in 1991 that 7% of children under 18 years of age may have emotional disorders, yet less than 1% are served as seriously emotionally disturbed (Lambros, et al., 1998). Early childhood has been thought of as a time of innocence, learning, wonder and discovery, not a time of possible early mental or emotional disorders.

The use of the term “infant mental health” may clarify interventions as being a wellness and preventative service, not a pathology or life-long diagnosis. Treatment during the early years of life should involve the parents and help
them learn ways to work with the child. This treatment may also involve helping the parents with their own feelings of anger, fear, guilt or worry about their relationship with the child (Heffrom, 2000).

The Division for Early Childhood (DEC) has developed several concepts, one being “DEC believes strongly that families play a critical role in designing and carrying out effective interventions for challenging behavior” (1999). Parents of a child with special needs, or challenging behaviors, are affected by the stress these needs and behaviors can put on a family over a long period of time (Brault, 2004; Wamboldt & Wamboldt, 2000). Parents and families of children with severe behaviors are the primary caregivers, and so should be provided with counseling and support services (Fox, Vaughn, Wyatte & Dunlap, 2002).

Early and colleagues, in a research article, found child functioning and parental well-being affected each other. Over time, the effect of the child’s behavior became more significant for the parent, than the effect the parent’s well-being had for the child (Brault, 2004). Children with behavioral and emotional difficulties need to have intervention services at an early age (Lambros, et al., 1998). The behavior of the child may affect the
relationship between the parent and the child tremendously, if early intervention services are not obtained.

Webster-Stratton (2001) also felt the best time for behavioral intervention was at an early age. She spent over twenty years as an educational psychologist and college professor studying this area of child development. Through her research, she developed the Incredible Kids Program and shared these intervention strategies with hundreds of teachers and parents (Webster-Stratton, 2001). Using a specifically developed curriculum that incorporates puppets, videos, social and emotional recognition activities, role-playing, parent education and support, the children learn how to communicate their emotions, needs, and wants in a non-violent manner.

Scripted play—or role playing—is done in Dinosaur school to help the children practice using words to express their feelings. Using scripts or role playing when someone makes them mad, the adult can help facilitate by suggesting words to express feelings of anger, instead of hitting, kicking, throwing something or screaming. Scripted play can also be a way to help the child develop and practice new social skills.
An example would be one child asking another child if they could play in the kitchen area making pizza or hamburgers. Adults could model or facilitate the language for this script, and have the child repeat the phrases depending on their level of communication. This expression of feelings and social play could also be modeled using sign language or a picture exchange communication system.

Neeley, Neeley, Justen & Tipton-Sumner (2001, p. 246) found “scripted play holds promise as an intervention to increase and maintain both socialization and language skills in preschoolers with disabilities.” They studied nine preschoolers between the ages of 45-55 months old, all scoring at least two standard deviations below the mean for their chronological age in both cognitive and communication development. The children were taught the play scripts each day, while they attended training sessions in the speech-language therapy room to minimize distractions.

During the children’s usual free play in their class, they were observed on three separate play periods. Their method of classifying play was based on cognitive, social, unoccupied/on-looking/transition, and non-play activities. The child first role-played the script with the adult for the first four sessions. During the next four sessions,
another child was included in the group, and the adult provided prompts as needed (Neely et al, 2001).

The curriculum for the Dinosaur program, developed by Webster-Stratton, also includes scripted play sessions to help facilitate recognition of feelings. During the intervention sessions children are read stories, shown videos, and view picture situations of other children using inappropriate responses to adults or peers. The children are asked to recognize these inappropriate responses or behaviors when demonstrated by other children, and then discuss or demonstrate a more appropriate situation response (Webster-Stratton, Reid & Hammond, 2000).

Early conduct problems can be a factor for later development of delinquency, violence, and drug abuse. When parent training was used, two-thirds of the children treated became more socially competent. One-third of the children studied had improved behavior at home, but continued to have peer and school related difficulties (Webster-Stratton et al., 2000).

Early intervention is important to change and develop the child’s behavior in the home, social and school settings. Children want to belong and be valued for their uniqueness. Thus, their behavior is a form of
communicating their unique needs and wants (Brault, Jeffers & Tucker, 2001). Helping the parents, or other members of the child’s life, develop appropriate responses to the child’s behavior means they need to be included in the learning process. Parent involvement is a necessary component of any curriculum used to facilitate language development and behavior management. The child should have the same consistent expectations in all environments, to gain an understanding of what behaviors are appropriate (Webster-Stratton et al., 2000).

Parent-child interaction also plays an important role in the development of early vocabulary and literacy skills. Dodici, Draper & Peterson, (2003) studied families living in low-income households. Daily parent-child interactions were simulated and videotaped at 14, 24, and 36 months of age. The Parent-Infant/Toddler Interaction Coding System scale was used to code and rate the child’s language, parent language, emotional tone, joint attention, parental guidance, and parent responsiveness. They found that early parent-child interactions were strongly related to the child’s later development of language and literacy skills.

Nevis (2003) supported this idea of early experiences when she presented information on brain development during
a seminar. She discussed the development that occurs during the early years, especially the first three years of life. Young children are setting the foundations for development in the areas of vision, language, vocabulary, muscle control, intellectual development, emotional development and relationships.

A common thread can be seen between the literature and research (Doldici et al., 2003; Nevis, 2003). Early experiences between the parent and child can affect language and emotional development, and social interactions. As Nevis (2003, p. 12) stated, "Early experiences are so powerful that they can completely change the way a child turns out."
CHAPTER THREE

METHODOLOGY

Over two fifteen week sessions, ten children participated in the Incredible Kids Dinosaur School Program. Each session was limited to a maximum of five children. The selection process involved a referral made by the parent to request the child be considered for participation in the program. The referral was sent to the Riverside County Department of Mental Health. Upon receipt, an appointment for a family consultation was made between the parent and mental health therapist to discuss the child’s history and any familial concerns.

Upon completion of the consultation, qualified applicants were admitted to the mental health component of the program. The ten children had already been diagnosed as being eligible for early intervention services. During the fifteen week session the components of the Dinosaur Program were presented two days a week for one half-hour a day. Puppets, video selections, books, social skill and personal feeling practice, and homework were utilized to reinforce the program’s curriculum.
A positive reinforcement system was implemented, involving the earning of plastic chips, which were then counted at the end of each session. After every four chips earned the child received a sticker; with the earning of eight chips the child was able to redeem them for a small toy along with the sticker. The parents were able to keep track of the child's progress in the session by counting the number of stickers the child received, illustrating how their child behaved during that session. The Dinosaur curriculum and guidelines for positive reinforcement were incorporated into the classroom and utilized on a daily basis with the children.

During the fifteen week session, the special education instructor completed the Devereux Early Childhood Assessment (DECA) both at the beginning and completion of the program. Parents also received a DECA rating scale at those same times. This scale was used to determine the progress of the child in the Incredible Kids Dinosaur School Program. The DECA was developed in 1996-1998, and is a nationally normed assessment. It examines within-child protective factors in preschool children, from two five years old, and also evaluates the frequency of
positive behaviors and behavioral concerns (Devereux Early Childhood).

The parents attendance in their support group became the guideline for the two groups of children. A count was kept regarding the number of times parents attended their component of the program. The parent component assists with utilizing the program at home with the family.

The importance of consistency of behavior expectations is key to the children internalizing and utilizing the lessons learned from the curriculum. This must take place in all areas of the child’s life: home, school, and in society. Parent attendance count became one of the main factors used to measure a child’s behavior performance for this project, as it also showed the level of commitment the parent gave to carrying out the ideas and curriculum lessons at home.

Observation of the daily use of language by the child within the classroom was a factor in documenting the growth in speech and language development. The parent was interviewed, and this information was used to determine speech and language growth at home. Many of the children had an eligibility of speech and language delay, and so their speech goals and benchmarks were used to determine
growth in this area. Two children were eligible for special education services because of emotional disorders, and their growth in language abilities was measured based on the use of feeling words to express themselves when upset.

Upon completion of the school year, meetings were held to determine which classrooms and programs would be least restrictive. A one year follow-up was done to determine if the child was able to retain and utilize the skills learned in early intervention and the Incredible Kids Dinosaur Program. The parent or current teacher was contacted and asked what program would the child be placed in for school next year. Through the results of this follow-up, it could be determined the child was using the Dinosaur skills learned if able to continue in the same placement or a least restrictive placement, or was not using the Dinosaur skills if the child had to be placed in a more restrictive setting.
CHAPTER FOUR

RESULTS AND DISCUSSION

Children's Results

All ten of the children attended and completed the Incredible Kids Dinosaur School program during the 2003-2004 school year. These ten children were also eligible for early intervention services related to speech and language delay or emotional disorder (ED). All of these students either moved to another preschool special day class or transitioned into a specific kindergarten program.

2003-2004 School Placement

During the 2003-2004 school year four of the students were placed in a preschool special day class, three students were placed into regular kindergarten classrooms, and one student was placed in a special kindergarten class for children with emotional disorders. One student was placed in a nonpublic school kindergarten classroom specializing in children who have emotional disorders, and another student was placed in a nonpublic school kindergarten classroom (see Table 2).
Table 2. Education Placement History

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
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<td>1</td>
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<td>Regular Kindergarten</td>
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<td>ED-SDC Kindergarten</td>
<td>ED-SDC First Grade</td>
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<td>SDC Preschool</td>
<td>ED-NPS Kindergarten</td>
<td>ED-NPS First Grade</td>
</tr>
<tr>
<td>5</td>
<td>SDC Preschool</td>
<td>Regular Kindergarten</td>
<td>Regular Kindergarten</td>
</tr>
<tr>
<td>6</td>
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<td>SDC Preschool</td>
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<tr>
<td>7</td>
<td>SDC Preschool</td>
<td>NPS Kindergarten</td>
<td>NPS First Grade</td>
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<tr>
<td>10</td>
<td>SDC Preschool</td>
<td>Regular Kindergarten</td>
<td>Regular First Grade</td>
</tr>
</tbody>
</table>

One Year Follow-up

The 2004-2005 follow-up shows that the two students who were previously enrolled in preschool special day classes (SDC) were attending regular kindergarten. One student repeated regular kindergarten, one student moved to a mild to moderate kindergarten SDC. Two students moved to regular first grade classrooms at their respective school.
sites. The nonpublic school kindergarten student moved on to nonpublic school first grade. One student continued to remain in the SDC preschool related to their age, and the ED-SDC kindergarten and the ED-NPS students continued on within these placements, but moved to the first grade at their respective school sites (See Table 2).

The students' placements for kindergarten were based on their skill development following the one year time period of this study. Included in these skills was their growth in speech and language, along with their social and behavioral skill development. These placement determinations are a team decision based on psychological assessment, speech results, and in-class evaluations. The members of the team making this decision may include the school psychologist, administrator, speech therapist, teacher, parent(s), and any other representative the school or parent may wish to include.

Most IEP goals written for speech and language eligibility were met during the time the children were participating in this study, either through the use of developed verbal communication or the use of a picture exchange communication system. The students eligible for special education under emotional disorders did develop the
feeling words to communicate their frustration or anger, but continued to display behaviors that required a more structured program. Their IEP goals for behavior during this one-year period were not met, thus necessitating continued support in behavior development. The parents of these children were given the option of further services with the county mental health program. One family was going to follow up with this service.

Parent’s Results

Parents were strongly encouraged to attend the once-a-week meetings. As stated in the description of this project, this attendance was used to measure the student’s behavior improvement in the home and community components of this project. As can be seen in Table 3, the results of the attendance showed that thirty percent of the parents did not attend meetings, forty percent of the parents attended one to four meetings, and thirty percent of the parents attended five or more meetings.
Table 3. Parent Meeting Attendance

<table>
<thead>
<tr>
<th>Student</th>
<th>No Meetings attended</th>
<th>One-Four Meetings Attended</th>
<th>Five or More Meetings Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>x</td>
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<tr>
<td>3</td>
<td>x</td>
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<td></td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
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<td></td>
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</tr>
<tr>
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<td>x</td>
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<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

This project was a collaborative effort during the 2002-2003 school year. The collaboration was between the Early Intervention Special Education Program for three-five year old children in the Moreno Valley School District, and the County of Riverside, Department of Mental Health Services. The curriculum used was the Incredible Kids Dinosaur Program, developed by Dr. Webster-Stratton.

During the project, ten children participated in the special day class, and had speech and behavior goals written as part of their individualized education plan (see Table 4). As can be determined from the goals, the majority of the children showed growth in the developmental
area of speech and language. Behavior goals were met by seventy percent of the students, which showed these children were able to utilize the skills they learned in the Incredible Kids Dinosaur Program.

Table 4. Speech and Behavior Goals in Relationship to Parent Meeting Attendance

<table>
<thead>
<tr>
<th>Student</th>
<th>Speech Goals</th>
<th>Behavior Goals</th>
<th>Parent attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+</td>
<td>+</td>
<td>1-4 meetings</td>
</tr>
<tr>
<td>2</td>
<td>+</td>
<td>+</td>
<td>5+ meetings</td>
</tr>
<tr>
<td>3</td>
<td>P</td>
<td>-</td>
<td>1-4 meetings</td>
</tr>
<tr>
<td>4</td>
<td>+</td>
<td>-</td>
<td>No meetings</td>
</tr>
<tr>
<td>5</td>
<td>+</td>
<td>+</td>
<td>No meetings</td>
</tr>
<tr>
<td>6</td>
<td>P</td>
<td>+</td>
<td>1-4 meetings</td>
</tr>
<tr>
<td>7</td>
<td>+</td>
<td>-</td>
<td>No meetings</td>
</tr>
<tr>
<td>8</td>
<td>+</td>
<td>+</td>
<td>5+ meetings</td>
</tr>
<tr>
<td>9</td>
<td>+</td>
<td>+</td>
<td>1-4 meetings</td>
</tr>
<tr>
<td>10</td>
<td>+</td>
<td>+</td>
<td>5+ meetings</td>
</tr>
</tbody>
</table>

(Met = +; Partial = P; Not met = -)

The parent attendance at the support meetings had a direct correlation to the utilization of skills the children learned in the Incredible Kids Dinosaur Program. The parents who attended five or more meetings felt more positive about their ability to use this program at home. It was also noted that children who demonstrated the most
increase in language and behavior goals were also the children of the parents who attended the majority of the parent meetings. Those parents who attended 1-4 meetings also corresponded to the children who attained partial goal completion or did meet the goal. Students that did not meet the speech and behavior goals had parents who did not attend any of the support meetings.
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Review of the literature and past research has shown children with speech and language delays may also have difficult behaviors. Early conduct or oppositional children may have challenging behaviors. When given early intervention services, these behaviors may be decreased or eliminated. Special education teachers and mental health professionals receive training to discourage this in the classroom or during therapy sessions. Parents are not required to attend any training sessions prior to having children, and when faced with these challenging behaviors do not know how to react.

This project was a collaborative effort between the Early Intervention Special Education Program for three-five year old children in the school district, and the County of Riverside, Department of Mental Health Services. The curriculum used was the Incredible Kids Dinosaur Program, developed by Webster-Stratton. This curriculum incorporated a pull out component done by the mental health therapists, a classroom component, and a parent component.
During the 2002-2003 school year, ten children were assessed and found eligible for special education related to speech and language delays or emotional disorders. Along with their eligibility for special education, they also had severe behaviors, which interfered with their ability to learn or be in social activities. Two groups of five children each were given the fifteen week program. During the fifteen weeks, the children met with the mental health therapists two times per week, for about one half hour a time.

In the classroom, the skills covered within their time with the mental health therapists were practiced and included with previously learned skills. Positive behavior reinforcements were used to encourage appropriate behavior and anger management in the classroom. This was similar to what was introduced to the children during the Dinosaur school program.

Conclusion

During the project, the ten children had speech and language goals, and behavior goals, as part of their individualized education program (IEP). These goals were used to determine if they had begun to internalize the
skills learned in Dinosaur school. The speech and language abilities of all the children showed some kind of improvement. Eighty percent of the students met their speech and language goals, and the other twenty percent of the students met their goals by at least fifty percent.

A decrease in challenging behavior displayed during school time was noted by seventy percent of the children. The other thirty percent of the students did not meet their behavior goals, and transitioned to a more restrictive environment for their kindergarten year. These students were also referred for continued services with the county mental health program, if the parent was interested.

An analysis of the parent meeting attendance showed parents that did not attend meetings corresponded to students who did not meet their behavior goals. Those children whose parents attended between 1-4 meetings or more partially met or met their goals in speech and behavior. The parent involvement in this curriculum supports the idea that children internalize these skills when the parents are brought into the curriculum. Consistency of behavioral expectations in all environments encourages children to develop both language and socially acceptable behavior.
Recommendations

One of the limitations found in this project was the age level of the child for the curriculum. While the ten children included in this project were chronologically four years old, their developmental age interfered in the comprehension of material contained within the curriculum. Although Webster-Stratton did research and validate this for children from 4-8 years old, a recommendation would be that the cognitive and developmental age level should be considered before using this program with children eligible for special education services.

When children with special needs are introduced to new ideas, or asked to change behaviors, the use of repetition and consistent expectations is paramount for the ideal learning environment. This curriculum was presented two days per week with mental health therapists, and reinforced by the classroom special education teacher during the rest of the week. Children spent limited time with the therapists, and this may not have been enough for internalization of the skills and material presented. Although the children were encouraged to practice their Dinosaur curriculum skills in the classroom daily, the
props and videos used in the learning sessions with mental health therapists were not available for visual cues.

Another recommendation would be to consider the language level of the child, prior to presentation of the material within the curriculum. The students in this project had delays in their receptive and expressive language ability. Although there are props and videos for the children to identify inappropriate behavioral situations, there are many discussion opportunities of these situations between the mental health therapists and the children. The therapists incorporated more visual cues into the presentation of the material to help with comprehension of the material.

A final recommendation related to this project would be to make it mandatory for the parents to attend at least the first four of the support sessions. The home environment has the most influence on a young child. The importance of the parent component in this curriculum is one of the key factors to its success with the child. Parents who used the skills learned during their support component were more confident working with the children at home and in the social environment. Their children also
knew that the teacher, parent, and the mental health therapists had the same expectations for them.
Table 1. Demographics of Students

<table>
<thead>
<tr>
<th>Student</th>
<th>Age (years)</th>
<th>Eligibility</th>
<th>Living Situation</th>
<th>Previous Services</th>
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<tbody>
<tr>
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<td>Speech/language</td>
<td>Parents</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>Speech/language</td>
<td>Parents</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>Speech/language</td>
<td>Separated</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>Emotional Disturbance</td>
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</tr>
<tr>
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<td>Speech/language</td>
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<tr>
<td>6</td>
<td>3</td>
<td>Speech/language</td>
<td>Divorced</td>
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</tr>
<tr>
<td>7</td>
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<td>Speech/language</td>
<td>Foster</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>Speech/language</td>
<td>Parents</td>
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</tr>
<tr>
<td>9</td>
<td>4</td>
<td>Speech/language</td>
<td>Adopted</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>Speech/language</td>
<td>Divorced</td>
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Table 2. Education Placement History

<table>
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<th></th>
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<tbody>
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<td>SDC Preschool</td>
<td>Preschool SDC</td>
<td>Regular Kindergarten</td>
</tr>
<tr>
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<td>Preschool SDC</td>
<td>M/M-SDC Kindergarten</td>
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<tr>
<td>3</td>
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REFERENCES


Riverside County Department of Mental Health. (n.d.). Retrieved April 19, 2005, from http://www.mentalhealth.co.riverside.ca.us


