1991

An Ethnographic Investigation of the Integration of Disabled and Nondisabled Two-Year-Old Children.

Mary Beth Armstrong
Louisiana State University and Agricultural & Mechanical College

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An ethnographic investigation of the integration of disabled and nondisabled two-year-old children

Armstrong, Mary Beth, Ph.D.
The Louisiana State University and Agricultural and Mechanical Col., 1991
AN ETHNOGRAPHIC INVESTIGATION OF THE INTEGRATION OF DISABLED AND NONDISABLED TWO-YEAR-OLD CHILDREN

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

The Department of Communication Disorders

by

Mary Beth Armstrong
B.S., Tulane University, 1974
M.C.D., Louisiana State University Medical Center, 1976
August, 1991
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ABSTRACT

This study is an ethnographic investigation of the initial integration of a group of disabled and nondisabled two-year-old children. The group was comprised of a class of seven disabled children from a school parish and a class of nine nondisabled children from a university child development center in this same parish. This study incorporated ethnographic data collection and analysis procedures. Data collection procedures included participant observation, ethnographic interviews, artifactual analysis, and videorecording. The results of this study suggest that a process of stigmatization occurred in this integration program. The process of stigmatization and factors perhaps accounting for the process are detailed and described. One major factor contributing to the process of stigmatization was a lack of planning and preparation for this integration program. Because of this lack of planning and preparation, society's natural tendency to separate and stigmatize individuals with difference or disability was transmitted to the children in this integrated setting through their interactions with the adults in the program. This study suggests a number of implications for more successful integration.
INTRODUCTION

In 1989 I began serving as a speech-language consultant to an infant development program in a school parish. The program had a center-based, all-day, class for two-to-three year old disabled children. The program was located in a special education facility on the perimeter of the university campus where I was concurrently employed as a clinical supervisor in an undergraduate speech, language, and hearing program. The year 1989 was an important transition year for the handicapped infant program. The fields of special education and education were focusing on important changes in practice resulting from the passage and implementation of Public Law 99-457, the Education for All Handicapped Children Act Amendments of 1986. In particular, the implementation of Part H of P.L. 99-457 would result in significant changes in services provided to children in the age range for which our program provided services. Part H of P.L. 99-457 is the only grant program within the federal government that focuses exclusively on the provision of services to disabled children from birth through age two. The purpose of Part H is to enhance the development of infants and toddlers with disabilities by: (1) maximizing their potential for independent living in society, (2) minimizing their potential for developmental delay, special education, and institutionalization, and (3) enhancing families' capacities to meet their disabled child's needs (42 U.S.C. Sec. 671 (a)).
Under Part H, infants and toddlers with disabilities have two entitlements. One entitlement is to an appropriate early intervention program, and the other is to "least restrictive" programs and placement. The entitlement to "least restrictive" programs and placement reflects a continued commitment to the "least restrictive environment" requirements of Public Law 94-142, the Education for All Handicapped Children Act of 1975. The doctrine of "least restrictive environment" requires that each disabled child be educated to the maximum extent possible with children who are not disabled. Educational settings that include both disabled and nondisabled children are referred to as integrated settings.

In order to comply with the least restrictive environment requirement of P.L. 99-457 the administrators of the Infant Development Program developed a plan for integrating our class of disabled two year old children with a class of nondisabled two year old children. According to the plan, a class of nondisabled two year old children from the university's Child Development Center would be relocated in the special education facility with the class of disabled two year old children.

Because of my position as the speech-language consultant to the class of disabled two year old children, I was involved in this integration program and I sought more information on integration. Initial literature review on integration revealed that this literature dealt primarily with the mainstreaming of preschool aged children. Mainstreaming of
preschool children was the predominant form of integration in the 1970's and 1980's because the integration of younger children was not mandated until 1986, with the enactment of P.L. 99-457. Consequently, there appeared to be limited information on integration of younger children in the birth through two year range. Clearly, more information was needed and I undertook this project in hopes of contributing to the data base on integration of young children.

It was the objective of this dissertation to study the initial five months of the integration of the disabled and nondisabled two year old children. This study was conducted utilizing an ethnographic research approach. I chose ethnographic methodology for a number of detailed reasons that will be elaborated in the chapter describing method. In general, however, there were two primary reasons for the selection of this approach. First, ethnography is a descriptive research method for studying behaviors in a natural context. Because one of my areas of interest was the social interactive and communicative behaviors of children as they naturally occurred in the integrated context, ethnography appeared to be the most appropriate methodology. Second, ethnography has an initial broad focus and open stance, with no predetermined hypotheses. Since early integration is a relatively recent practice that has not been investigated extensively, I felt that a broader focus and open stance would reduce the possibility that significant information be
overlooked.

The remainder of the dissertation begins with a chapter on integration, including a discussion of the rationales for integration and a review of the literature on aspects of integration relevant to this study: mainstreaming of preschool aged children, assessing social interactional skills of children in integrated settings, peer social interactions in mainstreamed settings, integration of children in the birth through two year age range, and peer social interactions of children in the birth through two year age range. The next chapter describes the setting of the study. This chapter includes the history of the programs involved in the integration program, a discussion of their stated objectives, the operational procedures, a description of the physical setting, the daily routine, and a description of the personnel and children involved in this study. Chapter 4 contains a discussion of methodology. The first section of this chapter is a discussion of general ethnographic methodology, including characteristics of ethnographic methodology, advantages of ethnography, and types of ethnographic data collection. This section is followed by a section discussing the methodology specific to this study. Chapter 5 presents the results of the study, and the final chapter presents discussion and conclusions. This chapter presents a summary and interpretation of the study's results, implications of the study, limitations and strengths of the study, and directions
for future research.

There is a terminology issue that needs to be clarified prior to reading the dissertation. Throughout this dissertation I will refer to disabled and nondisabled children, rather than handicapped and nonhandicapped children, in order to be consistent with the use of the term disabilities in the recently passed Americans with Disabilities Act. Although earlier studies reviewed used the terms handicapped and nonhandicapped rather exclusively, I have substituted the terms disabled and nondisabled, except within direct quotes.
Chapter 2
INTEGRATION

Over the course of our history, the prevailing social philosophy of this country has been shifting from providing educational programs for a select group of children to the gradual inclusion of all the nation's young-rich and poor, normal and handicapped.

(Bricker, 1978, p.3)

In 1975 Congress enacted Public Law 94-142, the Education for All Handicapped Children Act. P.L. 94-142 mandated that "to the maximum extent appropriate handicapped children...are educated with children who are not handicapped" (Education for All Handicapped Children Act, 1975). This is known as the least restrictive environment principle, and its implementation has generally been referred to as mainstreaming. Mainstreaming is one form of integration, which is a broad term referring to any type of interaction between disabled and non-disabled individuals (McLean and Hanline, 1990). Mainstreaming of preschool aged children has been the predominant form of integration and occurs when a small number of disabled individuals are included within a setting for nondisabled individuals (Klein and Sheehan, 1987). Other forms of integration include reverse mainstreaming, which occurs when a small number of nondisabled individuals
are included within a setting with disabled children (Bricker and Bricker, 1976), and partial mainstreaming, which occurs when disabled and nondisabled children are integrated for part of a day (Odom, 1988).

This chapter is a discussion of important background information on integration and includes reviews of the literature on several aspects of integration that are relevant to this study: the mainstreaming of preschool aged children, assessing social interactional skills of children in mainstreamed settings, peer social interactions in mainstreamed settings, early integration, and peer social interactions of children in the birth through two age range.

Rationales for Integration

Proponents of integration have set forth the rationales for integration in similar frameworks. Bricker (1978) discusses legal-legislative, social-ethical, and psychological-educational arguments for integration, while Odom and McEvoy (1988) discuss legalistic, moralistic/philosophical, and educational benefits rationales for integration. Utilizing Odom and McEvoy's (1988) terminology, the researcher will present the rationales for integration.

Legalistic Rationale

A rationale for integration has been clearly established legally and legislatively. Kretschmer (1991) discusses the
sociopolitical pressures for equal educational opportunities and the judicial and legislative reactions. He suggests that prior to the 1960's the educational system was structured to educate the mainstream of society, and as a result:

For the handicapped there were usually three alternatives: They were provided no educational services, were allowed to stay in the schools with little or no consideration of their handicapping conditions, or were placed in educational or residential facilities outside of the regular school systems. (p. 10)

Kretschmer (1991) continues his discussion by pointing out that issues of the rights for all citizens began receiving major attention in the late 1950's due to the Civil Rights Movement. One result of this sociopolitical context was a modification in the concept of equality of educational opportunity in the 1960's and 1970's that included not only racial minorities but also students with exceptionalities. Consequently, there were numerous lawsuits and legislative actions in education in the 1970's focusing on providing rights for the disabled.

Kretschmer (1991) details two significant right-to-education lawsuits in the early 1970's: The Pennsylvania Association for Retarded Citizens (PARC) v. the Commonwealth of Pennsylvania (1971), and the Mills v. the District of Columbia (1972). In the PARC suit the plaintiffs challenged a state law that excluded mentally retarded children from the
public school system. The PARC suit was resolved by a consent decree whereby the state agreed to identify excluded disabled children and give them access to a free public education in a least restrictive environment. In the Mills suit the plaintiffs challenged a school district's exclusion, suspension and expulsion of disabled students from the regular school system. The Mills suit was resolved by a judgement stating that disabled students could not be excluded from the regular school system without due process. Due process consists of adequate alternative educational services, a prior hearing, and subsequent follow-up.

The most significant legislative action in the 1970's was the passage of Public Law 94-142. A primary intent of P.L. 94-142 was to ensure that disabled children are educated to the maximum extent possible in a setting with nondisabled children. The enactment of P.L. 99-457 in 1986 reflects a strong, continued legislative commitment to integration and extends the practice of integration to younger children.

**Moralistic/Philosophical Rationale**

Integration is based on the least restrictive environment principle, which is a reflection of the normalization philosophy (Odom and McEvoy, 1988). Normalization is often defined in Nirje's (1985) terms: "making available to all persons with disabilities...patterns of life and conditions of every day living which are as close as possible to...the
regular circumstances and ways of life of society" (p.67). Normalization requires that services to disabled individuals be provided based on circumstances as culturally normative as possible (McLean and Hanline, 1990).

From a moralistic/philosophical perspective there appears to be widespread support for the value of integration, associated with current trends of thought regarding issues such as equity, inclusion and acceptance. Stainback and Stainback (1989) state that: "Educating students with severe disabilities in their neighborhood schools in age-appropriate regular education classes is, at a fundamental level, a value issue related to the kind of society we wish to support" (p.271). According to Stainback and Stainback (1990) the practice of integration is a result of the growing recognition of and respect for social justice and equality. They suggest that all persons should be equally valued, provided with equal opportunities, and viewed as unique individuals. Fullwood (1990) expresses similar views. She suggests four principles of integration:

1. Social justice
   All people have equal value.

2. Right of equal opportunity
   All people have the right to be treated equally.

3. Non-categorization
   All people are individuals.

4. Non-segregation
All people need contact with a variety of individuals. Researchers have suggested a number of specific reasons why integration is of value to children and parents. Safford (1988) suggests that a child's preparation to live in a heterogeneous society begins with experience in an integrated setting, and that the very diversity of a group of children enriches the learning experience for children and those who teach them. Bricker (1978) believes that children need direct interaction with disabled peers to gain knowledge about, and tolerance for, various disabilities and differences. It is possible that nondisabled children's interactions with disabled children may result in increased acceptance of, and improved attitudes toward, disabilities or differences. It is also possible that interaction with disabled peers could affect nondisabled children's self perceptions. Stainback and Stainback (1985) suggest that the presence of children with disabilities may provide nondisabled children with "realistically enhanced self-concepts"... and important maturational feelings that... arise from sincere attempts to communicate with, understand, and like those who are a little different than usual..." (p. 10). Turnbull and Turnbull state that the integration argument rests on a value-based assumption: "...individuals and society benefit when all its members are free to associate with each other" (p. 19). They indicate that integration serves to produce the social effect of decreased stigma. Bricker (1978) reflects on the issue of
stigma, stating that segregation, or educational isolation of the handicapped child, may result in undesirable labeling and categorizing of disabled children. The powerful negative effects of labeling and stigma are well documented, and in the case of disabled children both the children and parents can be affected. For the disabled child, acceptance by peers and adults in early years is of critical importance to subsequent adjustment, social development and self concept (Horne, 1984). For the parents of a disabled child, segregation and stigmatizing of their child could result in parents developing negative attitudes toward their own child (Bricker, 1978).

Educational/Developmental Benefits Rationale

At least one researcher has suggested that integrated settings may provide a richer, challenging, and more stimulating environment than specialized settings (Guralnick, 1986). Bricker (1978) notes that integrated settings are "naturally" more demanding because of factors such as the presence of normally developing peers. She points out that in Piagetian philosophy, environmental demands must increase for there to be growth in development. It has been suggested that integrated settings may be more stimulating from several perspectives. First, nondisabled children may model more advanced behaviors that disabled children might acquire through imitation, or observational learning (Odom and McEvoy, 1988). According to Bricker (1978) there is clear
documentation that there are effects of observational learning, and in integrated settings there is potential for a disabled child to observe and model more complex behaviors. Developmental research indicates that more competent children are observed and imitated more than less competent children (Grusec and Abramovitch, 1982; Vaughn and Waters, 1981).

Second, nondisabled children may adjust their language and communicative interactions to the level of their disabled peers, thus facilitating language and communication development. Several studies have shown that a young child's social and communicative interactions adjust to the level of one's companions (Cairns, 1979; Shatz and Gelman, 1973). Guralnick and Paul-Brown (1977; 1986) examined the language and communicative interactions of nondisabled children as they interacted with companions of similar age, but with developmental delays, and found that the nondisabled children adjusted to the level of their companions in the following ways: (1) reducing their mean length of utterance (MLU), and the complexity of their utterances, (2) reducing diversity and introducing proportionally fewer new ideas, (3) enhancing clarity by physical guidance, repetition, and demonstrations, (4) employing more requests for action, as if to ensure understanding by their developmentally delayed companions, (5) exhibiting sufficient language and communicative variability so that a progressive linguistic environment was provided, and (6) exhibiting special adaptations to the developmentally
delayed when attempting to achieve compliance, including more
demonstration and exemplification, fewer efforts to justify or
mitigate, and more multiple combinations. The researchers
concluded that the adjustments of the nondisabled children
appeared capable of promoting the communication development of
the developmentally lower level children and suggested that in
general the nondisabled children used strategies similar to
those parents and teachers might use.

Research on Integration

The Mainstreaming of Preschool Children

General Research on Mainstreaming

There is a substantial body of research on integration, with a primary focus on the mainstreaming of preschool aged children. After a decade of research, there continues to be strong support for integration. Campbell (1990) states that "Child development theory, research, public policy, and social values all support as best practice service delivery for children with disabilities within integrated settings" (p.9). Guralnick (1990) in a paper discussing major accomplishments and future directions in childhood mainstreaming, states that the numerous studies and reports of mainstreaming in the last decade, taken together, lead to this compelling conclusion:

Perhaps the single most significant achievement in the field of early childhood mainstreaming in the decade of
the 1980's has been the repeated demonstration that mainstreamed programs can be implemented effectively.

(p.3)

Strain (1988) summarizes what was known about integration, on the basis of scientific evidence, after a decade of research:

1. One of the things parents of disabled children most desire is for their children to develop friendships with non-disabled peers.

2. No study assessing social outcomes for children in integrated versus segregated settings has found that segregated settings are superior.

3. The positive social outcomes attributable to integrated settings have been seen only when integration is frequent, planned, and carefully promoted by teachers.

4. Nondisabled children have shown only positive developmental and attitudinal outcomes from integration.

5. There is no evidence that children with certain disabling conditions or levels of disability are poor candidates for integration.

6. Programs that have integrated service delivery tend to be state-of-the-art on other dimensions, including parental involvement and highly structured scope, sequence, and method of instruction.

Odom and McEvoy (1988) reviewed the research on integration from perhaps a more cautious perspective, and their conclusions include the following:
Although inconsistencies exist in the research due to what Odom and McEvoy term "methodological heterogeneity," there does appear to be considerable evidence that social integration may occur for children with mild disabilities, but that it will not occur spontaneously for children with moderate and severe disabilities (Guralnick, 1980; Petersen and Haralick, 1977).

Although social integration may occur for mildly disabled children, the nature of the interactions may not be coequal (Guralnick and Groom, 1985, 1987).

While studies examining friendship patterns in integration need to be interpreted with caution due to reliability problems, it appears that positive social relationships between nondisabled and disabled children can occur, and are perhaps dependent on the types of social interactions occurring between the children and the visibility of the disabling condition (Field, 1984; Strain, 1984).

Simple environmental manipulations, direct interventions, and the nature of the peer group may influence the frequency of social interactions in integration (Beckman and Kohl, 1984; Burnstein, 1986; Odom, Hoyson, Jamieson, and Strain, 1985).

The curriculum employed and the quality of instruction may have more of an effect upon development and skill acquisition than the presence or absence of normally
developing peers (Bricker, Bruder and Bailey, 1982).

6. Normally developing children are not adversely affected by integration (Odom, Deklyen, and Jenkins, 1984).

7. Parents of nondisabled and disabled children have similar concerns about their children's educational programs, and parents of disabled children view integration as valuable for their children. However, parents of disabled children express concern that all of their children's needs may not be met in integrated settings (Turnbull, Winton, Blacher, and Salkind, 1982).

8. Teacher attitudes toward disabled children in integration are generally positive, and teachers appear to have the skills for integration. However, the integration of children with certain disabilities may necessitate additional teacher training and support (Clark, 1984; Tait and Wolfgang, 1984).

In a more recent review of the literature, including studies post 1988, Bailey and McWilliam (1990) report that the large number of studies on preschool mainstreaming have resulted in the following conclusions: (a) children with disabilities in mainstreamed programs demonstrate the same rate of development as they do in nonintegrated settings (Ispa and Matz, 1978), (b) children with disabilities have higher rates of peer-related social behavior and play more constructively in integrated settings (Esposito, 1989; Jenkins, Odom, and Speltz, 1989), and (c) nondisabled children
are not apt to suffer from mainstreaming by imitating inappropriate behaviors of disabled peers (Peck, Apolloni, Cooke, and Raver, 1978), or by a slower rate of developmental progress (Odom, Deklyen and Jenkins, 1984).

Although it appears that a number of researchers suggest that integration can be effective and beneficial, depending on a number of variables, some are said to take a more critical view (Odom, 1988). Although Strain (1988) stated that a review of the research on integration indicated that no study assessing social outcomes for children in segregated versus integrated settings has found that segregated settings are superior, one more recent study suggests that in other developmental domains this may not be the case. Fewell and Oelwein (1990) investigated developmental gains in a population of preschoolers with Down Syndrome, and found that the amount of time in an integrated setting had a negative effect on the expressive language domain. Strain (1988) also stated that a review of the integration research yielded no evidence that children with certain disabling conditions or levels of disability are poor candidates for integration. However, there appears to be concern that hearing impaired children are one group of children that may benefit from more specialized programs with other hearing impaired children. Guralnick (1990) states that the families of many hearing impaired children enroll their children in non-integrated programs for a variety of reasons. In a presentation of
selected remarks from the parent panel at the NEC*TAS Least
Restrictive Environment Conference (1989) a parent of a child
with a severe to profound hearing loss states: "I have seen
my child thrive in a segregated setting." (p. 9) The parent
suggests that because of a communication barrier, the
segregated setting provided needed opportunities for social
interaction, communication, and full participation. There is
a limited amount of research supporting the parent's
perception. Vandell and George (1981), for example, reported
that hearing children do not make appropriate communicative
adjustments to hearing impaired children.

One important summary conclusion that can be drawn from
the research on integration is that the critical factor in
determining the effectiveness of integration is the overall
quality of the integrated program (Campbell, 1990; McLean and
Odom, 1988; Odom, 1988). As Strain (1988) suggested,
integration is effective if it is well planned and carefully
implemented within the context of a program with strong
planning and programming in general.

Researchers have suggested a number of specific program
variables or factors that may influence the effectiveness of
integration. However, there has been limited systematic
research regarding the influence of the specific program
factors on the effectiveness of integration (Odom and McEvoy,
1988). While there have been a number of studies
investigating the effects of program factors on normally
developing children, this information may not be generalizable to integrated programming. (Odom and McEvoy, 1988). Although the research is limited, some of the factors that have been suggested as influences on the effectiveness of integration will be presented, including a review of the available literature on the factors.

Research on Program Factors

Type of integration

Guralnick (1990) states that the limited number of direct comparisons between any variation of integration suggest that reverse mainstreaming, or integrating for only special purposes, such as free play, have yielded only minimal effects, particularly on disabled children's peer social interaction. In contrast, Guralnick and Groom's (1988) research suggests that significant benefits in disabled children's peer social interactions accrue in fully mainstreamed programs with primarily nondisabled children.

Integration environment

There are several aspects of the integration environment that may be important to consider. First, there is organizational arrangement or type of integrated activity. With regard to this environmental aspect, available information is limited on the effects of type of integration activity. Odom and McEvoy (1988) discuss one study which
found that in adult-directed, large group activities little social interaction occurred for either disabled or nondisabled children. In center time and outdoor play, the disabled children interacted with other children only if prompted by adults and preferred to interact with the adults (Burnstein, 1986). The second aspect of the environment that has been considered is types of materials and toys. Again, there is limited information. Beckman and Kohl (1984) suggested that social rather than isolate toys facilitate increased interaction. Guralnick (1982) reports that an unpublished study revealed that the quality of social interactions and the frequency of positive communicative exchanges were greater during gross motor play than free play with manipulatives, particularly for the less developmentally advanced children. However, he did note that the study had design problems.

Bailey and McWilliam (1990) discuss the effect of the environment in a more general sense. They express concern that many programs for disabled children have differing, less "normalized" environments than programs for nondisabled children. That is, programs for disabled children are different from typical programs for nondisabled children. Bailey, Clifford, and Harms (1982) compared the environments of 25 preschool programs for disabled children and 50 preschool programs for nondisabled children. They found that the programs differed on 12 dimensions, with the programs for disabled children scoring lower on all 12 dimensions. In
general, the programs for disabled children did not have as comfortable an environment, had less free play time, and were not as likely to include areas, activities, and materials typically found in the regular preschool programs. These findings create concern regarding the liklihood of children from either a special education or regular education program making an effective transition into the other type of program for integration.

**Teacher factors**

The abilities and attitudes of teachers are critical factors in determining the effectiveness of any educational program, and especially in integrated programs, because of the broader range of responsibilities required with both disabled and nondisabled children (Guralnick, 1982). With regard to level of teacher training and preparation, Guralnick (1982) discusses two substantial problems. He points out that regular education and special education training programs have been historically different and separate, creating a barrier toward achieving the extent and quality of preservice training needed for effective integration. Furthermore, teachers in integration may need additional specialized training in the various direct interventions that research suggests may be necessary for effective integration.

**Direct intervention to promote peer social interaction**
Recent studies indicate that direct interventions to improve peer social interactions and observational learning in integration can be effective (Odom, Hoyson, Jamieson, and Strain, 1985; Strain, 1981, 1983, 1984). Direct interventions have been initiated because research has clearly indicated that when disabled children, particularly those with moderate and severe handicaps, are integrated with nondisabled children "...the two groups will separate themselves and social integration will probably not occur." (Odom and McEvoy, 1988, p. 252) In the next section dealing more specifically with peer social interactions several studies will be reviewed which indicate that providing integration opportunities by simply placing disabled and nondisabled children in physical proximity does not ensure that potential benefits of integration will accrue. As noted previously by Strain (1988), the positive social outcomes attributable to integrated settings have been seen only when integration is frequent, planned, and carefully promoted by teachers.

Same-age/mixed-age grouping in integration

Bailey and McWilliam (1990) conclude that a small body of research exists suggesting that mixed-age groups may offer the advantages of less aggression, more sharing and helping, and more opportunities for younger children to learn from older peer models (Furman, Rahe, and Hartup, 1979). However, Guralnick and Groom (1987) found that the rate of peer
interaction was greater with same age children. With regard to play preferences, they found that in their study nondisabled four year old children preferred to play with other nondisabled four year old children, nondisabled three year old children preferred to play with other nondisabled three year old children, and mildly disabled four year old children preferred to play with the nondisabled four year old children.

Peer Social Interactions in Mainstreamed Preschool Settings

In the past decade peer social interaction of preschool aged children in integrated settings has been the focus of considerable attention and research. Odom and McConnell (1989), two prominent social interaction researchers, offer this definition of social interaction:

Social interaction is a transactional event in which the social behavior of one partner is intentionally directed to the second partner, and often the second partner will respond by directing an intentional social behavior back to the original partner. (p. 391)

Integration researchers have designed and utilized a number of methods to investigate peer social interactions in integrated settings.

The Assessment of Social Interactional Skills
Odom and McConnell (1989), in a chapter discussing current perspectives on assessing social interactional skills, outline observation systems of assessing social interactional skills, and discuss different levels of social interactional skill analysis. According to Odom and McConnell (1989), direct observation of children's social behavior is one method of assessing social interaction skills. Direct observation can be done in three ways. **Time sampling** requires that the observer record whether a child is engaged in a specific social behavior or interaction at a specific point in time (Sackett, 1978). Time sampling has the advantage of being relatively simple to learn; however, time sampling does not permit a detailed, descriptive analysis of social interaction skills. **Interval sampling** can be either continuous or discontinuous, and requires that the observer watch the child for a brief interval, usually between 6 and 15 seconds, and record whether specific social behaviors or interactions occurred during that interval. While this is a more complicated system than is time sampling, it does not provide as detailed, descriptive data as the third method. **Event recording** is the third method. It requires that the observer record all behaviors or interactions that occur within a selected time period. The advantages of event recording are accuracy and detailed descriptions; however, event recording systems require more intensive observer training.

Odom and McConnell (1989) also discuss different levels
of social interactional skill analysis and suggest that social skill interactional analysis can occur on the individual social behavior level and the interactional level. According to Odom and McConnell, there are several aspects of individual social behaviors to be considered: the frequency of social behaviors in a given time period, the affective quality of social behaviors (i.e. positive, negative), the specific type of behaviors, and initiations/responses. There are several aspects of the interactional level as well: social reciprocity (which includes the number of social behaviors a child directs to his peers, and the number of social behaviors directed to him); the duration of interactions in terms of seconds, or number of behaviors in each sequence; and peer preferences.

A number of researchers have developed and utilized coding systems for analyzing social interaction skills on the individual social behavior level and the interactional level. Parten (1932) developed a Scale of Social Participation that has served as a basis for many other social interactional observation systems. This scale examines the level of social participation from unoccupied behavior to sophisticated cooperative play. Table 1 displays Odom's (1981) abbreviated behavioral categories of this scale.

Guralnick and Groom (1987) developed and utilized a coding system for analyzing social interactional skills on both the individual social behavior level and the interactional level.
### Table 1

**Abbreviated Behavioral Categories of the Parten Scale of Social Participation** (Odom, 1981)

<table>
<thead>
<tr>
<th>Scale/Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parten Scale</td>
<td></td>
</tr>
<tr>
<td>Unoccupied</td>
<td>Glancing around the room but not focusing on an activity</td>
</tr>
<tr>
<td>Onlooker</td>
<td>Observing other children, but not interacting</td>
</tr>
<tr>
<td>Solitary</td>
<td>Playing alone with toys different from those being played with by children in the general proximity, not conversing</td>
</tr>
<tr>
<td>Parallel</td>
<td>Playing with toys similar to those used by children in the subject's vicinity</td>
</tr>
<tr>
<td>Associative</td>
<td>Playing with other children without role assignment, loosely organized</td>
</tr>
<tr>
<td>Cooperative</td>
<td>Playing with other children in an organized manner, roles assigned</td>
</tr>
</tbody>
</table>
They investigated the peer relations of mildly delayed and nondisabled preschool children, utilizing a rather complex coding system. They videorecorded their subjects for 100 minutes of free play across a four week period, and employed an event recording, continuous coding procedure with 30 second intervals. Their analysis of the individual social behavior level was based on the individual social behaviors of preschoolers described by White and Watts (1973). These individual social behaviors increased over the preschool years and correlated positively with social participation. The individual social behaviors described by White and Watts (1973) and utilized by Guralnick and Groom (1987) are displayed in Table 2.

Howes (1983) investigated the patterns of friendships in infant, toddler, and preschool aged populations. Subjects were observed in their daily school environments for six, 15 minute intervals, at eight week intervals, employing a continuous coding interval sampling procedure with 5 second intervals. Howes utilized an individual social behavior coding system based on research findings regarding the social behaviors demonstrated by infants and toddlers. She also looked at the affective quality of the individual social behaviors. Howes' interactional level analysis was similar to Guralnick and Groom's (1987) analysis, in that she coded level of peer social play. Table 3 displays the individual social behaviors, prosocial behaviors, and levels of peer
Table 2

**Individual Social Behaviors** (Guralnick and Groom, 1987)

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gains attention of peer</td>
</tr>
<tr>
<td>moving toward</td>
</tr>
<tr>
<td>touching</td>
</tr>
<tr>
<td>calling</td>
</tr>
<tr>
<td>telling or showing something</td>
</tr>
<tr>
<td>showing off</td>
</tr>
<tr>
<td>Uses peer as a resource</td>
</tr>
<tr>
<td>help with clothes</td>
</tr>
<tr>
<td>help with equipment</td>
</tr>
<tr>
<td>Leads peer-positive neutral</td>
</tr>
<tr>
<td>Leads peer-negative</td>
</tr>
<tr>
<td>Imitates peer</td>
</tr>
<tr>
<td>Expresses affection to a peer</td>
</tr>
<tr>
<td>verbal/smile</td>
</tr>
<tr>
<td>physical</td>
</tr>
<tr>
<td>offering help or sharing</td>
</tr>
<tr>
<td>Expresses hostility to a peer</td>
</tr>
<tr>
<td>verbal</td>
</tr>
<tr>
<td>physical</td>
</tr>
<tr>
<td>Follows peer with verbal or non-verbal direction</td>
</tr>
<tr>
<td>Refuses to follow, ignores peer's direction</td>
</tr>
<tr>
<td>Serves as model for a peer</td>
</tr>
<tr>
<td>Competes for material</td>
</tr>
<tr>
<td>defending</td>
</tr>
<tr>
<td>taking unoffered</td>
</tr>
<tr>
<td>Individual Social Behaviors</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>Offers object</td>
</tr>
<tr>
<td>Receives object</td>
</tr>
<tr>
<td>Vocalize</td>
</tr>
<tr>
<td>Smiles, or laugh</td>
</tr>
<tr>
<td>Imitate the ongoing activity of another</td>
</tr>
<tr>
<td>Take a toy</td>
</tr>
<tr>
<td>Physical aggression</td>
</tr>
</tbody>
</table>
social play Howes (1983) chose to analyze.

Several coding systems have been formalized for use in observer training. For example, McConnell, Sisson, and Sandler (1984) developed an interval sampling system for coding the social interactions of preschool aged children. This system provides for an analysis of who initiates an interaction, the type of social behavior used for initiation, the response, the general level of social behavior, and any teacher interaction. This system is displayed in Table 4.

Research on Peer Social Interactions in Mainstreamed Settings

There is clear and compelling evidence that preschool children with disabilities exhibit substantial social interaction deficits, characterized by delayed peer social interaction skills and lower levels of peer acceptance (Odom and McConnell, 1989). Odom (1988), in comments accompanying a bibliography on integration prepared for the NEC*TAS Task Force on Least Restrictive Environment for Young Children with Disabilities, says this:

One of the most consistently replicated findings is that when children with disabilities are placed in play groups with normally developing children, the normally developing peers usually will play with them less often than with other normally developing peers (Guralnick 1980a; 1980b; Guralnick and Groom, 1988, Petersen and Haralick, 1977), and will choose them less often as play
Table 4

<table>
<thead>
<tr>
<th>#</th>
<th>Initiations (Target &amp; Peers)</th>
<th>Response (Target &amp; Response)</th>
<th>Summative (Target Only)</th>
<th>Teacher Attn to Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>T Aff Sta Sha-R PlaO Ent Neg</td>
<td>T Yes No Neg Ign</td>
<td>Parallel Inapp-SS</td>
<td>Corr/Prom Praise</td>
</tr>
<tr>
<td></td>
<td>P Aff Sta Sha-R PlaO Ent Neg</td>
<td>P Yes No Neg Ign</td>
<td>SocInter NonSoc</td>
<td></td>
</tr>
</tbody>
</table>

partners (Cavallero and Porter, 1980). (p. 5)
Strain and Odom (1986) state that "deficits in the area of social skills represent one of the more pervasive disabilities exhibited by exceptional children" (p.543). Guralnick (1990) describes the peer interaction deficits of disabled preschool aged children as follows:

They have difficulties in child-child social interactions that extend well beyond that which would be expected on the basis of the child's general developmental level. Problems have been reported in relation to young handicapped children's relative absence of group play, atypical developmental patterns, difficulties in establishing reciprocal friendships or to benefit from friendships that are formed, an inability to direct others, to use them as resources, or to show affection, and failures to negotiate or compromise in situations in which disagreements occur. (p. 10)

Guralnick's description of the peer interaction deficits of disabled preschool aged children is based on a review of studies conducted on the peer social interactions of disabled preschoolers in segregated and integrated settings.

It is important to note that earlier research on peer social interactions gave the impression that peer interactional deficits were more significant for children with moderate or severe disabilities. For example, Guralnick (1980) found that moderately or severely disabled children
interacted significantly less often with their peers than did mildly disabled or normally developing children. More recent research does not limit peer social interaction deficits to the moderately or severely disabled children. For instance, Guralnick and Groom (1985) studied the peer-related social interactions of 33 mildly or moderately disabled preschoolers in a segregated early intervention program, and found that the disabled children had major peer interaction deficits, characterized by extremely low levels of group play, relatively higher levels of solitary play, and a general absence of social exchanges with peers. In discussing their results, the researchers comment on what they perceived as a particularly disturbing finding: An analysis of the disabled children's general pattern of peer interactional behaviors suggested that their pattern of interactions was not likely to either establish or sustain peer-social interactions. In general, there appeared to be limited efforts to influence the behavior of others in any goal-directed manner. In another study Guralnick and Groom (1987) examined the peer relations of previously unacquainted, mildly disabled and nondisabled preschoolers in mainstreamed playgroups. Results indicated that the mildly disabled children engaged in considerably more solitary play, showed an overall decline in their ability to obtain positive outcomes to their social bids over time, and appeared to be less interested in their peers. The triangulation of observational measures of social
participation and individual social behaviors, peer preference patterns, and peer sociometric ratings indicated that the disabled children were perceived to be of lower social status and less socially competent.

The clear and compelling evidence that disabled preschool aged children have significant peer social interaction deficits is a source of concern because there is growing awareness of the critical role social interaction with one's peers plays in child development. Establishing relationships with one's peers early in life is said to be an important process with diverse developmental benefits (Hartup, 1983). Guralnick (1990), in a paper discussing major accomplishments and future directions in early childhood mainstreaming, states:

First, it has now been well established that the development of meaningful and productive relationships with one's peers constitutes an essential task of early childhood, having important benefits for language and communicative development, the development of prosocial behaviors, social-cognitive development, and the socialization of aggressive tendencies (Garvey, 1986; Hartup, 1983; Rubin and Lollis, 1988). (p. 10)

Hartup (1979), in discussing peer interaction and socialization, asserts that peer relations contribute to the acquisition of basic social and communication skills in a manner that interactions with adults do not. He describes
peer experience as an "equalitarian" experience which provides a child with a give-and-take that is essential to aggression socialization and acquisition of communication skills. Hartup continues by stating:

Current evidence shows that, without an opportunity to interact with other children, children have difficulty in learning effective communication skills, modulating aggressive feelings, accommodating to social demands for appropriate sexual behavior, and forming a coherent set of moral values. Peer relations are not luxuries in human development; they are necessities. (p. 28)

There are other researchers who support the contention that a lack of peer-social interaction can have a negative impact on a child's development. Guralnick (1981), for instance, states that an absence of social interactions with peers inhibits the development of intelligence, language and related skills. Likewise, Strain (1981) contends that social skill deficits which appear in the early years become more debilitating over time. In fact, Roff (1961) asserts that social skill deficiency during childhood is the single best predictor of significant problems in adult life.

The clear and compelling evidence that handicapped preschoolers have peer social interaction deficits, coupled with growing awareness of the critical role peer social interaction plays in child development, explains why the impact of social interactions in integrated settings on the
peer social interactional development of young handicapped children has been a central theme of parents, teachers, administrators, and program developers (Guralnick, 1990). As stated previously, one of the primary stated goals of integration is social interactional improvement for disabled children.

Researchers have suggested that the heterogeneous grouping in integrated settings may be effective in promoting the peer interactions of disabled children (Guralnick, 1978). In fact, the findings of extensive studies conducted in the last decade, indicate that mainstreamed environments are significantly more socially stimulating and more responsive to disabled children (Guralnick, 1990). In a study comparing integrated and segregated free play settings, researchers found that in integrated settings nondisabled peers initiate social behavior up to five times more often than disabled peers in segregated settings (Hecimovic, Fox, Shore, and Strain, 1985). Another study comparing integrated and segregated free play settings found that the social responses of disabled children elicit a significantly higher proportion of positive return responses from nondisabled peers in integrated settings than from disabled peers in segregated settings (Fox, Gunter, Brady, Bambara, McGill, and Shores, 1984). In mainstreamed settings there are said to be more extensive demands for appropriate social and play behavior, and there are numerous opportunities for observational
learning (Guralnick, 1990). Observational learning is significant to the social interaction domain because most social behavior is learned through observation or participation in interactions with others (Odom and McConnell, 1989).

Early Integration

P.L. 99-457 reflects a strong, continued commitment to integration, and extends the practice of integration to younger children. Theorists and researchers have suggested a number of benefits of earlier integration. Apollini and Cooke (1978) discuss the need for early integration, and comment that:

The 1960's represented a period in which an imposing amount of theory and empirical evidence was presented in support of the proposition that human ontogeny is profoundly influenced by the timing, degree, and contingent nature of environmental stimulation. Scholars and scientists from a variety of orientations generated evidence that educational intervention produces its maximal impact while children are young (less than five years old). (p. 147)

If Apollini and Cooke (1978) are correct, integration as an educational practice may be maximally effective in the earlier years. Indeed, Safford (1989) suggests that the earlier children are integrated, the better the chance of promoting
positive attitudes towards disabilities or differences. Hanson and Hanline (1989) state that young children learn primarily through playing and interacting with others, and the early years are the ideal time to facilitate social learning. More recently, Campbell (1990) points out that child development theory clearly supports the premise that young children learn from each other in both natural and structured situations, and heterogeneous groups provide maximum opportunities for learning. For example, the child who readily communicates provides a natural expectation and incentive for other children to communicate.

There is limited research available on the practice of early integration. Although there are existing publications on early integration which focus on its value, potential benefits, and issues requiring consideration in planning and implementing early integration (Beckman and Kohl, 1987; Campbell, 1990; Hanson and Hanline, 1989; Safford, 1989), there has been little research on early integration settings. This is due in part to the relative recency of early integration practices. Until integration of children under the age of three was mandated by the enactment of P.L. 99-457 in 1986, there may have been limited numbers of early integration programs in effect. Another explanation for the lack of data-based, empirical research in early integration is the relative lack of accessibility of the early integration practices that have been in effect. According to Kontas
(personal communication, January 31, 1991) the early integration that has been occurring has perhaps been primarily in the context of family day care, a context that is not as accessible to researchers. One reason that early integration may have been primarily in the context of family day care is that established day care or preschool programs often will not accept children until they are toilet-trained, limiting the possibility that children under the age of two-and-a-half to three years can participate. Another reason that integration may have occurred primarily in the context of family day care is that families often prefer to have children under three cared for in more home-like settings, rather in more structured, school-like settings.

The data from the limited research available on early integration, however, suggests that it can be an effective practice. Beckman and Kohl (1987) studied integration in the first years of life and found that over time there was a steady increase in positive social interaction for children with disabilities in the integrated setting, whereas in the segregated setting, the disabled children did not show a consistent increase in social interactions. Furthermore, the functional play of disabled children increased in the integrated setting, whereas it remained stable in the segregated setting. Vincent (1981) states that early integration programs provide opportunities for parents and children to acquire positive information and knowledge about
disabilities. Voeltz (1982) found that improved attitudes towards disabilities correlated with the number of years in integrated settings, thus perhaps suggesting that if integration begins earlier there will be improved attitudes in the early years.

Although the studies discussed above suggest that integration can be an effective practice, some researchers take a more critical view. Apollini and Cooke (1978) in reviewing their studies on early integration (including toddlers) state that:

Observers of integrated toddler and preschool settings...have consistently noted minimal levels of free-field peer imitation and interaction between handicapped and nonhandicapped classmates, especially if differences in development or behavior are substantial. (p.151)

It is important that the practice of early integration continue to be researched thoroughly and systematically. While there is a substantial amount of research on the mainstreaming or integration of preschool and school-age children, this information may not be applicable in general to the infant and toddler population. Hanline and Hanson (1989), in discussing integration considerations for infants and toddlers, point out that the developmental, educational, and familial needs of very young children differ from those of older children and will require careful consideration for
effective integration.

Obviously research is needed to develop and refine programs, procedures, and techniques for meaningful and successful early integration and to document and validate hypothesized benefits of early integration (Stainback and Stainback, 1989).

Peer Social Interactions of Infants and Toddlers

With the enactment of P.L. 99-457, there is likely to be a surge of interest in research focusing on peer social interactions of children in the birth through two year age range. At present, there is a limited amount of information available on the peer social interactions of infants and toddlers. However, the literature available does suggest that there is peer social interaction in the infant and toddler population (Mueller and Vandell, 1979). For example, Lee (1973) found that babies who respond contingently to the overtures of other babies tend to be sought out more than babies who do not respond contingently. Ross and Kay (1980) and Rubenstein and Howes (1976, 1979) found that infants and toddlers engage in games and social play, and other researchers report that the social skills of infants and toddlers appear more frequently in acquainted versus unacquainted peer dyads (Doyle, Connolly, and Rivest, 1980; Mueller and Vandell, 1978). Howes' (1983) research supports
the presence of peer social interactions in infants and toddlers. She conducted a frequently cited study investigating the patterns of friendship in five groups of infants, toddlers, and preschoolers, including two groups of children in programs for emotionally disturbed children. She observed five groups of previously unacquainted children in their typical school environments: an infant group (median=10 mos.), a toddler group (median=20 mos.), and a preschool group (median=42 mos.). The two additional groups observed were a toddler group (median=28 mos.) and preschool group (median=52 mos.) of children diagnosed as severely emotionally disturbed. In the study friendship was operationally defined based on mutual preference for interaction, skill at complementary and reciprocal peer play, and shared positive affect. Results of the study indicated that friends were found in all groups of children. Within the normal sample, Howes reports a developmental progression in the content of behaviors used in friendly social interaction. Infants were said to have a limited number of stable partners with whom they interacted primarily on the basis of object exchange. Toddlers were said to be limited initially to stable partners until the second half of the year during which they formed sporadic relationships with more than one friend. Toddlers' friendly interactions were less likely than infant interactions to be based on verbal exchanges, but they were not as likely to be verbal exchanges as were preschool
friendly interactions. Preschool friendships were either short-term, or stable and maintained, and were based on verbal exchanges. Within the population of emotionally disturbed children the major finding was that these children formed only sporadic friendships. In discussing the results of the study Howes commented that for all age groups the greatest complexity of interaction occurred within maintained friend dyads, highlighting the importance of stable, friendship relations.

There does not appear to be research on peer social interactions of infants and toddlers in integrated settings, due to the reasons cited previously for a lack of research on the integration of younger children in general. Although there is research on the peer social interactions of preschool aged children in mainstreamed settings, again, this information may not be applicable in general to the infant and toddler population. There may be unique variables influencing the peer social interactions of disabled and nondisabled infants and toddlers in integrated settings. Clearly more research is needed in this area.

While much is known about integration, more research is needed in specific areas. This study was an attempt to investigate some aspects of integration through the utilization of descriptive/qualitative methodology in a naturalistic setting employing ethnographic data collection and analysis procedures.
The context chosen for this proposed study was the initial integration of a public school class of disabled two year old children and a university child development center class of nondisabled two year old children. To better understand the integration process, it is beneficial to learn as much as possible about the goals, expectations and purposes of these classes separately and as they are intended to function through the integration process. Consequently, the history, the procedures, the physical setting, the personnel, and the children of the individual programs will be detailed in the first section of this chapter. The integration program will be detailed in the following section.

The History of the Infant Development Program

This history was obtained through an interview with the Local Education Agency's (LEA) Director of Special Education, who has been the director since the beginning of the Infant Development Program. The director stated that the Association for Retarded Citizens (ARC) in the parish established a special school in 1975-1976. The admission requirements were as follows: mental retardation, chronological age of six years, toilet-trained, and ambulatory. Reportedly, after a
period of time the parish began to realize that younger children needing services were being excluded from the school and began to admit children in the three to six age range. The director stated that as the parish started "connecting closer" with the medical community, there was an increased number of referrals of even younger children with health problems.

Therefore, in 1979, an Infant Development Program for disabled children in the birth to three age range was established jointly by the ARC and the LEA. The ARC would provide the building, and the LEA would provide the personnel, materials and supplies. The LEA hired a registered nurse and an aide, and started an all day, center-based class for the disabled younger children. Approximately six children were enrolled in this initial program. When asked for a record of the program's objectives, the director stated that the objectives were not contained in any records; however, he indicated that the program objectives were to provide a day care option for the children and meet the children's medical and educational needs. He described the program as a typical day care program with adaptations and modifications. It was not clear, however, what these adaptations and modifications entailed.

In 1980-1981 personnel from one of the state's medical centers requested that the Infant Development Program become a pilot site for a curriculum being developed at the center
for disabled children in the birth to three age range. The curriculum was referred to as the I.D.P. curriculum. An agreement was formulated, and because of the educational nature of the curriculum, a classroom teacher was hired for the center-based class. The teacher hired had been teaching one of the classes for the older disabled children for one year. Prior to teaching the special education class she had ten years of experience teaching in elementary education. The director indicated that although this was the teacher's first experience with the infant population, the medical center provided the necessary training for the implementation of the curriculum. Once the teacher was hired, the nurse that had been employed in the infant class began serving predominantly in an "outreach capacity." This entailed that she coordinated and assisted with referrals to the program.

At approximately the same time that the class became a pilot site, related service personnel (i.e. physical therapist, speech-language pathologist) became involved in the program. When asked for a record of the objectives of the program during this phase the director stated that there were no written objectives at that time. He did indicate, however, that the objectives of the program were to provide educational services to disabled children based on the assessment results provided for each child. These services were based on the pilot curriculum.

The Director reported that because of state funding
problems the pilot program was discontinued in 1982-1983. However, the class for the younger disabled children continued and the same curriculum was utilized. This program continued for five years. In 1988-1989, because of the "99-457 dialogue" the LEA made the decision to make several changes in the infant program. First, a home based program was established for the disabled children in the birth to two year range. Second, the center-based class was made available as an option for the disabled children from two to three years of age. Third, an interagency agreement was formulated between the LEA and the local university to establish an integrated program for disabled children and nondisabled children.

The Class for the Disabled Children at the Time of Integration

Program Personnel

The personnel in the class for disabled children consisted of one teacher and three aides. In 1988-1989 the teacher that had been teaching the class for disabled children was on sabbatical leave. As a result, another teacher was hired to conduct the home-based and center-based program for the disabled children in the birth to three age range. This teacher received an undergraduate degree in physical education from a university in a nearby state in 1976, and obtained certification in early elementary education in 1986 in that same state. She moved to this state in 1987 and attempted to obtain employment as an elementary school teacher. She was
unable to do so and was unemployed for one year. She was offered the teaching position at the Infant Development Program in 1988-1989. She began teaching the class for disabled children and enrolled in the local university's Noncategorical Preschool Handicapped certification program. This teacher stated that because the previous teacher of the disabled children was absent during her first year, she was familiarized with the program primarily by a classroom aide who had been in the class for several years. The related service personnel who had also been with the program previously (i.e., physical therapist, occupational therapist, speech-language pathologist, adaptive P.E.) also assisted the teacher in becoming familiar with disabled infants and toddlers.

As previously indicated, there were also three aides in the class for disabled children in 1989-1990. Two of these aides had been with the class in previous years. One of these aides had 7 years of experience in the class. She began working in the class in 1981, after attending the local university's 3 week paraprofessional training course. She worked in the class until 1986, at which time she became the director of a home-based nursery school program. She returned to work as an aide in the class in 1988. This aide's duties were to direct several group activities, work with individual children in learning centers, and assist as needed in other aspects of the class. Another aide had 2 years experience in
the class. Prior to that time, she had been working as an aide in various classes of disabled older children. This aide was reportedly "mentally handicapped," and had been a student at the special school before becoming an aide. This aide's duties were to prepare the snacks and lunch, supervise the children in the free play area of the classroom, and assist as needed in other aspects of the class. The third aide began working in the class in November, 1989, after attending the local university's 3 week paraprofessional training course. This aide's duties were to work with individual children in learning centers, direct instructional toileting, and assist as needed in other aspects of the class. Neither the teacher nor the aides in this class had been involved previously in integrated programming.

In addition to the classroom personnel, there were a number of related service personnel functioning as consultants to the class. The physical therapist had been with the program since its inception. She received a degree in physical therapy in 1962 from a physical therapy school in a southern state. She received an undergraduate degree in education in 1964 from the local university, and a Master's degree in education in 1984 from that same university. Since 1984 she has acquired an additional 30 hours of graduate work.

The occupational therapist began working with the program in November, 1989. She received an undergraduate degree in occupational therapy in 1982 from a medical center in the
state, and was enrolled in 1989-1990 as a part-time student in this medical center's graduate program in occupational therapy. The adaptive physical education instructor began working with the program in the fall of 1989. She received an undergraduate degree in physical education in 1986 from the local university and was enrolled in 1989-1990 as a student in the adaptive physical education certification program at that university. I was the speech-language pathologist, and I began working at the program in the fall of 1989. I received my Masters Degree in Communication Disorders in 1976 from a medical center in the state, and was enrolled in 1989-1990 as a full-time doctoral student. Also, in the fall of 1989 a consultant was hired to assist with programming issues in the disabled children's class. This outside consultant was hired primarily because the teacher of the disabled children had only limited training or experience in special education. This consultant was a speech-language pathologist. He received a Master's degree in speech-language pathology in 1973 from a university in an eastern state, and had been previously employed as a speech-language consultant to the Infant Development Program at the medical center where the I.D.P. curriculum was developed. In his capacity as speech-language consultant to the program he had helped develop the I.D.P. Curriculum used by the Infant Development Program in previous years. He also had been involved in the training component of the pilot program initiated at this program in
1980-1981. The outside consultant's responsibilities included in-service training for the classroom staff regarding infant programming in general and the I.D.P. curriculum's assessment and intervention procedures; directing the staff in developing a classroom schedule, planning the classroom activities, and setting up the classroom; and monitoring the classroom staff's performance in these activities.

**Program Children**

The class of disabled children had seven children (3 females, 4 males). Table 5 displays the name, chronological age, diagnosis, and developmental levels of each subject. The children's names have been changed to ensure confidentiality. Specific information about each disabled child was obtained from the child's 1989 pupil appraisal assessment report. Each child's mental age was calculated by the psychologist on the assessment team, utilizing the Bayley Scales of Infant Development, Mental Scale. Each child's language level was determined by the speech-language pathologist on the assessment team, utilizing either the Systematic Assessment of Early Communication Development (Norris, 1989), the expressive language scale of the Hawaii Early Learning Profile (Furuno, O'Reilly, Hosaka, Inatsuka, Zeisloft-Falbey, and Allman, 1988), or the Sequenced Inventory of Communication Development (Hedrick, Prather, and Tobin, 1975).

None of the children in the class of disabled children
Table 5

The Children in the Infant Development Center Class

<table>
<thead>
<tr>
<th>Child</th>
<th>Age</th>
<th>Diagnosis</th>
<th>Mental Age</th>
<th>Language Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue</td>
<td>2;3</td>
<td>Borderline Microcephaly mild cognitive delay</td>
<td>6 mos.</td>
<td>10-14 mos.</td>
</tr>
<tr>
<td>Mike</td>
<td>2;5</td>
<td>Down Syndrome mild-moderate cognitive delay</td>
<td>12 mos.</td>
<td>8-12 mos.</td>
</tr>
<tr>
<td>Mary</td>
<td>2;5</td>
<td>Congenital Encephalopathy, severe-profound cognitive delay</td>
<td>6 mos.</td>
<td>1-4 mos.</td>
</tr>
<tr>
<td>Don</td>
<td>2;2</td>
<td>Microcephaly probable moderate-severe cognitive delay</td>
<td>*</td>
<td>3-8 mos.</td>
</tr>
<tr>
<td>Nan</td>
<td>2;1</td>
<td>Methylmalonic Aciduria, severe cognitive delay</td>
<td>6 mos.</td>
<td>3-8 mos.</td>
</tr>
<tr>
<td>Joe</td>
<td>2;8</td>
<td>Spastic right hemiparesis, mild cognitive delay</td>
<td>18 mos.</td>
<td>19-22 mos.</td>
</tr>
<tr>
<td>Sam</td>
<td>2;0</td>
<td>Cerebral Palsy Moderate-severe cognitive delay</td>
<td>6-8 mos.</td>
<td>9-18 mos.</td>
</tr>
</tbody>
</table>

* unable to be tested; did not respond to test stimuli
had been previously acquainted with any of the children in the class of nondisabled children. None of the children in this class had been in an integrated setting previously.

Program Objectives

The program objectives of the center-based class were not stated in records. The Director of Special Education reported that at the end of the spring semester in 1990 he requested that the personnel directly involved in the Infant Development Program and the outside consultant formulate a philosophy statement for the program, including information such as the purpose of the program, and enrollment guidelines. A preliminary draft of this statement was prepared, and is contained in Appendix A.

Program Procedures

Enrollment

In order to be enrolled in the center-based class at the time of this study children had to be in the two to three years age range and had to have been classified as a "handicapped infant" by the parish's pupil appraisal team. All children who were enrolled in the program attended full time, from 8:30 a.m. until 3:00 p.m., Monday through Friday.

Schedule and Routine

Table 6 displays the schedule for the class of disabled
Table 6

**Classroom Schedule: Disabled Children's Class**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 - 8:45</td>
<td>Arrival/Integrated free play</td>
</tr>
<tr>
<td>8:45 - 9:00</td>
<td>A.M. group (2 - 3 CDC children reverse mainstreamed)</td>
</tr>
<tr>
<td>9:00 - 9:15</td>
<td>Learning centers</td>
</tr>
<tr>
<td>9:15 - 9:30</td>
<td>Learning centers</td>
</tr>
<tr>
<td>9:30 - 9:45</td>
<td>Learning centers</td>
</tr>
<tr>
<td>9:45 - 10:00</td>
<td>Snack</td>
</tr>
<tr>
<td>10:00 - 10:15</td>
<td>Diapering group</td>
</tr>
<tr>
<td>10:15 - 10:30</td>
<td>Learning centers</td>
</tr>
<tr>
<td>10:30 - 10:45</td>
<td>Learning centers</td>
</tr>
<tr>
<td>10:45 - 11:00</td>
<td>Music group (2 - 3 CDC children reverse mainstreamed)</td>
</tr>
<tr>
<td>11:00 - 11:15</td>
<td>Learning centers</td>
</tr>
<tr>
<td>11:15 - 11:30</td>
<td>Learning centers</td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>Lunch with CDC</td>
</tr>
<tr>
<td>12:00 - 12:15</td>
<td>Diapering group</td>
</tr>
<tr>
<td>12:15 - 12:30</td>
<td>Nap</td>
</tr>
<tr>
<td>12:30 - 1:30</td>
<td>Nap</td>
</tr>
<tr>
<td>1:30 - 1:45</td>
<td>Nap</td>
</tr>
<tr>
<td>1:45 - 2:00</td>
<td>Nap</td>
</tr>
<tr>
<td>2:00 - 2:15</td>
<td>Nap</td>
</tr>
<tr>
<td>2:15 - 2:30</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>2:30 - 2:45</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>2:45 - 3:00</td>
<td>Integrated free play</td>
</tr>
</tbody>
</table>
children. As the schedule indicates, there were several types of group and individual activities in this class. All of these activities were planned based on the children's Individualized Education Plan (IEP) objectives taken from the I.D.P. curriculum. There were group activities that included all of the children. In addition, two or three nondisabled children were reverse mainstreamed into two of these groups. The group activities were directed by the teacher or the aide who had been the day care provider previously. In the A.M. group the teacher sang a greeting song (i.e. "Where is ---, where is ---, raise your hand...), and presented an unfamiliar and a familiar toy. Communication and cognition objectives were targeted in this group. In the diapering group the teacher initiated a motor activity (i.e. throwing bean bags into a basket), and an aide called each child for diapering. Gross and fine motor objectives were targeted in this group. In the music group the aide led the children in singing and playing musical instruments. Communication and cognition objectives were targeted in this group.

In addition to the group activities, there were times scheduled for learning centers. The learning centers were specific areas of the room that had been separated with dividers. There were learning centers for cognition, communication, and free play. During the learning center times, one or two children were scheduled to work with the teacher or an aide in one of the areas. Cognition and
communication objectives were targeted in the learning centers.

Figure 1 displays a diagram of the disabled children's classroom.

The History of the Child Development Center

This history was obtained through an interview with the Director of the Child Development Center, who had been Director of the center for 23 years. The Director suggested that I review the Child Development Center's Parents' Handbook. According to the handbook, the Preschool Laboratory (Child Development Program) began at the university in 1963 as a training site within the department of Home Economics. In 1974 a parent co-op was established by a group of students who were interested in providing more than babysitting for their children. This co-op was intended to provide educational opportunities to the enrolled children consistent with other educationally-based child development centers. The co-op operated separately for five years. After that time, an agreement was reached between the co-op and the Department of Home Economics to merge the two programs. In 1976 the co-op transferred the charter to the university and the current Child Development Center was established.
Figure 1
Diagram of the Disabled Children's Class

Learning Center

Material & Supplies

Group Activities

Free Play Area

Toys and Objects

Learning Center

Toys and Objects
The Class for the Nondisabled Children at the Time of Integration

Program Personnel

The personnel in the class for the nondisabled children consisted of a teacher, several student interns, and several university student workers. The teacher of the nondisabled children did not attend college. She was a native of Cuba and began teaching in a pre-primary school in 1945 after graduating from high school. She taught in this program for five years. In 1960 her family came to this state, and she began teaching in a private nursery school. She began teaching the two-year-old class at the Child Development Center in 1979.

A variable number of university student workers were scheduled to assist the teacher in this class during parts of the day. Their duties were to assist this teacher as needed in all aspects of the class. These individuals were undergraduate students employed by the university for approximately 10 hours per week. The Child Development Center was one of the possible placement sites for the university student workers. There were frequent changes in the student work staff because reportedly the student workers assigned to the class often asked for a change in placement due to the perceived difficulty of working in a classroom with young children.

There were also several student interns assigned to the
class. These individuals were undergraduate students enrolled in one of the university's early childhood education class, and one of this classes' requirements was an internship. The student intern's duties were to plan and direct specific group activities, and assist the teacher as needed.

Program Children

The class of nondisabled children from the Child Development Center had nine children (6 females, 3 males). None of the nondisabled children had any history of speech, language, hearing, intellectual, or social-emotional difficulties. Table 7 displays the name, age and sex of each nondisabled child. The names of the children were changed to ensure confidentiality.

None of the children in the class of nondisabled children had been previously acquainted with any of the children in the class of disabled children. None of the children in this class had been in an integrated setting previously.

Program Objectives

The goals of the CDC program are stated in the Parents' Handbook. Table 8 displays the goals of the program for the children and the children's parents. In general, the handbook indicates that the program provides an open learning environment with an emphasis on the integration of cognitive, affective, and socializing processes.
Table 7

The Children in the Child Development Center Class

<table>
<thead>
<tr>
<th>Child</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>2;5</td>
<td>M</td>
</tr>
<tr>
<td>Ken</td>
<td>2;8</td>
<td>M</td>
</tr>
<tr>
<td>Cathy</td>
<td>2;8</td>
<td>F</td>
</tr>
<tr>
<td>Crystal</td>
<td>2;8</td>
<td>F</td>
</tr>
<tr>
<td>Brenda</td>
<td>2;3</td>
<td>F</td>
</tr>
<tr>
<td>Alice</td>
<td>2;1</td>
<td>F</td>
</tr>
<tr>
<td>Alan</td>
<td>2;8</td>
<td>M</td>
</tr>
<tr>
<td>Sally</td>
<td>2;4</td>
<td>F</td>
</tr>
<tr>
<td>Susie</td>
<td>2;1</td>
<td>F</td>
</tr>
</tbody>
</table>
Table 8

Child Development Center Goals

For the children attending the N. S. U. Child Development Center, the goals are to assist the child in separating from the family unit and to live comfortably in another social group.

To increase independence in meeting people and resolving problems.
To promote self-esteem, confidence, cooperation, and prosocial behaviors.
To foster awareness of the world by participating in a variety of experiences.
To increase large motor skills by climbing, running, jumping, and balancing.
To develop small muscle competence by using scissors, glue, clay, blocks, and by working with puzzles, beads, tying, buttoning.
To promote and further language and intellectual development.
To foster cognitive learning, concept formation, and self-understanding.
To stimulate and support curiosity and fantasy play which facilitate imagination, ideas, and creative thinking processes.
To foster creativity and self expression is art, music and socio-dramatic play.
To help the child learn control, restraint, and good listening skills.
To encourage the expression of all feelings in acceptable ways and the development of positive qualities, such as the capacity for fun, humor, and optimism.

For the parents of the preschool children attending the Child Development Center the goals are:
To give assistance and guidance in understanding the development of young children and how to meet their needs.
To provide opportunities for them to observe their child(ren) in relation to others in the preschool environment.

(Note. From Parent's Handbook by the Child Development Center)
Program Procedures

Enrollment

According to the handbook, in order to be enrolled in the Child Development Center program children had to be between the ages of 18 months and four years. Children were enrolled in the following order of preference:

- Full-time undergraduate students' children
- Part-time undergraduate students' children
- Graduate students' children
- Full-time or graduate assistants' children
- Faculty and staff members' children
- Children of the community

Children were enrolled in the Child Development Center program on a part-time or full-time basis. The class began at 7:10 a.m., and terminated at 3:30 p.m., Monday through Friday.

Schedule and Routine

Table 9 displays the classroom schedule for the nondisabled children's class. As the schedule indicates, there were several types of group activities in this class. All of these activities were planned based on units, such as family, the senses, transportation, and animals. Appendix B is an example of the units for the spring semester of 1990. The group activities included all of the children, and some of these activities were directed by the teacher or a student
Table 9

**Classroom Schedule: Nondisabled Children's Class**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
</table>
| 7:10 - 8:45 | Arrival and toileting
              Integrated free play                        |
| 8:45 - 9:00 | Group time                                             |
| 9:00 - 9:30 | Clean up and toileting                                |
| 9:30 - 9:45 | Snacks                                                 |
| 9:45 - 10:15 | Rest time with music for listening                    |
| 10:15 - 10:45 | Outdoor activities                                    |
| 10:45 - 11:15 | Music and art work                                    |
| 11:15 - 11:30 | Toileting, story time, music, and language development |
| 11:30 - 12:00 | Lunch                                                  |
| 12:00 - 12:30 | Toileting, get ready for nap                          |
| 12:30 - 2:30 | Sleep, soft music played
              On cot with back rubbed or rocking
              with teacher                                     |
| 2:30 - 2:45 | Toileting and snacks                                   |
| 2:45 - 3:00 | Integrated free play                                   |
| 3:00 - 3:30 | Outside, weather permitting or table games
              Departure                                          |
In the morning group time, the teacher or a student intern introduced the theme for the day, which was related to the present unit. For example, if the present unit was transportation, the theme for the day might be airplanes. In the music and art work time the teacher or a student intern played records or initiated art activities (i.e. finger painting, cutting and pasting, playdough) pertaining to the daily theme. In story time the teacher read books to the children that reinforced this theme. Several times daily the children were supervised while playing outside in the play yard.

Figure 2 displays a diagram of the nondisabled children's classroom.

The Integrated Program

The Interagency Agreement

In the fall of 1989, personnel working at both the Infant Development Program and the Child Development Center were informed that an interagency agreement was being formulated between the LEA and the local university. The purpose of the interagency agreement was to establish an integrated program in January, 1990. According to the agreement, the class of two year old children from the Child Development Center would move into the special education facility on the perimeter of the university campus. This was the site for the Infant Development Program. The Noncategorical Preschool Handicapped
Figure 2
Diagram of the Nondisabled Children's Class
class that had been located in the special education facility would move into the Child Development Center. The interagency agreement was limited to these logistical plans. The agreement did not contain curriculum and instruction issues.

A meeting was scheduled at the special education facility to inform all of the parents, teachers, administrators, and related service personnel from both programs about the interagency agreement. The Director of Special Education spoke to those attending regarding the need for integrated programs, and he suggested that the agreement would be beneficial for both programs involved in the integration. When he asked for questions from the audience the parents of several of the disabled children expressed concerns regarding whether their children's special needs could be met in an integrated setting. He explained that the individual programming for the disabled children would not be influenced by the integration.

**The Integration Agenda**

The interagency agreement was adopted, and the integrated program was scheduled to begin in the spring semester, 1990. The Coordinator of Preschool Programs with the LEA was primarily responsible for the implementation of the program. To prepare for the integration program, the teacher of the disabled two year old children was asked to observe the Child Development Center's class of nondisabled two year old
children on several occasions in the fall of 1989. The teacher of the nondisabled children was asked to observe the class of disabled children for the first two weeks of the 1990 spring semester, prior to the arrival of her class's children when the university's spring semester began.

During the time period between the adoption of the interagency agreement and the initiation of the integration program the reciprocal teacher observations were the only preparation strategy. There was no preservice training regarding integration for personnel in either the Infant Development Program or the Child Development Center.

The integration was initiated as planned in January, 1990. In the two weeks prior to the beginning of integration, the coordinator of the Infant Development Program and the classroom teachers determined the integration schedule. According to this initial integration schedule, all of the disabled and nondisabled children would be integrated daily in the morning and in the afternoon for approximately thirty minutes of free play in a large gym-like room. This room contained a number of props such as riding toys, mats, and a playhouse. Figure 3 is a diagram of this site. Additionally, two to three nondisabled children would be reverse mainstreamed daily into both a small group music activity and small group opening circle in the class for disabled children. There were no predetermined objectives for the children in the integrated activities, and the personnel involved in the
Figure 3
Diagram of the Large Room for Integrated Free Play

- Mats
- Playhouse
- Table with toys
- Racetrack & Cars
- Table with toys
- MacDonald's
- Drive-up
- Mat with musical Toys
integrated activities were not given specific directions as to their role in the activities.

The integration program proceeded, and there were preplanned and spontaneous modifications in the integration schedule. The preplanned modifications included mainstreaming two to three of the disabled children into the class of nondisabled children for selected activities on a daily basis at mid-semester. Another preplanned modification was integrating the children for a late morning recess (free play), either in the large room or outside. The spontaneous modifications included any other integrated activities intermittently arranged by the teachers that were departures from the regular schedule.

The Director of Special Education directed the outside consultant to assist with the mainstreaming. Prior to the mainstreaming, the outside consultant, the Director of the Child Development Center, the Director's immediate supervisor, and the coordinator of the Infant Development Program met and determined these guidelines for the mainstreaming:

1. Two or three disabled children would be mainstreamed for one 20-minute, adult-directed activity per day.
2. The objectives for the disabled children during the activity would be based on ecological inventories.
3. The activity would be sensory creative or expository in nature.
4. The activity would be directed by a student intern if an
intern was available.
5. The student interns would observe one activity prior to directing an activity.
6. The student interns would read the disabled children's folders prior to directing an activity.

The outside consultant completed the ecological inventories, and set the objectives for each disabled child. The mainstreaming began, and the consultant monitored the process. While monitoring in the early stages of the mainstreaming the consultant noted that the student interns were not reading the disabled children's folders. He requested that the teacher of the disabled children monitor this; however, he indicated that the student interns often did not read the disabled children's folders throughout the remainder of the semester.

During the first 5 months of integration there was no inservice training regarding integration provided for personnel in either the Infant Development Program or the Child Development Center. There was no systematic, formalized monitoring of the program. The monitoring consisted of the supervising coordinator visiting the classes and engaging in informal discussions with the teachers regarding the program.
Chapter 4
METHODOLOGY

The research approach of choice for this investigation is an ethnographic methodology. Ethnography has its origins in anthropology and is a qualitative research methodology receiving considerable recent attention in the fields of communication disorders, special education, and education. As a qualitative research approach, ethnography employs investigative methodology and data collection procedures that may be described as naturalistic or descriptive, with an emphasis on analytical procedures and reflective analysis on the part of the researcher (Maxwell, 1990). In this chapter the discussion will focus on general methodology, including characteristics of ethnographic methodology, advantages of this method, and types of ethnographic data collection. Next the discussion will address the specific methodology of this study, outlining the data collection and analysis in phases.

General Methodology

Characteristics of Ethnographic Methodology

There are several characteristics of ethnographic methodology that should be stressed. Distinct from a more traditional quantitative style of research, ethnography may be described on the basis of at least seven major
characteristics. Each will be detailed below.

Cyclical

The traditional research process is linear, whereas the research process of ethnography is cyclical. The traditional research process is a deductive process that proceeds as follows: the researcher defines a research problem, formulates a hypothesis, designs a research methodology, gathers data, analyzes data, draws conclusions, and reports the study (Agar, 1986). This traditional research process is termed linear because the distinct stages of the research proceed in the order described, and in most cases each stage must precede the subsequent stage in the process. Ethnography is an inductive process that is cyclical in nature. According to Spradley (1980), the ethnographer selects a research project and determines the scope of the project on a continuum from macroethnography to microethnography. For example, a macroethnography can be a study of a complex society requiring years of study and numerous ethnographers. On the other end of the continuum, a microethnography can be a study of a single social situation over a shorter period of time by one ethnographer. After selecting a research project and determining the scope of the project, the ethnographer begins asking ethnographic questions, collecting and recording ethnographic data, and analyzing the ethnographic data. As data are collected and analyzed new ethnographic questions
will be discovered, which will guide the subsequent process of collecting and recording ethnographic data. These major tasks follow a cyclic pattern, repeating themselves over and over again.

**Data Driven**

Ethnographers do not formulate hypotheses in advance from a known body of theory. Ethnography is a strategy for discovering grounded theory (Glaser and Strauss, 1967). That is, this approach involves the development of theory grounded in empirical data. Ethnography seeks to generate theory from data and build theoretical categories and propositions from relationships discovered among the data. Crago (1988), in discussing the role of theory in ethnography, summarizes that ethnography is inductive research in which the intention is the development, clarification, refinement, and validation of theoretical constructs for a particular set of data. Because theory is discovered in the cyclical process of ethnography, hypotheses can be formulated and re-formulated as the data are progressively analyzed throughout the study.

**Immersion**

As a field-based method, ethnography requires immersion of an observer in a natural setting of interest (Panagos and Kovarsky, 1990). The ethnographer has long term contact, and becomes "steeped" in the people and situation being studied.
(Maxwell, 1990). Erickson's (1986) description of qualitative field research illustrates the ethnographer's degree of involvement. He states that ethnography entails intensive participation in a field setting, careful recording of what happens in the setting by field notes and interview notes, documentation of evidence with artifacts and recordings, analytic reflection on data collected, and the reporting of results by means of detailed descriptions, direct quotes, and interpretative commentary.

Explanatory

The thick description of ethnography (Geertz, 1973) enables the ethnographer to develop an understanding of underlying themes, mechanisms, and motivations which structure behavior. According to Geertz, an ethnographer begins observing at a surface level where behaviors appear to be random and unorganized, however, the triangulation of continued observations and informant interviews allows the ethnographer to penetrate the thickness of a situation and the result is a multi-layered description of behaviors which is organized and rich in detail, meaning, and interpretation. Ethnographers are attempting to achieve an in-depth understanding of social behaviors and actions. There is a concern with not only describing broadly what is seen, but also attempting to synthesize what is seen, and arriving at explanations for what is seen, all of which allows for a
fuller understanding of human behavior.

Authenticity

The goal of ethnography is not generalization but authenticity (Maxwell, 1990). Aspects of both the data collection and data analysis procedures of ethnography contribute to authenticity. Kovarsky and Crago (1990-1991), suggest that ethnographic data collection is guided by three basic notions that establish authenticity:

1. identifying a full range of events
2. collecting recurrent instances of events
3. looking at events at a number of different levels in the social or cultural system (p. 14)

Therefore, in order to establish authenticity the ethnographer needs to collect data intensively over a long period of time, from a variety of sources. Kovarsky and Crago (1990-1991) suggest that the ethnographer compares and contrasts the various data sources through the process of triangulation, which helps the ethnographer evaluate the validity of his or her own inferences.

Perspective

The ethnographer's task is to observe, record and interpret behavior and events from the perspective of the individuals under investigation (Agar, 1986). There is an attempt to interpret human behavior from the actor's own frame
of reference (Kovarsky and Crago, 1990-1991). This approach to perspective can be referred to as emic analysis, which entails seeing things from another's point of view. Borden (1991) discusses emic and etic analysis, and suggests that merely observing people or a culture and abstracting meaningful behaviors from these observations is an etic activity, which is controlled by our own cognitive constructs. On the other hand, talking with people representing a culture, and experiencing the people and the culture is an emic activity, which gives first hand knowledge of the people and culture, not controlled by our own cognitive constructs.

**Triangulation**

The ethnographer systematically collects data from a variety of sources, in a variety of ways, incorporating progressive analyses of the data in order to achieve a triangulation of the data. Triangulation is a means of validating findings and verifying one's perspective by comparing and contrasting multimodal sources of data in order to arrive at a multidimensional understanding of the phenomenon being studied (Crago, 1988). For example, sources of data include participant observation field notes, formal and informal interviews, artifacts, and in some cases, videorecordings. According to Kovarsky and Crago (1990-1991), triangulation is to ethnography what reliability and validity are to the quantitative paradigm.
Advantages of Ethnography

One advantage of ethnography is the examination of human behaviors in naturalistic contexts. In the field of communication disorders, and in other fields studying human affairs, there is a surge of interest in qualitative research methods that examine human behavior in naturalistic contexts, and in the framework of naturally occurring interactions. Jacob (1990), in a paper discussing alternative research approaches in special education, points out that at present there are a number of new issues of interest to special educators and educators, including issues related to the implementation of P.L. 99-457. Jacob suggests that the nature of these new interests and issues has resulted in the following change in perspective:

Some special educators have called for alternative research designs and methods that focus on naturally occurring human behavior and thought (Hanson and Freund, 1989; Poplin, 1984c; Stainback and Stainback, 1984). (p.195)

One focus of this study is the interactive behaviors and communication of the children in an integrated setting. Certainly these interactive and communicative behaviors need to be examined in the daily, natural context of integration. Language and communication are culturally and socially situated phenomena and thus should be examined as such (Hymes, 1972). The descriptive and contextual nature of ethnography
makes it an effective approach for studying language and communication and the social interactions that occur in early integration. Panagos and Kovarsky (1990) comment: "Social interaction is a prevalent methodological feature (of ethnographies): handicapped or the culturally different persons interacting with normal children, parents, caregivers, family members, speech therapists, and classroom teachers..." (p. 1).

Historically, ethnography has contributed directly to the description and explanation of human social behaviors (Spradley, 1980).

Another advantage of ethnography is its initial broad focus and open stance, which enable the researcher to acquire a background in, and acquaintance with, a situation of interest prior to narrowing the research focus (Jacob, 1990). Early integration is a relatively recent practice that has not been studied thoroughly, and an ethnographic approach to studying early integration will enable the researcher to acquire valuable background prior to narrowing, or limiting, the focus of the study of early integration. According to Jacob (1990), if a researcher begins with a narrower focus and pre-determines what variables to study, there is a risk that significant information may be overlooked. The initial broad focus and open stance of ethnography will ensure that significant variables in early integration are not overlooked. Stainback and Stainback (1989), in a paper calling for
qualitative research of supported education issues, such as early integration, state that the non-directive, open-ended nature of ethnography may help us understand how all individuals involved in integration (i.e., teachers, parents, students) perceive integration, and further, how these individuals perceive the meaning of the events of integration.

A third advantage of ethnography is that it allows the researcher to study complex behaviors and situations, with a concern for the meanings that the behaviors and situations have to the people involved. Discovering the meanings that individuals possess for the situations of interest facilitates an understanding of these complex issues. Since early integration is a complex issue, there is a need to discover the meanings and significance of the behaviors and events involved in integration. Stainback and Stainback (1989) emphasize that there are a number of unanswered questions regarding early integration (e.g. including what actually happens in early integration, what teachers feel they need to implement integration, and what actually makes for successful integration) and ethnographic methods should help provide answers to these questions.

Data Collection in Ethnographic Methodology

According to Spradley (1980), the ethnographer looks at three fundamental aspects of human experience; what people do, what they say, and what they produce (artifacts), in order to
understand the meanings, actions, and events of a situation of interest. Because meaning can be directly expressed in language, or indirectly expressed through words and actions, it is necessary for the ethnographer to collect data in various ways, from various sources.

Data is typically collected using four procedures: participant observation, ethnographic interviews, artifactual analysis, and videorecording. I will discuss each procedure in general.

**Participant Observation**

There are two purposes of participant observation: (1) to engage in activities appropriate to the situation being studied, and (2) to observe the activities and physical aspects of the situation. Participant observation is viewed as critical to ethnography for several reasons. According to Jacobs (1990) the participant observer's long term, direct involvement with the research situation facilitates the development of rapport and trust, which is important for the researcher's gaining of an accurate understanding of the situation of interest. Second, participant observation permits the ethnographer to develop and test hypotheses concerning meaning through direct experience. Direct experience is critical because much of meaning is implicit or tacit rather than explicit or directly expressed in words. Consequently, direct experience during participant observation
allows the ethnographer to examine behaviors and actions that individuals may not have an explicit awareness of, or be able to talk about.

Participant observation varies in terms of level of participation. Spradley (1980) describes five types of participation:

1. **Nonparticipation** means no involvement with the people or activities being studied, such as observing on television or videotape.
2. **Passive participation** means the researcher is present at the scene but does not interact or participate.
3. **Moderate participation** means the researcher seeks to maintain a balance between participating and observing.
4. **Active participation** means the researcher seeks to do what the other people are doing.
5. **Complete participation** means the researcher is a natural participant, or ordinarily participates, in the situation.

**Ethnographic Interviews**

The second data collection procedure typically used in ethnographic methodology is ethnographic interviews. The ethnographer conducts ethnographic interviews to obtain the triangulation of data needed. The interviews allow the ethnographer to learn the views of the participants in a situation and their perceptions and interpretations of the
situation. The interviews are conducted in a manner in which respondents can express their own understanding in their own terms (Patton, 1980). Ethnographic interviews are both informal and formal in nature. Spradley (1980) defines an informal interview as one that "occurs whenever you ask someone a question during the course of participant observation" (p. 123). These casual, unplanned discussions are generally considered to be an optimum way of learning an individual's perceptions because the ethnographer does not plan the questions in advance. Rather, relevant questions emerge from the interactive process in which the researcher has become sensitized to what is meaningful (Blumer, 1969). Corsaro (1981) agrees with there is a need for informal interviews, stating that informal interviews are beneficial for building rapport and obtaining information in an unobtrusive manner.

In addition to the informal interviews, formal interviews are conducted. Spradley (1980) defines a formal interview as one that "occurs at an appointed time, and results from a specific request to hold the interview" (p. 124). Formal interviews are considered important because they allow the ethnographer to focus on a particular topic of interest. Regardless of whether the ethnographic interview is informal or formal in nature, researchers have suggested several guidelines for ethnographic interviews in general. Stainback and Stainback (1989) suggest six guidelines for effective ethnographic interviewing: (1) the interviewer needs to avoid
being evaluative, which limits the willingness of an informant to participate in the interview. It is crucial to ethnography that the interviewer obtains informant views that are unbiased by evaluative responses on the interviewer's part, (2) the interviewer needs to choose an interview environment in which the informants feel comfortable and at ease enough to speak openly, (3) the interviewer needs to employ open-ended questions that invite expanded responses, (4) the interviewer needs to be flexible in his or her approach to informants, in that particular informants may be effectively interviewed in different manners, (5) the interviewer might consider group interviews, where informants are brought together to discuss topics of common interest. Group interviews can create less of a strain for some informants, and informants may stimulate each other to share information in detail, and (6) the interview questioning needs to be recursive. Recursion refers to the extent to which information gleaned assists in determining what further questioning might deepen and expand knowledge.

Spradley (1980) discusses the types of questions appropriate for the ethnographic interview. A "grand tour" question is a broad, descriptive question for eliciting an overview response, such as "Will you describe the actions and behaviors of the children during the integrated free play periods?". Grand tour questions are effective for eliciting general impressions and rich descriptions. A "mini-tour"
question is a more specific question drawing on information already discovered, and deals with a smaller unit of experience. An example is, "Will you describe the interactions of the disabled and nondisabled children in the integrated free play periods?". Although the grand tour and mini-tour questions differ in scope, they are similar in that they are open-ended and are intended to elicit free expression of the informants thoughts and ideas.

Artifactual Analysis

The ethnographer obtains and analyzes artifacts, which are things people make and use (Spradley, 1980), such as records, schedules, and lesson plans. According to Spradley (1980) artifacts are important because they are one of the fundamental aspects of human experience and are helpful in studying a cultural context. Artifacts can be observed and collected in the context of interest and are analyzed along with an individual's words and actions to assist in triangulation of data.

Videorecordings

Videorecordings are one systematic means of collecting data for detailed analysis, or microethnographic analysis. Because videorecording has been challenged as an obtrusive type of data collection that can lead to invalid information (Goetz and Lecompte, 1984), the ethnographer must ensure that
the recordings are obtained as unobtrusively as possible. Typically, the ethnographer has been participating in the activities being observed to such a degree that the ethnographer's presence will not influence the activities. Videorecording has become a rather commonplace practice in homes and educational settings, thus perhaps limiting the obtrusiveness of the process as well.

Specific Methodology

The Data Collection and Analysis Process

This study incorporated an ethnographic data collection and analysis process based on a modification of Spradley's Developmental Research Sequence (1980). In this research sequence data collection and data analysis are not distinct stages of the research process. Data are analyzed from the time data collection begins until it has been completed. In fact, in ethnographic methodology the data collection process itself is a part of the data analysis. Therefore, data analysis will be discussed as it occurred in the process of the data collection.

Following Spradley (1980), the data collection and analysis process of this study was based on the concept of ethnographic questioning. Ethnographic questions guided the data collection and analysis process. According to Spradley (1980), ethnographic questions differ from the questions of
more traditional research methodologies. He suggests that while most of the questions asked by the researcher in more traditional research methodologies come from outside the context of the study, ethnographic questions are discovered in the context of the study. Ethnographic questions are discovered primarily in the process of observations. As Spradley indicates, all observations involve asking questions. For example, in this study I observed the disabled and nondisabled children in integrated free play and recorded the following:

"Mike and several CDC children were playing on the plastic slide. Mike smiled at Alice, who was behind him in line. She patted a decal on his shirt. He smiled and vocalized."

A number of questions have been discovered in this observation, including these:

- Do the children interact?
- Who initiated the interaction?
- How was the interaction initiated?
- Was there a response to the initiation?
- What was the response to the initiation?
- How important are interactions for creating positive integration?
- Do adults engage in the same types of interactions with the children?

Throughout the study, as data were collected and
reviewed, the researcher determined the questions that the
data suggested were important and used these questions as
guides for subsequent data collection. Also, the researcher
cycled back through the data previously collected to look for
answers to new questions that emerged.

The data collection and analysis process of this study
will be discussed in stages.

Stages of the Study

Spradley's (1980) Developmental Research Sequence is a
series of major stages that progressively narrow the focus of
research to arrive at a broad understanding of the context of
interest. Initially, descriptive observations were conducted.
That is, I began observing and collecting data with no
predetermined hypotheses or research questions. The only
purpose was to observe and record as much as possible the
behaviors and events of early integration. After a short
period of time, I began analyzing the field notes to determine
if patterns, or domains, could be discerned. Based on this
analysis the second stage of the study was initiated. Focused
observations were conducted, along with descriptive
observations, ethnographic interviews, and atifactual
analysis. At this stage greater emphasis was placed on
collecting data related to the domains that had been
identified. An analysis of the data collected at this point
led to the third stage of the study. This stage, selective
observation entailed narrowing the focus of observation in order to discover underlying themes, mechanisms, or motivations which appeared to structure the behaviors noted during data collection. Figure 4 shows the progression of the stages in the Developmental Research Sequence (Spradley, 1980). Each of these stages will be discussed in more detail below.

Stage One: Descriptive observations

The investigator began participant observation and videorecording at the integrated program on a systematic basis, beginning in the first week of integration, and continuing until the end of the school year. Table 10 displays the dates and times of participant observation, and the types of activities observed. Table 11 displays the dates and times of videorecording, and the types of activities videorecorded. Videorecordings were made with a GE HQ Movie, V system 9806. In general, participant observation and videorecording occurred during integrated activities. As noted previously, the children were integrated daily for approximately thirty minutes of free play in the morning and afternoon, and several nondisabled children were reverse mainstreamed daily during the opening circle and music activities into the class for the disabled children.

The first stage of participant observation is the descriptive observation stage. Descriptive observations are
Figure 4
Changes in the Scope of Observation

Note. From Participant Observation by T. Spradley.
Copyright 1980 by Holt, Reinhart, and Winston
Table 10

Participant Observation Time Periods

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 24</td>
<td>10:10 - 10:40</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>January 24</td>
<td>2:45 - 3:15</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>January 31</td>
<td>2:45 - 3:15</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>February 5</td>
<td>8:30 - 9:00</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>February 6</td>
<td>10:15 - 10:30</td>
<td>Integrated music/IDP class</td>
</tr>
<tr>
<td>February 7</td>
<td>10:35 - 11:05</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>February 7</td>
<td>11:00 - 11:15</td>
<td>Integrated music/IDP class</td>
</tr>
<tr>
<td>February 14</td>
<td>10:30 - 11:00</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>February 14</td>
<td>10:45 - 11:00</td>
<td>Integrated music/IDP class</td>
</tr>
<tr>
<td>February 21</td>
<td>2:15 - 2:30</td>
<td>CDC snack (non-integrated)</td>
</tr>
<tr>
<td>February 21</td>
<td>2:45 - 3:00</td>
<td>Integrated Adaptive Physical Education</td>
</tr>
<tr>
<td>March 5</td>
<td>10:30 - 10:45</td>
<td>IDP snack (non-integrated)</td>
</tr>
<tr>
<td>March 5</td>
<td>2:30 - 3:00</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>March 12</td>
<td>10:30 - 11:00</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>March 14</td>
<td>2:45 - 3:15</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>April 2</td>
<td>9:30 - 10:00</td>
<td>IDP only</td>
</tr>
<tr>
<td>April 6</td>
<td>11:00 - 11:20</td>
<td>Integrated story time</td>
</tr>
<tr>
<td>April 18</td>
<td>10:10 - 10:40</td>
<td>Integrated free play</td>
</tr>
<tr>
<td>April 23</td>
<td>10:10 - 10:40</td>
<td>Integrated free play in small area with toys and objects</td>
</tr>
</tbody>
</table>
### Table 11

**Videorecording Time Periods**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 5</td>
<td>640 seconds</td>
<td>integrated free play in large room</td>
</tr>
<tr>
<td>February 12</td>
<td>1340 seconds</td>
<td>integrated free play in large room</td>
</tr>
<tr>
<td>February 19</td>
<td>1280 seconds</td>
<td>integrated music</td>
</tr>
<tr>
<td>March 19</td>
<td>700 seconds</td>
<td>integrated music</td>
</tr>
<tr>
<td>April 23</td>
<td>760 seconds</td>
<td>integrated free play in small area with toys and objects</td>
</tr>
<tr>
<td>May 7</td>
<td>840 seconds</td>
<td>integrated free play in small area with toys and objects</td>
</tr>
</tbody>
</table>
broad observations. As a passive participant I observed from the periphery, and recorded in detail the setting, the activities, and who participated. These written descriptions are referred to as field notes. When writing field notes it is important that the narrative of the observations be detailed and concrete, keeping inferences at a low level (Pelto, 1970) because the ethnographer is attempting to comprehend and understand different meaning systems without the interference of bias due to one's own ethnocentrism. Refer to Appendix C for an example of the field notes.

Within a brief period of time I expanded my field notes, utilizing Corsaro's (1981) recording conventions. In addition to actually expanding the descriptions from the original field notes, the expanded field notes included the following notations:

- **Personal notes (PN):** notes regarding personal feelings and impressions pertaining to the ethnography
- **Methodological notes (MN):** notes regarding the ethnography itself, including insights into methodological difficulties
- **Theoretical notes (TN):** analytical notes to be utilized in the process of question discovery and formulation of domains for focused observations.

Expansion of the field notes thus involved transcribing the detailed descriptions and recording personal, methodological, and theoretical notes. Appendix D contains an example of
expanded field notes. This example is an expansion of what is contained in Appendix C.

Data analysis began as soon as the field notes were expanded. The expanded field notes were reviewed a number of times to determine if patterns of behavior or activities were noted. The theoretical notes, which suggested possible questions to guide further data collection, were reviewed to develop a series of hypotheses which could be progressively sustained or rejected by successive data collection (Goetz and Lecomte, 1984). Through this analysis process, domains in the data were formulated. A domain is a category of meaning that includes smaller categories (Spradley, 1980). As Crago (1988) suggests, domains can be established based on either "sensitizing concepts" derived from the literature, or domains can emerge from the data itself. In this study the domains were discovered in the data. For example, there were a number of descriptions of interactions between the disabled and nondisabled children and between both groups of the children and the adults in the integrated setting. The data suggested that these interactions were an important aspect of the integration program. Therefore, interaction became one of the domains discovered in the data. Other patterns of behaviors and events were discovered and became domains.

The domains were as follows:

INTERACTION

REACTIONS
Stage Two: Focused Observations

The emergence of domains facilitated the transition to the stage of focused observations. According to Spradley (1980), focused observations are narrowed observations of relevant domains. Following Spradley (1980), focused observations were based on "structural questions", which are analytical questions discovered in the data that would guide the narrowed observations. It is helpful to think of structural questions as hypotheses that can be progressively sustained or rejected during subsequent data collection. Structural questions were formulated for each domain listed above. For example, the data suggested guiding questions, such as these, in the interaction domain:

- How much interaction occurs?
- What is the nature of the interactions?
- Are interactions reinforced by teachers?
- Is interaction facilitated by teachers?

Appendix E contains the structural questions formulated for each of the domains.

After the formulation of the structural questions, I began to make focused observations guided by the questions,
along with continued broad, descriptive observations. During this same time period, ethnographic interviews were conducted in order to begin the process of reviewing data from different sources. Specific questions were asked to determine the informant's, or collaborator's, interpretations of observational data. For instance, I had observed and described a pattern of verbal behaviors displayed by the nondisabled children to the disabled children, and I questioned both of the teachers in the integration program about the nondisabled children's verbal behavior with the disabled children. I was then able to compare and contrast the behavioral and verbal data, facilitating integration of the data. In the case of the instance cited, both of the teachers described a pattern of verbal behaviors similar to my observed pattern. Based on comparisons and contrasts such as these, and repeated review of the expanded field notes, several of the domains were merged, or expanded, as follows:

CHILD-CHILD INTERACTION

TEACHER-CHILD INTERACTION

PREPARATION

At this time the structural questions were re-formulated for each new domain. For example, in the domain of child-child interaction the data suggested these new questions:

How can interactions be detailed?

initiations

terminations
What overall descriptors can be applied to the interactions?
What are the dimensions of the interactions?
What specific instances of interaction are important?
Conflict, providing assistance, play

Appendix F contains the structural questions re-formulated for the domains.

**Stage Three: Selective Observation**

An analysis of expanded field notes from descriptive and focused observations, along with the transcribed ethnographic interviews, led to the stage of selective observation, guided by the re-formulated structural questions. Selective observations are an attempt to narrow observations further in order to discover underlying themes, mechanisms, or motives that explain the patterns of behaviors or activities in the data. Spradley (1980) defines a theme as: "any principle recurrent in a number of domains, tacit or explicit, and serving as a relationship among subsystems of cultural meaning" (p. 141). The discovery of themes from a large
quantity of data, collected from various sources, is a complex process, due in part to the fact that the earlier process of creating domains has the effect of fragmenting the data (Crago, 1988). To discover themes, the researcher must aim for an understanding of the relationships of the domains to one another. This requires examining whether there is anything common to, or underlying, the observed patterns of behaviors or activities in the domains. In this study it appeared that the domains child-child interaction, teacher-child interaction, and preparation were related in terms of an underlying process. I then began reviewing and analyzing the data to validate this process.

Microethnographic Analysis

It was at this stage of the research that microethnographic analysis began. This procedure was initiated in order to obtain the triangulation of data needed to validate the hypothesized underlying process. Several types of microethnographic analyses were conducted.

In order to examine the adult behaviors in the integration process, all of the adult-child interactions described in the expanded field notes were extracted, and all of the adult-child interactions in the videorecordings were transcribed. All adult verbalizations from the expanded field notes and the videorecordings were transcribed. Appendix G contains all of the adult verbalizations.

In order to examine the child-child interactions in the
integration, all of the child-child interactions described in the expanded field notes were extracted, and a detailed process of videorecording analysis was conducted.

The videorecording analysis of child-child interactions evolved from a child-child interaction coding system developed from the data collected at the focused observation stage. Analysis of the data suggested that child-child interactions needed to be detailed based on the parameters displayed in Figure 5. This diagram was designed to schematize the parameters of child-child interactions that the data suggested were important. It was then necessary to determine an observational strategy to systematically examine these parameters. The literature reviewed on assessing social interactional skills in integrated settings provided "sensitizing concepts" that would direct the videorecording analysis.

Because this study's subjects were in the toddler chronological age range, and because some of the disabled children were functioning developmentally in the infant age range, it seemed appropriate to attempt utilizing Howes' (1983) coding system for assessing social interactional skills of infants and toddlers. However, after experimentation, it appeared that in order to achieve the detailed descriptions needed for this study a more complex event recording system was necessary. In particular, it appeared that some of the children in this study exhibited individual social behaviors
Figure 5
CODING OF CHILD - CHILD INTERACTIONS

Child - Child Interaction

Initiation
Who
Name, Disabled/Non-disabled
How
Verbal / Nonverbal + Strategy
Why
Adult Initiated

Maintenance
Who
Name, Disabled/Non-disabled
How
Verbal / Nonverbal + Strategy
Why
Adult Initiated

Termination
Who
Name, Disabled/Non-disabled
How
Verbal / Nonverbal + Strategy
Why
Adult Initiated

Mediation
Who
Name, Disabled/Non-disabled
How
Verbal / Nonverbal + Strategy
Why
Adult Initiated

Imitation
Who
Name, Disabled/Non-disabled
How
Verbal / Nonverbal + Strategy
Why
Adult Initiated
that were not included in Howes' coding system. A coding system was developed, incorporating aspects of coding systems developed by Guralnick and Groom (1987), Howes (1983), McConnell, Sisson, and Sandler (1984), and Odom (1981). These systems were detailed in the literature review section of the chapter on integration. Specific features of these coding systems were selected because repeated reviewing of the videorecordings suggested that these coding features would result in detailed descriptions of the child-child interactions. The initiations were selected from the coding systems of Howes (1983) and Guralnick and Groom (1987). The response behaviors and the teacher behaviors were selected from McConnell et al. (1984). Tables 2 and 3 in Chapter 2 display the initiations included in Guralnick and Groom's (1987) and Howes' (1983) systems, respectively. Table 3 in that chapter displays the McConnell, et al. (1984) system.

Table 12 displays the coding system developed and utilized in this study. The coding recording sheet utilized abbreviations for the following behaviors:

Initiation

- show/offer objects (show/off obj)
- vocal/verbal (voc/ver)
- following peer without direction (foll wod)
- compete (com)
- affection (affec)
- imitation (imit)
### Table 12
**Coding Sheet for Individual Social Behaviors**

<table>
<thead>
<tr>
<th>Initiation (Target &amp; Peers)</th>
<th>Response (Target &amp; Peers)</th>
<th>Teacher Inter. (Attn. to Target)</th>
</tr>
</thead>
<tbody>
<tr>
<td>T show/off vocal com rec obj affec init phyygg obj ver nod leads p/n, neg assist</td>
<td>T yes no neg ign</td>
<td>corr prompt praise</td>
</tr>
<tr>
<td>P show/off vocal com rec obj affec init phyygg obj ver nod leads p/n, neg assist</td>
<td>P yes no neg ign</td>
<td></td>
</tr>
</tbody>
</table>

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<td>P yes no neg ign</td>
<td></td>
</tr>
</tbody>
</table>
physical aggression (phyagg)
assist
leads positive/neutral, negative (leads p/n,neg)

Response
yes
no
negative (neg)
ignore (ign)

Teacher Interaction (Attention to target)
correct (corr)
prompt
praise

The system allowed for coding the following: individual social behaviors initiated by both the target child and peers, the response of both the target child and peers, and the teacher's attention to the target child. Because of the complexity of the coding system, I employed discontinuous interval coding.

I conducted the videorecording analysis, utilizing a Panosonic AG 1960 Pro-Line SVHS Hi-Fi MTS Multiplex video cassette recorder and a Panosonic CT 2580 monitor. Due to the complexity of the event recording coding system, several weeks of intensive coding practice was necessary.

After the practice phase I coded the total 83.5 minutes of videorecorded activities for each subject present in each videorecorded segment, utilizing a 10 second beep tape to
pause the videorecording for coding. I was able to review the videorecordings as frequently as needed to ensure accuracy. The videorecording analysis procedure involved approximately 70 hours of direct coding.

Integration and Triangulation of Data

Agar (1986) describes the data analysis in ethnography as the resolution of the researcher's underlying themes or mechanisms (in this case process) with "strips" of data. At this point in the data analysis, I repeatedly reviewed all of the data collected in an attempt to locate data from the various sources that would sustain or reject the hypothesized process that explained the relationship between the domains of child-child interaction, teacher-child interaction, and preparation. The validity of ethnography is somewhat dependent on the process of searching not only for data that sustain hypotheses, but also for data that would reject hypotheses. In the field of linguistics, these types of data are referred to as examples and counter-examples. Ethnographers often refer to these types of data as providing connections or disconnections between sources and types of data (Crago, 1988). I reviewed the field notes, interview transcripts, adult verbalization transcripts, and videorecording coding results, and extracted strips of data that would either serve as connections or disconnections between the data sources and types.

Numerous strips of data were discovered that sustained
the hypothesized process explaining the relationship between the patterns of behaviors and events in the domains child-child interaction, adult-child interaction, and preparation. These strips of data formed patterns themselves, and will be organized as such in the results chapter.

Establishing Reliability and Validity

Reliability

Interobserver reliability on the coding of individual social behaviors was established by comparing the researcher's codings with the codings of another observer. A graduate student in speech-language pathology was trained on the coding system utilized and independently coded the individual social behaviors of 10 different children for 24 consecutive 10 second intervals (240 seconds; 4 minutes). This resulted in a total of 40 minutes of coding. Interobserver reliability was based on percent agreement obtained, calculated based on the number of 10 second interval coding agreements divided by the total number of 10 second intervals coded. This calculation yielded 87 percent agreement.

Validity

As discussed in Chapter 4, the goal of ethnography is not generalization but authenticity (Maxwell, 1990). In Chapter 4 Kovarsky and Crago (1990-1991) were reported as suggesting that authenticity is established when data collection is
guided by three basic notions:

1. identifying a full range of events
2. collecting recurrent instances of events
3. looking at events at a number of different levels in the social or cultural system. (p. 14)

This study was guided by these notions. Data were collected from four sources: participant observation, ethnographic interviews, artifactual analysis, and videorecordings. The researcher compared and contrasted the data from the different sources through the process of triangulation. These aspects of data collection and analysis establish authenticity and validate the research findings.
Chapter 5

RESULTS

Society has a tendency to stigmatize or set apart individuals with difference, and this tendency was manifested in the integration program studied. Goffman (1963), in an essay on stigma, says this:

"Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for the members of each of these categories." (p. 2)

The overall result of this ethnography does appear to substantiate Goffman's statement. Due to the lack of planning and training for this integration program, the initial stages of integration acted to differentiate and then stigmatize the disabled children. That is, given the lack of structure, the initial stated goals as discussed in Chapter Two were not accomplished. Indeed, this program appears to have had an opposite effect.

The societal tendency to categorize and thus differentiate individuals was manifested in this integration context due to a complex interaction of variables. The process of stigmatization and the means for establishing it were as follows: First, the disabled children entered the situation with definite presenting differences. These differences did initially set the children apart. Quickly,
however, the adults in the integration situation increased these differences—either consciously or unconsciously—through the way they interacted with both groups of children and through the transmission of their expectations to the children. Finally, these adult influences were then manifested in the behavior of both sets of children and the parents of the disabled children. The specifics of this general theme according to the stages of "Facing the Facts," "Learning the Ropes," and "Setting Themselves Apart" will be discussed below.

The Evolution of Stigma

Facing the Facts

At the beginning of the integration program there were physical, social, and verbal differences in the disabled and nondisabled children that initially differentiated the children. These differences were brought to the integration context by both groups of children and were, obviously, the basis for the initial categorization of the children into the disabled and nondisabled groups. These differences, however, were only the beginning of the process of stigmatization that occurred within the integration context. These differences served as the foundation upon which the additional stigmatization was constructed. Each major set of differences and the role they played are described below.
Physical Differences

Physical differences in individuals have a powerful influence on stigmatization. Goffman (1963) discusses visibility, and states that through our sense of sight the stigma of others most frequently becomes evident. The disabled children in this integration program exhibited a number of physical differences. One such difference was appearance. One of the seven disabled children had Down Syndrome. Another, Joe, had a left hemiparesis and restricted range of motion in his left arm and leg. There were indications that physical differences such as the one exhibited by Joe were distinctly noted by the nondisabled children. For example, in a videorecorded integrated free play activity on March 19, Cathy, one of the nondisabled children, approached Joe and attempted straightening out his left arm.

The disabled children differed in appearance in other ways as well. Two of these children, Joe and Sam, wore eye patches prescribed by ophthalmologists for visual problems. In interviews with the teachers of both the disabled and nondisabled children, each teacher made reference to the visibility of the children with eye patches. When we were discussing the initial integration of the children the teacher of the disabled children made this statement regarding one of the children with an eye patch:
"...because maybe Joe with his patch they knew he was different." (April 23, 1:00 p.m.)

The eye patch was also an evident indicator of difference from the perspective of the other teacher involved in the integration. This teacher of the nondisabled children stated:

"...Because she always took to Sam and to...he had his patch on his eye..." (April 23, 2:00 p.m.)

The field notes also contain descriptions that suggest the nondisabled children noticed the presence of the eye patch:

"David walked over and touched Sam's eye patch and began playing with the toy." (March 14, 2:45 p.m.)

Another physical difference between the disabled and nondisabled children was ambulation. Only one of the seven disabled children was able to walk independently at the beginning of integration. Of the six children who were unable to walk independently, four were able to creep or crawl. As expected, all of the nondisabled children walked independently, and this difference tended to set the disabled children apart. For example, the field notes contain this record of one of the nondisabled children's observations of one of the disabled children who was unable to walk or crawl:

"Sally walked over to the mat and looked at Sam and said, "He can't walk?" The aide answered, "He can't walk yet."...Alice came back over to the toy (Sam was there) and Sally followed. Sally said, "He crawls?" The aide replied 'yes'." (March 14, 2:45 p.m.)
During the course of the integration a number of the disabled children began to walk. However, there continued to be differences in the ambulation of several of the disabled children. Joe began to walk with adult assistance, but because of his left hemiparesis, his gait was atypical. Two of the other disabled children, Mary and Nan began walking, but due to neurological complications they exhibited spatial awareness and balance problems, resulting in frequent falls with objects and children.

Throughout the study the physical differences of the disabled and nondisabled children were readily noted and played a role in the initial differentiation of the two groups of children.

Verbal Differences

The initial verbal language behaviors of the disabled and nondisabled children also appeared to differentiate the children. All seven disabled children were preverbal when the integration began while all of the nondisabled children were verbal communicators. The field notes contain descriptions that indicate the nondisabled children may have perceived this difference in verbal behavior. I was a participant observer during several nonintegrated activities with the nondisabled children, and on February 21, I recorded a theoretical note hypothesizing that during non-integrated activities the nondisabled children were verbalizing with higher frequency.
When I questioned the teachers about this observation, the teacher of the nondisabled children confirmed this observation and stated this regarding the nondisabled children's limited verbalizing in the presence of the disabled children:

"...they feel they don't know how to talk...I think they think they're just babies, and none of them say too much, so they think, why talk to them." (April 23, 1:00 p.m.)

Social Differences

There were social behaviors in the disabled and nondisabled children that differentiated them as well. One such social behavior was frequency of social interaction. At the beginning of integration, the majority of the disabled children did not spontaneously interact with either the disabled or nondisabled children, while the nondisabled children spontaneously interacted with both the nondisabled and disabled children. The results of the coding of individual social behaviors of the disabled children and nondisabled children during the videorecorded integrated time periods in the first full month of integration are displayed in Table 13. Before discussing the table there are several aspects of the coding that require explanation. First, the initiations by, and initiations to, each child was calculated on a frequency per minute basis because there was a wide range of actual minutes of observation per child due to absenteeism. Second, the responses of the children were not calculated
### Table 13

**Comparision of Initiations by Disabled and Nondisabled Children in 2/5, 2/12, 2/19 Videorecordings**

<table>
<thead>
<tr>
<th>Disabled Child</th>
<th>Initiations by/minute</th>
<th>Nondisabled Child</th>
<th>Initiations by/minute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe</td>
<td>0.00</td>
<td>David</td>
<td>1.16</td>
</tr>
<tr>
<td>Don</td>
<td>0.09</td>
<td>Ken</td>
<td>1.43</td>
</tr>
<tr>
<td>Mike</td>
<td>1.12</td>
<td>Crystal</td>
<td>0.09</td>
</tr>
<tr>
<td>Sam</td>
<td>0.09</td>
<td>Cathy</td>
<td>2.04</td>
</tr>
<tr>
<td>Mary</td>
<td>0.00</td>
<td>Alice</td>
<td>0.19</td>
</tr>
<tr>
<td>Nan</td>
<td>0.00</td>
<td>Brenda</td>
<td>0.66</td>
</tr>
<tr>
<td>Sue</td>
<td>0.13</td>
<td>Sally</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Mean = 0.20  
Mean = 0.80

* * p > .05

### Comparision of Initiations to Disabled and Nondisabled Children in 2/5, 2/12, 2/19 Videorecordings

<table>
<thead>
<tr>
<th>Disabled Child</th>
<th>Initiations to/minute</th>
<th>Nondisabled Child</th>
<th>Initiations to/minute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe</td>
<td>0.00</td>
<td>David</td>
<td>0.94</td>
</tr>
<tr>
<td>Don</td>
<td>1.29</td>
<td>Ken</td>
<td>1.17</td>
</tr>
<tr>
<td>Mike</td>
<td>0.90</td>
<td>Crystal</td>
<td>0.33</td>
</tr>
<tr>
<td>Sam</td>
<td>0.09</td>
<td>Cathy</td>
<td>0.34</td>
</tr>
<tr>
<td>Mary</td>
<td>0.00</td>
<td>Alice</td>
<td>0.19</td>
</tr>
<tr>
<td>Nan</td>
<td>0.00</td>
<td>Brenda</td>
<td>0.14</td>
</tr>
<tr>
<td>Sue</td>
<td>0.37</td>
<td>Sally</td>
<td>0.14</td>
</tr>
</tbody>
</table>

Mean = 0.38  
Mean = 0.48

* * p > .05
because responsiveness did not appear to a variable in the majority of social interactions between children in the age range of this study. This observation can be explained as a result of social development. The children in this study were chronologically two years of age, and developmentally the majority of the disabled children were functioning lower than the two year level. Although peer social interactions exist in the birth through two age range, peer interactions do not increase significantly in terms of frequency or cohesion until the preschool years (Hartup, 1983). As expected, therefore, children in the age range of this study often appeared focused on their own activity rather than responding to their peers.

As indicated, Table 13 displays the total initiations by, and initiations to, the disabled and nondisabled children in the videorecorded integrated free play during the first full month of integration. Independent t-tests (SPSS-X, 1988) of the differences between the disabled and nondisabled groups did not yield a significant difference in the frequency of initiations, \( t(12) = 1.83, p > .05 \). This finding was somewhat expected because the power in this study is reduced due to the small sample size. If we examine the results qualitatively, an analysis of individual children's results indicates that the majority of the disabled children attempted limited interactions with the children in the integrated setting. For example, three of the disabled children (Joe, Mary, and Nan) did not initiate social behaviors and were not initiated to.
One of these children (Sam) initiated, and was initiated to once. In contrast, the majority of the nondisabled children attempted interactions with the other children in the integrated setting. For example, four of the nondisabled children (David, Ken, Cathy and Brenda) initiated with higher frequency, and two of these four (David and Ken) were initiated to with higher frequency. In general, the coding results displayed in Table 13 also indicate that there was not a significant difference in the initiations to the disabled and nondisabled children $t (12) = -.34$, $p > .05$. This is due in part to the reduced power in this study, and in part to the high frequency of initiations to one child, Don, that were a result of adult prompts. Again, a qualitative analysis of individual children's results indicates that four of the disabled children were rarely initiated to.

Another social behavior that differentiated the groups of children was interaction with adults in the integrated setting. Several of the disabled children that attempted social interactions initiated to the adults in the integrated setting, while the nondisabled children initiated to other children. In the videorecordings of the first full month of integration 20 of the disabled children's 70 total initiations (28%) were to adults, while 0 of the nondisabled children's 203 total initiations were to adults. A review of the field notes and videorecordings revealed that the disabled children's attempts at interaction with the adults occurred
for several reasons. First, the disabled children looked at
the adults in the program for reinforcement when engaged in
enjoyable play activities. This was definitely different from
the behaviors of the nondisabled children who rarely sought
such adult reinforcement during play. Second, the disabled
children vocalized or gestured to the adults when engaged in
conflicts with other children. Third, several of the disabled
children seemed to approach the adults in order to avoid
interaction with the other children. The following are
examples of these differences taken from the field notes
during the early stages of integration:

"Don walked out of the nap room smiling and walked
immediately up to me, G and the student worker..." (January 24, 2:45 p.m.)

"David hit Sue...Sue whined and looked at the aide. She
pointed to the aide and vocalized." (February 21, 10:10
a.m.)

"Sue went over and got on the boat. Mike walked over and
got in. They began vocalizing and smiling. They looked
at each other and the adults." (March 12, 2:30 p.m.)

"Four adults were remaking the plastic jungle gym. Don
was standing close to them...He saw me enter the room and
walked over and touched me...I moved to another chair to
observe and he followed me. He touched my hand and vocalized." (March 14, 2:45 p.m.)

The videorecordings also contain numerous examples of the disabled children attempting to interact with the adults. For example, the videorecording of the integrated free play on February 19, includes these attempts at interaction:

- Don frequently ran to the adults in the program when one of the nondisabled children attempted interacting with him.
- Sue and one of the nondisabled children competed for an innertube, and Sue gestured and produced a whining vocalization to one of the aides.
- Joe rode a small tricycle-like toy from adult to adult, and paused with each adult.

As can be seen, at the onset of the integration program there were differences in the children that initially served to set the disabled children apart. These physical and behavioral differences, however, were only the beginning. As the integration program continued, these differences were heightened and emphasized to the extent that stigmatization began to occur. The second stage of this process is described below.

**Learning the Ropes**

A number of theorists and researchers interested in child development and the education of young children emphasize the
importance of adult-child interactions in the developmental and educational processes (Bruner, 1985; Vygotsky, 1978). Vygotsky (1978) presented a sociocultural theory suggesting how culture becomes a part of each individual's nature. According to this theory, children are exposed to, and learn the culture from interactions with the significant adults in their environment.

It was noted previously that integration would be a new educational experience and cultural context for the disabled and nondisabled children. From a Vygotskian, or neo-Vygotskian perspective, the adults would play an important role in the integration context. Cultural meanings and values would be transmitted to the children through the interactions with the adults in the integration program. In this integration program, the adult attitudes and behaviors transmitted meanings and values that contributed to the differentiation of the disabled and nondisabled children. In effect, the adults in this setting helped both sets of children "learn the ropes" of how and what the cultural tendency is when dealing with disability. The adult attitudes and related behaviors that set apart the disabled and nondisabled children became quite apparent.

**Adult Attitudes**

In Chapter 3 it was noted that none of the adults involved in the integration program on a daily basis had
participated in an integration program previously. Additionally, neither of the teachers in the integrated program had special education training. In Chapter 3 it was also noted that this lack of experience was compounded because there was limited personnel preparation for integration. The personnel in the program frequently expressed frustration regarding the lack of preparation. These feelings were routinely mentioned when problems arose. For example when I was talking to the teacher of the disabled children about a problem she stated:

"Uh, just this went on after the babies got here and you've got to have some preparation time- some inservice - on what you want- and how we're supposed to do it- and uh- we didn't have the preparation before we were thrown- it was put in our laps and this is how we have to do it- and I just think if they could have just told me- us-everybody before and uh maybe given us a little inservice- because they want you to do something but you do the best you can." (April 23, 2:00 p.m.)

The teacher of the nondisabled children stated similar concerns:

"I guess there was very little preparation and there should have been more - been much more - on both sides definitely. A workshop is what is really necessary - with all the teachers - like Ms. D. - that can teach us what to expect of regular toddlers - you know because I
find that this special education hasn't had dealing with regular children - and many of what they do is what our children do - they have to know that." (April 23, 1:00 p.m.)

Because of the lack of education, experience, and preparation for integration the adults' attitudes toward integration were not shaped or influenced by the intended purposes of integration discussed earlier in the dissertation. The adult's attitudes were shaped by their own experiences and background. In an informal interview the coordinator of the integrated program said this about the attitude of the nondisabled children's teacher, a minister's wife, towards the purposes of integration:

"(G) sees it as a religious thing. She wants to start each day with an integration activity because it makes her feel as if the day had a Christian start." (January 31, 10:30 a.m.)

The teacher of the disabled children readily acknowledged that the lack of preparation, coupled with her limited experience and training, resulted in her formulating her own attitude toward integration. She made these comments when discussing the purpose of integration:

"I was not told one (a purpose). My own is being with normals will make them act more normal...learn normal things." (March 12, 2:00 p.m.)

Attitudes influence behavior, and because the adults in
this integration program had limited knowledge concerning integration and its intended purposes, their attitudes were reflected in behaviors that acted to further set the disabled and nondisabled children apart.

**Adult Behaviors**

*Creating the environment for difference*

Despite the fact that the previously reviewed literature clearly indicates that integration is effective only if children are integrated frequently and fully (Guralnick, 1990; Strain, 1988), this program did not provide frequent, full integration. During the six and one-half hour day all of the children were integrated daily for approximately thirty to sixty minutes of free play, and thirty minutes for lunch. In addition, several of the children were integrated for thirty minutes each day when two to three of the nondisabled children were reverse mainstreamed into the disabled children's class for the A.M. group and music group; and at mid-semester the decision was made to mainstream two or three disabled children into the class of nondisabled children for approximately thirty minutes daily.

Because this program did not provide frequent, full integration, the disabled and nondisabled children were clearly set apart as two different groups of children in two different classes. Essentially, the two classes operated
independently of one another except for the integrated activities. Therefore, the disabled and nondisabled children engaged in, and observed one another in different activities throughout the day. For example, the field notes contain this description of a typical afternoon:

"All of the children came out after nap time. The CDC (nondisabled) children have a snack at the lunch table. The IDP (disabled) children do not." (January 31, 2:45 p.m.)

At times, these kinds of scheduling differences acted as a template of differences between the groups. While engaged in their own group's activities, the children in both groups had the opportunity to note that they were treated differently from each other. This adult-structured situation then allowed for the earlier differences to be heightened.

The teacher of the nondisabled children frequently expressed concerns about the limited integration, and she suggested that the nondisabled children behaved differently in the presence of the disabled children because of the children's limited time together. When we were discussing the mainstreaming of the disabled children into her class, she commented:

"...it's like when the others (the disabled children) come it's like hostesses - little hostesses - compassionate and tender - when they're by themselves I guess - because it's visiting time - o.k. now I don't
know if when their children are coming here regular I don't know if it will be different... it's like visiting - and they are very tender - because they're visiting - you know they're smart they realize it's not everyday."

(April 23, 1:00 p.m.)

According to this teacher, she observed this pattern of behavior in her class at the beginning of each year, until the new children became familiarized with one another.

Another aspect of planning and scheduling that contributed to the differentiation of the disabled and nondisabled children was the setting chosen for the integrated activities. The decision was made to integrate the children for primarily free play in a large, gym-like room with various mats, riding toys, and a playhouse. A diagram of this room is displayed in Figure 3 in the chapter on setting. This large room with open space and props requiring motoric capabilities appeared to highlight the disabled children's differences. As noted previously, six of the disabled children were unable to walk independently, and four of the six were either creeping, or crawling. Therefore the disabled children's lack of ambulation, or differences in ambulation (i.e. crawling instead of walking) were made more obvious in this setting. While the nondisabled children were able to walk and run freely about the room, the majority of the disabled children crawled, or walked with assistance within parts of the room. Also, several of the nonambulatory disabled children were
typically placed on a mat in a sitting or lying position, and they were unable to move from that position. These immobilized children were frequently stumbled over as the nondisabled children moved about the room.

The children appeared to notice the differences emphasized by this setting. One of the disabled children, Joe, exhibited behaviors suggesting that he was aware of his inability to move about the room and was reacting to this inability. The field notes from the observations of initial integrated activities include primarily descriptions of Joe lying alone on the mats in the large room. However, the field notes began to include descriptions of Joe moving about the large room on various riding toys. One of the aides in the disabled children's class and I were discussing the changes in Joe's behavior during integrated free play, and she commented that the change occurred when Joe discovered a way to move about the room. She offered this explanation:

"It's when he's on the bike or train. When Joe is on the train he feels secure. He goes immediately to the bike or train when they enter the play area, and gets on and rides all about the room... He feels successful when he is on the bike. He feels good about himself." (February 21, 11:00 a.m.)

On several occasions an aide or teacher attempted taking Joe off the riding toys. He protested immediately, and within a brief period of time, he was riding one of the toys again. It
seems that Joe realized that motoric capabilities were necessary in this setting, and compensated for his emphasized difference by discovering an alternative way of moving about the room.

At the end of the fourth month of integration, the decision was made to modify the setting of integrated free play. According to the field notes, on Monday, April 23, one of the teachers telephoned me and reported that the outside consultant had visited her class on Friday, April 20. He instructed her to immediately place recently purchased toys and objects in the large room prior to the Director of Special Education's visit to the class on Monday, April 23. The consultant indicated that the Director would be angry if these recently purchased toys and objects were not in use. In order to comply with this directive, the teacher divided the room by placing pieces of colored tape on the floor, and one small area of the room was designated as the Pretend Play area. All of the toys and objects were placed in that area. Figure 6 displays a diagram of this play area. During participant observation in the smaller play area with toys and objects I recorded a theoretical note that the disabled children's differences did not seem as apparent in this setting. The smaller space required less ambulation, and because the children were engaged in play with the toys and objects on the tables and floor, there was not as much of a need for ambulation. Both the disabled and nondisabled children were
Figure 6
Diagram of the Smaller Area for Integrated Free Play
sitting and standing within this area as they manipulated the toys and objects.

In general, it appeared that this type of space with toys and objects served to reduce the perception of differences between the disabled and nondisabled children; however, this change of setting was not planned for any child-focused reason. Also, this plan was not initiated until two weeks prior to the end of the school session, after several months of integration had occurred and impressions, attitudes, and behavioral patterns had already been formed.

A final aspect of planning and scheduling that contributed to the differentiation of the disabled and nondisabled children was the nature of the integration activities. The primary integration activity was free play. Free play highlighted the social and cognitive differences of the disabled children. During unstructured free play children are typically independently interacting with one another, and direct their own play. As discussed previously, the disabled children did not interact independently with other children on a frequent basis; thus this difference was made more obvious in unstructured free play. Also, because of their cognitive delays, the majority of the disabled children were delayed in play skills; in particular, self-directed play. Again, this difference was made more obvious in unstructured free play.

Since the ultimate responsibility for planning and scheduling of activities within the integration program was
placed on the adults, their actions—or lack of actions—played a large role in heightening the initial differences between the two groups. Initial differences were heightened because the activities in the integrated program did not emphasize the disabled children's strengths or capabilities, which would have reduced the differences in these children. Rather, the activities in the integrated program emphasized the disabled children's weaknesses or incapabilities, which highlighted the differences in these children. In essence, the adult's planning and scheduling "set the children up" for the differentiation that occurred.

Creating the labels for difference

The planning and scheduling in the integration program set the children up for differentiation, and then the adult behaviors toward the disabled children had the effect of labeling the differences in the disabled and nondisabled children. Both the adults' actions and verbal behaviors set the children apart. First, the adults exhibited actions that suggested the disabled children were "babies" rather than peers with the nondisabled children. During an observation of integrated free play I recorded this description:

"An aide put Sam in a baby stroller. Cathy spent the remainder of the free play period strolling Sam about. She did not show him anything or talk, just strolled."

(January 31, 2:45 p.m.)
This was not an isolated incident. In the videorecording of the integrated free play on March 19, the teacher of the disabled children placed the same child in the baby stroller and several of the nondisabled children strolled the child for the duration of the free play period.

Other adult actions contributed to the creation of a "baby" image of the disabled children. A review of the videorecordings revealed that on several occasions Nan, one of the disabled children, was wearing a bib during integrated activities other than snack or mealt ime. A bib is typically associated with infants. Another adult action contributing to the baby image was discovered in the field notes. After nap time on March 14, Mike was described as entering the large room for free play with plastic training pants and his shirt. He did not have his trousers on, and he remained without them for the duration of free play. One of the nondisabled children was standing beside Mike and one of the aides, and asked:

"Why he wear panties?"
The aid did not respond to her question. Plastic training pants are also typically associated with younger children.

Another aspect of adult behavior in the integration setting that contributed to labeling the differences in the children was the adult verbal behavior. Frequently the adults labeled the disabled children differently than the nondisabled children. Both in the presence of the children and when they talked amongst themselves, the teachers referred to the
disabled children as "babies". For example, during an integrated free play activity one of the nondisabled children was attempting to assist one of the disabled children in crawling out of a playhouse and the teacher of the nondisabled class commented:

"careful, he's a baby" (February 7, 10:30 a.m.)

In another instance, while talking with other teachers, the teacher of the disabled children made these comments about the disabled children:

"When you've got that many babies in here..."

"...Because these babies have been babied so much..." (April 23, 2:00 p.m.)

When discussing the nondisabled children, the reference to babies was never used.

Another aspect of verbal behavior that may have differentiated the groups of children was the type of verbalizations directed to the children. The adults produced different types of verbalizations to the disabled and nondisabled children. The verbalizations directed to the disabled children were often praise, accompanied by behaviors such as clapping. The following are examples of these types of verbalizations extracted from the transcriptions of adult verbalizations from the videorecordings contained in Appendix G:

February 12

"Good boy (Joe), good!"
"Good Mike!"

February 19

"Good Don!"

"All right Joe!"

"All the way Joe!"

"Hey champ you made it out!"

"Sue, go up and down"

"Yea! (Sue)"

February 23

"Very good, he (Joe) can do it. Look at that!"

"Very good Mike, put it on the rails"

The verbalizations to the nondisabled children were primarily prompts, warnings or corrections. For example, the transcripts of the adult verbalizations from the videorecording on February 5, contain the following adult verbalizations to two nondisabled children, David and Ken:

"David, let Mike go"

"Wait David, wait for Sue, she's gonna take her time and she's gonna do it"

"Hurry up 'cause Sue's coming"

"Ken, help him (Don) with his hand"

"Ken, this is Don. Take him by the hand. Bring him with you"

"David don't push him (Mike)"

"Don't kick him (Mike) David"

"(Ken) Hold his (Don) hand. Take him down, up the stairs"
In a conversation with the teacher of the disabled children, she described this pattern of verbalizations to the nondisabled children:

"But as far as the others (the nondisabled children) it was more disciplinary stuff like "Don't do that" uh- what's his name- David- or "Don't push Sam so fast"- it was more of a discipline type thing." (April 23, 2:00 p.m.)

Through these actions and verbal behaviors the adults in the integration program created labels for the initial differences in the children that were heightened by the adults creating the environment for difference. In addition, the adults helped to structure the children's responses to these differences.

**Structuring the response to the difference**

The adults played an important role in shaping the children's responses to difference. As discussed previously, adults transmit meanings, values, and expectations through their interactions with children, and children's responses are shaped accordingly. Mediation is critical to this process. In essence, mediation refers to adults selecting, framing and modifying features of stimuli or events so that a child is able to respond completely and successfully (Feurenstein, Rand, and Rynders, 1988). In integration programs, adults are actually responsible for engaging in mediation in order to
ensure that the disabled children will be able to respond more completely and successfully and thus be less differentiated and set apart. Mediation is critical because the literature reviewed on integration clearly establishes that simply placing disabled and nondisabled children in physical proximity with one another does not ensure that integration will occur (Guralnick, 1980a, 1980b; Odom, 1989; Peterson and Haralick, 1977).

Unfortunately, there were no preplanned mediational strategies in this integration program, and the spontaneous attempts at mediation were problematic. In fact, the adults' attempts at mediation served to structure a pattern of responses confirming the differences of the disabled children. Very definitely, the mediation by the adults to both groups of students helped structure the stigmatization.

There were several reasons for the mediational problems in this integrated setting. First, one of the teachers played a passive role in the integrated activities. The teacher of the disabled children rarely attempted interacting with the children, either verbally or physically. This teacher produced 16 of the 335 total adult verbalizations transcribed from the videorecordings of integrated free play. The field notes have limited mention of this teacher interacting with the children, and in 83.5 minutes of videorecorded free play she interacted with the children once. This one exception is relevant. In the videorecording of free play on February 12,
Mike, one of the disabled children, picked up a basketball and approached this teacher. She lifted him up to the basket and he threw the ball in. Several other disabled and nondisabled children came over to the basketball goal, and she assisted these children in the same manner. After assisting these children briefly, she commented:

"uh oh, I think I've started something, y'all go play"

This teacher obviously did not feel that it was her responsibility to facilitate interactions between the children. Indeed, when questioned regarding the adult's role in the integrated activities, this teacher described her role as follows:

"Just to monitor those areas and make sure that they kept the toys where they were supposed to and the balls in this area- kind of like bein on duty- just watchin- just to make sure that nobody got hurt- and that none of ours- none of anybodys, you know put anything in their mouths they weren't supposed to." (April 23, 2:00 p.m.)

When this teacher did attempt mediation, she verbalized simple directives, such as these:

February 5

"Go and get a ball and play"

"Go find someone to play with"

February 12

"O.K. Ya'll go play"
"Go play"

February 19

"Go and get Don and play with him over there"

"Just let him go and you just see that he plays with you"

These directives were not effective because they do not communicate sufficient information to enable the disabled and nondisabled children to respond more completely and successfully in play activities. Additionally they were particularly ineffective with the disabled children because the majority of these children had limited play skills.

When the teacher of the disabled children was asked when and why the adults verbalized to the children, her comments support these observations about her spontaneous, verbal attempts at mediation:

"O.K.- maybe when one child would get hurt or one child would snatch something or somebody would cry- we wouldn't really talk to Mary we'd redirect her ...I can see myself talkin to Joe to say "go play" or "Don go play" or something like that" (April 23,2:00 p.m.)

The teacher of the nondisabled children played a more active role in the integrated activities, and she commented on the difference in her behavior and the other adult's behavior in the integrated activities:

"Well I think the Child Development Center we play with the children to teach them to play - here they just let
the children learn by their own - and there's no child that learns by their own ... over here - I find they don't teach them - they think they should know - no toddler knows." (April 23, 1:00 p.m.)

Although this teacher took a more active role in the integrated activities, there were also problems with her spontaneous attempts at mediation. Often these attempts at mediation emphasized dependence rather than independence, and further differentiated the disabled and nondisabled children.

A review of the transcripts of the adult verbalizations from the videorecordings revealed that while there are numerous examples of this teacher prompting and reinforcing the nondisabled children for assisting or leading the disabled children, there are no examples of this teacher or other adults prompting and reinforcing the nondisabled children for assisting or leading other nondisabled children. Also, there are no examples of adults prompting and reinforcing disabled children for assisting and leading other disabled or nondisabled children. These are examples of the verbalizations this teacher directed to the nondisabled children:

February 5

"Ken, help him (Don) with his hand"

"Ken, this is Don. Take him by the hand. Take him with you"

"Hold his (Don) hands. Take him down the steps"
February 12

"Cathy, go get Don and play with him over there"

"(Cathy) now hold his (Don) hand. He just tripped on the chair"

"Cathy take Don over there"

"Ken, you want to help Sue come down the slide?"

February 19

"(Cathy) Take him (Don) by the hand."

"Thanks Cathy."

"(Cathy) Go and play with him (Don).

"(Cathy) Take him by the hand."

"He (Don) loves you Cathy."

As can be seen from these examples, this teacher often prompted and reinforced Cathy for attempting to interact with Don. For example, during the videorecorded free play activity on February 19, this teacher initially prompted Cathy to interact with Don, and the videorecording coding results indicate that Cathy responded with a series of 50 initiations (8 affection, 13 physical aggression, 18 assists, and 11 leads) to Don. Don did not respond positively to these interactive attempts. In the coding system utilized with the videorecordings a "leading" initiation could be coded as a positive/neutral lead or a negative lead. Cathy's leading initiations to Don were coded as negative leads. Don reacted to Cathy's interactive attempts with behaviors such as facial grimacing, increased frequency and intensity of self-
stimulatory behaviors, movement away from her in space, running to an adult, and crying. Despite Don's reactions to Cathy's initiations, the teachers continued to prompt and reinforce Cathy for these attempts. Cathy's behavior in the integrated activities was typically described as positive when the teachers and I discussed the integration program. The teacher of the nondisabled children stated this about Cathy:

"Cathy is so lovable. She finds the one of the most need. Lots of love and care, that's natural, they don't know better... Lots of love and care by mine to them"

(February 21, 2:15 p.m.)

The teacher of the disabled children also commented specifically on Cathy and Don:

"She loves him. She is always playing with him."

(February 5, 8:30 a.m.)

It appears that the adults were prompting and reinforcing negative interactions between the disabled and nondisabled children, rather than engaging in mediational behaviors that would result in the disabled and nondisabled children responding more completely and successfully.

The examples quoted above also are a reflection of another problem with both teacher's mediational attempts. The teachers in this integration program prompted and reinforced the nondisabled children for displays of affection to the disabled children. As shown in the quotes above, the word "love" was often used by the teachers to describe what they
perceived as a positive relationship between the nondisabled and disabled children. The videorecording of integrated free play on April 23 contains an example of this behavior. In the videorecording one of the nondisabled children, Alice, was playing in a pool with plastic balls. One of the disabled children, Nan, was also in the pool. As I was filming, Alice began hugging Nan, and the teacher of the nondisabled children immediately made this comment with positive intonation:

"Alice, you love Nan?" (April 23, 3:00 p.m.)

The teachers did not prompt or reinforce the nondisabled children for displays of affection to other nondisabled children.

It is clear that the adults in this integrated program not only created the environment for difference, but also through their behaviors, they created the labels for difference. Then they structured the children's responses to difference, thereby heightening the differences present in the children at the onset of the program. The result of this process will be discussed next.

**Setting Themselves Apart**

As the integration proceeded, it appeared that the children in the integrated program had in fact learned how and what the cultural tendency is when dealing with disability. The nondisabled and disabled children were clearly set apart
as two different groups of children with different capabilities. In the process of "learning the ropes" from the adults, the disabled children's initial differences and incapacities were heightened, and this affected the nondisabled children, the disabled children, and the disabled children's parents.

Response of the Nondisabled Children

The nondisabled children's attitudes and behaviors reflected the influence of the adults in the integrated program. The nondisabled children did not respond to the disabled children as peers. On one occasion I was interacting with one of the nondisabled children in his classroom, and we heard crying from another room. He stated:

"must be the babies"

"must be Joe, must be Sam" (April 18, 11:00 a.m.)

I informed him that there were no babies in this school, only two year old children. He replied:

"you mean the new kids? They cute" (April 18, 11:00 a.m.)

This attitude of the nondisabled children toward the disabled children was evident to the teachers. I was discussing the integration with the teacher of the disabled children and she made the following statement:

"They (the nondisabled children) want to help our kids, almost like protect them. I don't know if they know
they're different or special but they seem to be a little protective." (March 12, 2:00 p.m.)

The teacher of the nondisabled children and I were observing the children in an integrated activity, and she made this comment to me regarding the nondisabled children's attitude toward the disabled children:

"They think they're dolls or something" (April 6, 11:00 a.m.)

This attitude of the nondisabled children toward the disabled children was reflected in a number of behaviors to the disabled children. There were several aspects of the nondisabled children's behaviors that differentiated the disabled children.

Taking the role of teacher

The nondisabled children appeared to be imitating the behaviors of the adults in their interactions with the disabled children. The field notes and videorecordings contain a number of descriptions of this pattern of behaviors. For example:

"An aide came and patted Sam and repositioned him. Brenda came over and imitated the adult's behavior after the adult left." (January 31, 2:45 p.m.)

Another example of this type of behavior occurred in an integrated story time:

"G looked at me and directed my attention to Crystal, who
was pulling Mike to sit on her lap. G said, 'They think they're little teachers'." (April 6, 11:00 a.m.)

In addition to these instances, the videorecording of integrated free play on March 19 contains an interactive episode in which Sally sits down in front of Mike, Crystal, and David and begins singing the greeting song the teacher of the disabled children sings each morning; "Where is Mike, where is Mike, raise your hand." Also, the videorecording of integrated free play on May 5 contains a similar interactive episode in which Brenda sits in front of Sam and begins singing the same greeting song.

Within this general pattern of the nondisabled children's behaviors there were several specific verbal and nonverbal behaviors imitated from the teachers that the nondisabled children exhibited to the disabled children.

Using child-directed speech (CDS)

In the literature there are various terms, including child-directed speech, used to describe the pattern of verbal behaviors caregivers employ when talking to their young children. Berko Gleason (1989) describes several of the characteristics of child-directed speech:

- syntactic simplicity
- more self repetition
- higher, and more variable fundamental voice frequencies
- more emphatic stress
The nondisabled children employed child-directed speech with the disabled children. The field notes contain descriptions such as these:

"Cathy and Crystal came over to Sam and the busy box. They don't talk to Sam initially. When Cathy verbalized to Sam she talked to him in a different manner (like mother-child dyad)" (January 31, 2:45 p.m.)

"The aide told Brenda to ask Don if he wanted a turn. Brenda said, "wanna turn, huh?" She was looking at him directly and verbalized this in a CDS manner" (February 14, 10:45 a.m.)

The videorecordings also contain examples of the nondisabled children's use of child-directed speech with the disabled children. For example, during integrated free play on May 7, one of the nondisabled children, Brenda, approached one of the disabled children, Nan, and requested that Nan "give me five" in a higher pitched voice, with more emphatic stress; and she persisted with her attempts to elicit a response by physically prompting and repeated the request a number of times. Also, Brenda approached Sam, and began verbalizing to him in the same manner, with the same persistence. There were indications that the teachers noticed the nondisabled children were verbalizing to the disabled children in this manner. When asked if she had noticed any particular way the nondisabled children talked to the disabled children, the
teacher of the disabled children responded:

"Well right at first I can remember little Brenda like
"how ya doin Sam?" like little babies-like they were
babying them..." (April 23, 2:00 p.m.)

Showing affection

The nondisabled children exhibited a different pattern of
nonverbal behaviors with the disabled children. The field
notes and videorecordings contain numerous examples of the
nondisabled children patting, touching, and hugging the
disabled children. These are several examples:

"As I came in Cathy was hugging Don." (February 5, 8:30
a.m.)

"Mike smiled at Alice who was behind him in line. She
patted a decal on his shirt... Mike finished his slide
and went to get on the rocking horse. Alice came over
and hugged him." (February 7, 10:35 a.m.)

"I placed Don in the large tire to play. Cathy came over
and patted his head." (February 14, 10:45 a.m.)

"When I walked in Sam was sitting on the aides lap.
Alice came over and looked at him and touched him." (April 18, 10:10 a.m.)
"Crystal came over to Mike and attempted to hug him."

(April 23, 10:10 a.m.)

This observation was also supported by the comments of one of the parents of the nondisabled children. She stated:

"Alice notices something different. She'll touch them and say "look Mama", then hug them." (April 25, 3:00 p.m.)

Several of the disabled children did not respond to the nondisabled children's displays of affection, and there was an interesting consequence. During the videorecorded free play on February 19, one of the nondisabled children, Cathy, was sitting in a playhouse with one of the disabled children, Don. Cathy attempted displaying affection to Don, and when he did not respond, she initiated with aggressive behaviors, such as pinching his face, and pulling his hair. A related instance is described in the field notes:

"Cathy came over and patted his (Joe"s) tummy. Then she grabbed his right hand. He did not respond. Then Cathy began to pull his nose." (April 18, 10:10 a.m.)

The nondisabled children did not exhibit these behaviors with other nondisabled children. This observation was supported by the coding results from the videorecordings. These results revealed that 21 of the 25 affection initiations of the nondisabled children were to the disabled children.
Engaging in assisting, responding for, and leading

A final aspect of the nondisabled children's pattern of behaviors toward the disabled children was the tendency of the nondisabled children to attempt assisting, responding for, and leading the disabled children. This tendency was manifested somewhat differently depending on the type of integrated activity. During integrated small group, adult-directed activities, the nondisabled children attempted assisting and responding for the disabled children. The field notes contain descriptions such as these of the assisting and responding for behaviors in integrated small group activities:

"The aide went to Alice and asked if she'd like a turn to sing it with her. She did so. Then the aide asked "Who else wants a turn?" Alice said 'Sam'." (February 6, 10:15 a.m.)

"The aide began singing the greeting song...Mike was next and he raised his hand independently. (Cathy attempted helping him and the aide said "He can do it by himself." (February 7, 11:00 a.m.)

"The aide asked Sue how she was today and Brenda answered 'I fine' as if to help her." (February 14, 10:45 a.m.)

"When it was Mary's turn to imitate the fish gesture Brenda reached over and took her hands and assisted her."
"The aide asked 'Who else wants a turn?' Brenda said 'This one' and pointed to Don." (February 14, 11:00 a.m.)

The videorecordings of the integrated small group activities also contain examples of these behaviors. During a videorecorded eleven minute small group music activity on February 19 these behaviors were exhibited:

- Brenda responded "fine" when it was Sue's turn to respond
- Cathy attempted raising Mike's hand in the opening song
- Brenda verbalized "Sam" when the aide asked who wanted a turn
- Brenda attempted assisting Mary in foot-stomping
- Brenda verbalized "this one" (and pointed to Don) when the aide asked who wanted a turn

These observations were supported by the teacher's comments. When the teacher of the disabled children and I were discussing the integrated groups I asked if she had noticed anything important when she was conducting groups with the disabled and nondisabled children, and she stated:

"... at first I noticed that they (the nondisabled children) would raise their hand and they would say- when I say "where is Mary?" they'd say- "she's right over here- there she is!" (April 23, 2:00 p.m.)

It is important to note that some of the disabled children
that the nondisabled children were attempting to assist were capable of responding by themselves.

During integrated free play in the large room the nondisabled children attempted assisting and leading primarily one of the disabled children, Don. As mentioned previously, the adults frequently prompted the nondisabled children to assist this child. As noted, the adults verbalized directives such as, "Take Don by the hand", or "Take Don and go play."

The coding results of the videorecordings indicate that during the 83.5 minutes of videorecorded integrated free play, the nondisabled children initiated a total of 19 assists, and 30 leads to the disabled children. Fifteen of the assists and 30 of the leads were to Don. In contrast, the nondisabled children initiated a total of 1 assist and 0 leads to their nondisabled peers, and the disabled children initiated a total of 1 assist to a nondisabled child, and 0 leads. These results indicate that the assisting and leading behaviors were exhibited primarily by the nondisabled children to Don, suggesting how powerful the adult influences in the integration program were. At least one of the adults in the integration program seemed aware of this influence. When an aide in the disabled children's class and I were discussing the children's behaviors in the integrated activities she stated:

"Cathy loves Don...Cathy goes to him often...Cathy is G's (the nondisabled children's teacher) little helper."
As the integration program proceeded Cathy rarely attempted interacting with Don, due in part to differences in adult prompting that will be discussed in a following part of this section. The field notes do not contain descriptions of her interacting with Don, and during the final two videorecorded integrated free play activities, she did not initiate a social behavior to Don.

In summary, the nondisabled children exhibited a different pattern of behaviors towards the nondisabled children, and this pattern of behaviors differentiated and set apart the disabled children.

Response of the Disabled Children

Although there was individual variability in the disabled children's responses, there were several general patterns of behaviors that suggested the disabled children were indeed differentiated and set apart from the nondisabled children. These general patterns of behaviors will be described, and the individual children's responses will be discussed as they relate to the general patterns.

Displaying limited interest in peers

The majority of the disabled children exhibited a limited interest in the other children in the integration program. The coding results from the videorecordings suggest that as a
group the disabled children attempted interacting with other children with lower frequency than the nondisabled children. Table 14 displays the initiations by the disabled and nondisabled children, calculated on a frequency per minute basis. An independent t-test (SPSS-X, 1988) revealed that the disabled children initiated social interactions with significantly lower frequency than the nondisabled children, \( t(14) = -2.64, p < .05 \). An analysis of the individual children's codings revealed that two of the disabled children, Mike and Sue, accounted for 87 of the 121 (72%) of the total initiations of the disabled children. Four of the disabled children rarely interacted with the other children. In the 83.5 minutes of integrated free play analyzed, Sam initiated 3 behaviors, Mary initiated 1 behavior, Nan initiated 3 behaviors, and Joe initiated 9 behaviors. Considering the developmental levels and capabilities of Sam, Mary, and Nan, which are reported in Table 5 in Chapter 3 these results are not surprising. Joe, however, was one of the higher functioning disabled children. His lack of social initiations appeared to be related to the type of integration activity and setting, problems which were discussed previously. The seventh disabled child, Don, interacted primarily with the adults in the integration program. In the 83.5 minutes of videorecorded integrated free play, he initiated a total of 18 individual social behaviors, and 13 of these initiations were to adults.
Table 14

A Comparison of the Total Initiations by the Disabled and Nondisabled Children

<table>
<thead>
<tr>
<th>Disabled Children</th>
<th>Nondisabled Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td># of Init.</td>
</tr>
<tr>
<td>Joe</td>
<td>9</td>
</tr>
<tr>
<td>Don</td>
<td>5</td>
</tr>
<tr>
<td>Mike</td>
<td>55</td>
</tr>
<tr>
<td>Sam</td>
<td>3</td>
</tr>
<tr>
<td>Mary</td>
<td>1</td>
</tr>
<tr>
<td>Nan</td>
<td>3</td>
</tr>
<tr>
<td>Sue</td>
<td>24</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

Mean = .2100

Mean = .7489*  

* p < .05
Exhibiting Acquiesence

In the previous section discussing the response of the nondisabled children, it was noted that the nondisabled children appeared to be taking the role of teacher with the disabled children and engaging in behaviors such as assisting, leading and responding for the disabled children. In the section of this chapter describing the stage of "Learning the Ropes" it was suggested that the adults structured this type of response from the nondisabled children by their attitudes and behaviors in the integration program. For example, the adults prompted and reinforced the nondisabled children for interacting with the disabled children in these ways that increased the disabled children's dependency and rendered them less capable.

The disabled children exhibited behaviors that suggested they were complying passively with their role as less capable individuals. The field notes were reviewed and all instances of conflict or competition between the children were analyzed because behaviors in these instances would be important indicators of the children's perceptions of their capabilities. If children feel capable and competent they will be more inclined to attempt directing or influencing the behaviors of others in situations such as conflict. The review of the field notes revealed that when conflict (primarily competition) occurred between a disabled and a
nondisabled child, the conflict was typically initiated by a nondisabled child and the disabled child often responded passively or looked to adults for assistance. For example, 8 of the 9 instances of conflict between a disabled child and a nondisabled child found in the field notes were initiated by a nondisabled child. In 4 of the instances one of the nondisabled children initiated a conflict with Sue, one of the disabled children. Each time Sue responded by whining, gesturing, and looking to an adult for assistance. In one instance she also pulled the nondisabled child's hair. Four additional instances of conflict were initiated by one of the nondisabled children to Mike, another of the disabled children. Three of the 4 times Mike responded passively. For example, the field notes contain these descriptions of Mike's responses:

"Cathy dropped the hula-hoop. Mike walked over and got it. Brenda came over and took it from his hand. He looked at her and walked off to the slide." (April 18, 10:10 a.m.)

"Mike walked off also. He found a bow on the floor and picked it up and looked at it. David walked over and took it and said 'That's xxx'...Mike walked to the slide." (April 18, 10:10 a.m.)

In the remaining instance of conflict, which was initiated by a disabled child, Mike pulled on one of the nondisabled
children's shirt, and she responded by verbalizing "no."

The coding results from the videorecordings also suggest that the disabled children were complying passively with their role as less capable individuals. Table 15 displays the frequency per minute of the different types of initiations by, and initiations to, the disabled and nondisabled children. Independent t-tests (SPSS-X, 1988) revealed that the disabled children initiated with a compete behavior with significantly lower frequency, $t(12)=2.19, p < .05$ and were initiated to with a compete behavior less frequently $t(14)=3.49, p. < .05$.

**Remaining segregated in the integrated setting**

The majority of the disabled children separated themselves from the other children in the integrated setting. As was noted previously, only two of the seven disabled children, Mike and Sue, attempted interacting with the other children in the integrated program. The field notes contain descriptions of the other five disabled children engaging in primarily unoccupied behavior. That is, these children moved about the room without focusing on an activity or were sitting, lying, or standing alone in the room, again without focusing on an activity. An analysis of the field notes from the last month of the integrated activities revealed that the interactions described were primarily between nondisabled children, with less frequent interactions including primarily the two disabled children mentioned previously, Mike and Sue.
Table 15

A Comparison of the Different Types of Initiations by the Disabled and Nondisabled Children

<table>
<thead>
<tr>
<th>Type of Initiation by</th>
<th>Disabled Children's Mean Initiations per Minute</th>
<th>Nondisabled Children's Initiations per Minute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following without directions</td>
<td>.1114</td>
<td>.2567*</td>
</tr>
<tr>
<td>Affection</td>
<td>.0386</td>
<td>.0456</td>
</tr>
<tr>
<td>Physical Aggression</td>
<td>.0114</td>
<td>.0552</td>
</tr>
<tr>
<td>Vocal/Verbal</td>
<td>.0529</td>
<td>.1900*</td>
</tr>
<tr>
<td>Show/Offer</td>
<td>.0043</td>
<td>.0122</td>
</tr>
<tr>
<td>Imitate</td>
<td>.0100</td>
<td>.0067</td>
</tr>
<tr>
<td>Compete</td>
<td>.0114</td>
<td>.0467*</td>
</tr>
<tr>
<td>Assist</td>
<td>.0014</td>
<td>.0456</td>
</tr>
<tr>
<td>Lead</td>
<td>.0000</td>
<td>.0556</td>
</tr>
</tbody>
</table>

* p < .05
The 43 interactive episodes were described as follows: 20 included nondisabled children only, 4 included two nondisabled children and Mike, 8 included one nondisabled child and Mike, 6 included one nondisabled child and Sue, and 3 included one nondisabled child and Joe.

The coding results from the videorecordings also suggest that during the last month of integration the nondisabled children primarily interacted with other nondisabled children. Table 16 displays the initiations of the nondisabled children to both the nondisabled children and disabled children, calculated on a frequency per minute basis. Prior to conducting an independent t-test, the researcher examined scores of the children in the disabled group to determine if the score of Nan was an extreme value. The higher frequency of initiations to Nan was the result of one of the nondisabled children's, Brenda, sequence of attempts to elicit a response from Nan. This sequence of behaviors was an isolated event and did not occur at any other time in the 83.5 minutes of videorecorded integrated free play, or in the field notes. Figure 7 displays the boxplot (SPSS-X, 1989) that indicated that Nan's score was an extreme value. Therefore, an independent t-test (SPSS-X, 1988) was conducted without Nan's score, and the results indicate that the nondisabled children initiated to nondisabled children with significantly higher frequency than they initiated to the disabled children, \( t(9.30) = 5.04, p < .01 \).
Table 16

A Comparison of Nondisabled Children's Initiations Per Minute to Nondisabled and Disabled Children on 4/23 and 5/7

<table>
<thead>
<tr>
<th>Initiations to Nondisabled</th>
<th>Initiations to Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>.87</td>
<td>.16</td>
</tr>
<tr>
<td>.47</td>
<td>0.00</td>
</tr>
<tr>
<td>.34</td>
<td>.07</td>
</tr>
<tr>
<td>.71</td>
<td>.08</td>
</tr>
<tr>
<td>.24</td>
<td>.08</td>
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<tr>
<td>.63</td>
<td>.16</td>
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<td>.30</td>
<td>.15</td>
</tr>
<tr>
<td>.79</td>
<td>0.00</td>
</tr>
<tr>
<td>.26</td>
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</table>

Mean = .5122                  Mean = .0875**

** p < .01
Figure 7
SPSSX Boxplot

Variables | SCORE
---|---
N of Cases | 9.00

Symbol Key: * - Median (O) - Outlier (E) - Extreme
Response of the Adults

Classroom Personnel

The adults in the integrated setting decreased their attempts at mediation to facilitate integration, giving the impression that perhaps they, too, were accepting the fact that the nondisabled and disabled children were indeed two different groups of children that would remain differentiated and set apart. During the initial integrated activities the adults frequently prompted the nondisabled children to interact with the disabled children. During the final stages of integration, the adults did not prompt these interactions as frequently. For example, an analysis of the specific type of adult verbalizations in the transcripts of the adult verbalizations revealed that during the integrated free play on April 23, 7 of the 35 adult verbalizations were prompts to facilitate interactions between the children. On May 7, none of the 29 adult verbalizations were prompts intended to facilitate interactions between the children. These are examples of the adult verbalizations on May 7:

"Do I get a kiss this morning?"
"Morning Brenda, How are you?"
"Sue! Sue! Hi!"
"Are you tired, you sleepy?"
"Come here Sam"
"Show everybody hello"
"You want a sweater?"
"Well turn around and smile at the camera"

### Disabled children's Parents

The comments of one of the parents of a disabled child suggested that she perceived her child as less capable and needing to be somewhat dependent on the nondisabled peers. When this parent and I were discussing the integration program she made this statement:

"I feel great about it." (March 12, 3:00 p.m.)

She then began describing this specific instance that accounted for her feelings:

"The other day Mike was on the slide and I told him it was time to go. He was in a position that he could not move correctly to get down. Another Child Development Center child said 'I'll help you Mike' and did." (March 12, 3:00 p.m.)

As stated in the introductory part of this chapter, society has a tendency to stigmatize or set apart individuals with difference and this tendency was manifested in the integration program studied. This natural tendency was manifested in this integration program because of a lack of education, training and preparation for integration. In this program the initial stages of integration acted to differentiate and then stigmatize the disabled children.
Chapter 6

DISCUSSION AND CONCLUSIONS

The analysis and results of this ethnographic investigation suggest that a process of stigmatization occurred in the integration program studied. This process was detailed and described as consisting of three progressive stages: Facing the Facts, Learning the Ropes, and Setting Themselves Apart. Each stage will be summarized below.

Stages in the Evolution of Stigma

Facing the Facts

The disabled and nondisabled children entered the integration program with obvious physical and behavioral differences, and "faced the facts" of these differences. There were physical, verbal and social differences between the disabled and nondisabled children that initially set these children apart. The disabled children differed in appearance and ambulation, and they were not verbal communicators like the nondisabled children. Additionally, the disabled children exhibited a different pattern of social interactions than the nondisabled children. The majority of the disabled children did not attempt engaging in interactions with the other children in the program.

Learning the Ropes

The initial differences between the disabled and
nondisabled children were heightened by the adults' attitudes and behaviors in the integration program. The adults in this setting helped both sets of children "learn the ropes" regarding how and what the cultural tendency is when dealing with difference or disability. The mechanisms for "learning the ropes" involved several aspects.

The adults in this program were ultimately responsible for planning, scheduling, and mediation for effective integration. Due primarily it appeared to limited education, training, and preparation for integration, these responsibilities were carried out in ways that set the children apart. The teachers created an environment for difference through their planning and scheduling. The integration schedule, setting and activities emphasized the disabled and nondisabled children's differences and set them apart as two different groups of children. The teachers also created labels for the differences through their actions and verbal behaviors. These professionals exhibited actions toward the disabled children that suggested they were "babies" rather than peers of the nondisabled children, and the teachers verbally labelled the disabled children as "babies" in the presence of the children and when they talked among themselves. Finally, the teachers structured the children's response to the differences through their interactions with the children. One teacher rarely attempted mediation to facilitate interactions between the children. When she did
attempt mediation she often simply directed the children to "go play". The other teacher attempted mediation, but her attempts emphasized the differences of the disabled children and created dependency. This teacher prompted the nondisabled children to assist, lead, and display affection to the disabled children. Ultimately, both of these teachers reinforced the nondisabled children for stigmatizing types of behaviors that resulted in greater differentiation of the groups and dependency on the part of the disabled children.

Setting Themselves Apart

As the integration program proceeded the disabled and nondisabled children were clearly set apart as two different groups of with different capabilities. The nondisabled children responded to the adult influence by exhibiting a different pattern of behaviors to the disabled children. In general, these behaviors disempowered the disabled children. The nondisabled children took the role of teacher and employed child-directed speech with the disabled children. They displayed affectionate behaviors to the disabled children and directed assisting behaviors to these disabled children when the opportunities arose. For their part, the majority of the disabled children responded in the integration context by displaying a limited interest in their peers. As a result, they initiated social interactions with significantly lower frequency. Additionally, the disabled children appeared to
acquiesce to their role as less capable and competent individuals, and did not attempt to direct or influence the behaviors of other children in situations of conflict or other interaction laden environments. Rather, the majority of the disabled children remained isolated, passive, and segregated in the integrated setting.

This described process of stigmatization is certainly not an intended outcome of integration. As discussed in Chapter Two, one of the primary rationales for integration is a moralistic/philosophical one. Integration researchers have presented a number of moralistic/philosophical arguments for integration. Fullwood (1990), for example, states that integration is based on social justice, and is a response to invalid segregation. According to this argument, there are more similarities than differences in disabled and nondisabled individuals and these similarities should be enhanced not reduced. Fullwood suggests four principles of integration:

1. Social justice
   All people have equal value.

2. Right of equal opportunity
   All people have the right to be treated equally.

3. Noncategorization
   All people are individuals.

4. Nonsegregation
   All people need contact with a variety of individuals.

Other integration researchers present similar arguments.
Stainback and Stainback (1990) state that the practice of integration is a result of the growing recognition of, and respect for, social justice and equality. They suggest that all persons should be equally valued, provided with equal opportunities, and viewed as unique individuals.

It is clear from these representative examples of the moralistic/philosophical arguments for integration that the intent of integration is to minimize the differences between disabled and nondisabled children and promote equal valuing and treatment of disabled and nondisabled children. In practice, this is more likely to occur if the patterns of social interactions that are present between disabled and nondisabled children are positive. Such positive patterns are a primary target objective of integrated setting. As Odom and McEvoy (1988) have stated:

"If the normalization principle is to be achieved, children with handicaps should become socially integrated (i.e., interact with normally developing peers in the class) in the integrated setting and should develop positive social relationships with normally developing peers." (p. 245)

While the intended outcome of integration is the prevention of stigmatization, the integration program described in this ethnography had the opposite effect. Consequently, this investigation details an example of a failed program and specifies the process of failure and
related factors. It detailed the actual process of stigmatization. Although some causal factors and rationale for the process of stigmatization were discussed in Chapter 5, this process and its evolution warrant greater explication. This discussion should link the findings of this ethnography to the literature on integration and draw specific implications that comment on effective integration practices.

Conclusions Regarding Integration

As discussed in Chapter Two, several prominent special education theorists and researchers suggest that the critical factor in determining the effectiveness of integration is the overall quality of the integration program. Researchers have suggested specific determinants of overall quality. Strain (1988) was reported as suggesting that integration is effective if it is well planned and carefully implemented within the context of a strong program in general. Strain (1988) was also reported as suggesting that the positive social outcomes attributable to integrated settings have been seen only when integration is frequent, planned, and carefully promoted by teachers. Odom and McEvoy (1988) were reported as suggesting that the curriculum employed and the quality of instruction may have more of an effect upon development and skill acquisition than the presence or absence of normally developing peers (Bricker, Bruder and Bailey, 1982).

The process of stigmatization that occurred in this
integration program can be partially explained by examining the overall quality of the program based on the above determinants. As discussed previously, this integration program was not well planned and carefully implemented. There was no preservice, inservice, or systematic monitoring of this integration program. While there was a minimal pre-planned schedule for integration, this schedule was often supplanted by spontaneous, unplanned modifications in the integration schedule that did not have prior approval and were not instituted for child-focused reasons. Similarly, this program did not provide frequent, full integration. Instead the children were partially integrated for specific purposes, such as free play. Furthermore, integration was not carefully promoted by the teachers. The quality of instruction and mediation in this integration program was poor due to the teachers' limited education, training, and preparation for integration. One teacher took a passive role in integration and rarely attempted mediation. Although the other teacher took a more active role, her attempts at mediation emphasized the disabled children's differences and increased their dependency.

Program Factors Influencing the Effectiveness of Integration

**Type of integration**

As stated previously, researchers suggest that integration is effective if it is frequent and full
(Guralnick, 1990; Strain, 1988). Again, this program provided partial integration rather than frequent and full integration.

**Integration environment**

Several aspects of the integration environment that researchers have suggested may influence the effectiveness of integration are the integration setting and the integration activities. In this integration program the primary integration setting was a large room requiring motoric capabilities, which emphasized the disabled children's differences and weaknesses. The primary integration activity, free play, had the same effect.

**Teacher factors**

Researchers have suggested that the attitudes and abilities of teachers are critical factors in determining the effectiveness of any educational program, and especially in integrated programs due to the broader range of responsibilities (Guralnick 1982). The attitudes and abilities of the teachers in this integration program have been discussed at length, and it is clear that their attitudes and abilities contributed significantly to the differentiation and setting apart of the disabled and nondisabled children.

**Direct intervention to promote peer social interaction**

Studies indicate that direct interventions to improve
peer social interactions and observational learning in integration can be effective (Odom, Hoyson, Jamieson, and Strain, 1985; Strain, 1981, 1983, 1984). Direct interventions have been initiated because research has clearly indicated that when disabled children, particularly those with moderate and severe handicaps, are integrated with nondisabled children "...the two groups will separate themselves and social integration will probably not occur." (Odom and McEvoy, 1988, p. 252) There were no direct interventions to promote peer social interactions in this integration program. Indeed, in this program children with moderate and severe handicaps remained segregated in the integrated setting.

**Same-age/mixed-age grouping in integration**

The research is not conclusive regarding the effects of age groupings on the effectiveness of integration. This program provided same-age grouping.

**Implications**

This study suggests a number of implications for successful or effective early integration which are consistent with the research on the effectiveness of integration with preschool age children. To prevent the process of stigmatization previously discussed, integration programs should strive to utilize a frequent or full integration schedule, provide a well-planned structure and process for
integration to occur, and organize carefully to promote integration for all participants involved in the process. Each of these implications will be discussed separately.

**Frequent, full integration**

The results of this study support the researchers' conclusion that in order for integration to be effective it needs to be frequent and full. In this study partial integration for specific purposes (i.e. free play) seemed to adversely affect the process. This partial schedule tended to differentiate and set apart the two groups of children. In order to minimize the differences between the two groups the program needs to be as fully integrated as possible. This would include utilizing the same schedule and engaging in the same types of activities for both groups of children.

**Well planned integration**

The results of this study strongly suggest that in order for integration to be effective it needs to be carefully planned. Indeed, the lack of planning and preparation for this integration program might have been the major contributor to its failure and the subsequent stigmatization that occurred. To implement a successful integration program, a detailed planning process must be initiated that includes input from all essential participants in the program. Minimally, this would include administrators, teachers, aides, related service personnel, and parents. As this study has
demonstrated, these individuals may play a powerful role in the success or failure of the integration effort. It is essential that they are well-prepared to advance—and not defeat—the process. Ideally, the planning process needs to include preservice training, inservice training, and systematic monitoring.

The preservice training should provide the adults with information regarding the rationales for integration, the research conclusions regarding integration, and program factors influencing the effectiveness of integration. This information is essential to the implementation of integration because it would help shape appropriate attitudes toward integration; and appropriate attitudes will influence behaviors in the integration context. It is critical that the integration context minimize the differences and incapacities of the disabled children, and emphasize their similarities and capabilities. The planning and scheduling of the integration setting and activities should be based on this principle. For example, the results of this study suggest that a smaller physical space with toys and objects minimized the differences of the disabled and nondisabled children. This reduced space also facilitated different types of interactions.

**Carefully Promoted Integration**

The preservice training must emphasize the powerful role
of the adults in an integration program. The results of this study clearly indicate that the adult attitudes and behaviors in the integration program greatly influenced the attitudes and behaviors of the children in the. In order to prepare the adults for their role in integration, the adults—and especially the teachers—need to be provided with information regarding peer social interactions in integrated settings and the peer social interaction deficits of disabled children. The teachers need training in appropriate mediational strategies to facilitate successful integration and improved peer social interactions in the integrated setting. This investigation also supports the need for specific preservice training in direct interventions to promote peer social interactions of the children with moderate to severe disabilities. In particular, these children remained segregated in the integrated setting, and direct interventions may have facilitated improved social interactional skills for these children. Direct interventions may also be necessary to develop more co-equal interactions between the nondisabled children and the children with mild to moderate disabilities. The results of this study suggest that although the mildly to moderately disabled children were engaged in social interactions, the nature of their interactions with the nondisabled children were not "coequal" (Odom and McEvoy, 1988).

There are several implications of this study for speech-
language pathologists since a number of speech-language pathologists work collaboratively with other professionals in programs for disabled infants, toddlers, and preschoolers. The speech-language pathologists functioning in this capacity need to have a knowledge and understanding of current best practices, such as integration. In particular, the practice of integration should be of interest to speech-language pathologists because a frequently cited benefit of integration is advancement in social skills and communication abilities (Hanson and Hanline, 1989).

Since social skills and communication abilities are highly related the speech-language pathologist needs to have a knowledge and understanding of the peer social interactions of young children. Additionally, since the speech-language pathologist works with disabled children, they must have a knowledge of the peer social interactional deficits of disabled young children. If the peer social interaction deficits of young disabled children can be improved it is more likely that there will be advancements in young disabled children's communication abilities with their peers. Because of this relationship between social skills and communication abilities, the speech-language pathologist will need to function collaboratively with other professionals in planning mediational strategies and direct interventions for improving social skills and communication abilities.
Limitations and Strengths of this Study

The primary limitations of this study involved the analysis of the child-child interactions in the integration program. First, there was a high rate of absenteeism in this integration program. The young children were frequently absent due to illness. Therefore the group ratio and composition changed frequently, perhaps having some effect on the development of child-child interactions. Second, because of the unplanned, spontaneous modifications in the integration schedule, setting, and activities it was not possible to compare child-child interactions at the beginning and end of integration, or over the course of the five months of integration in general. Third, the small sample size limited the study's statistical power, making it difficult to determine significant differences in the disabled and nondisabled children's social interactions. It is possible that the use of non-parametric statistical procedures, such as the Mann-Whitney U-test, may result in more significant differences with the small sample size.

There were also several limitations to this study that involved the system developed for coding the social interactions of the children. The coding of the children's responses proved to be problematic. As discussed in Chapter 5, because of the young age of these children and their level of social development, these children did not appear to be as responsive as a group. Also, several of the types of
initiations exhibited by the children in this age range did not elicit responses from the children. For example, the most frequent type of social initiation exhibited by both groups of children, although with significantly different frequency, was following-without-directions. That is, a child initiated a social interaction by following another child. This type of initiation did not seem to elicit a clear response from the other children. Consequently, it appeared that coding the responses of children in this age range was not as relevant to examining child-child interactions in this young age range as was coding their initiations. It needs to be determined if revising the part of the system developed to code responses could provide a more sensitive measure of the children's responses.

The primary strengths of this study involved the utilization of ethnographic methodology. One strength of ethnography is thick description (Geertz, 1973). Thick description, as described in Chapter Four, results in a deeper understanding of the context being studied. One aspect of this deeper understanding is discovery of the underlying mechanisms or themes which structure the behaviors and events observed. The discovery of underlying mechanisms or themes in this study allowed the researcher to explain why the observed behaviors and events occurred.

A second strength of ethnography is related to the first. This strength is ethnography's initial broad focus and open
stance, which enables the researcher to acquire a background in, and acquaintance with, a situation of interest prior to narrowing the research focus (Jacobs, 1990). According to Jacobs, if a researcher begins with a narrower focus, and pre-determines what variables to study there is a risk that significant information may be overlooked. Indeed, the process of stigmatization discovered in this study of early integration may have been overlooked if the researcher had begun the project with, for example, a pre-determined focus on child-child interactions. If this had been the case, the researcher would have been able to only describe the interactions of the children and not the reason why they occurred. Although this description is important, it is perhaps not as important as an understanding of why the interactions occurred as they did. The broad focus and open stance of ethnography contributed to this understanding, as did the thick description.

Another strength of ethnography is triangulation. As discussed in Chapter Four, triangulation is a means of validating findings and verifying one's perspective by comparing and contrasting multimodal sources of data in order to arrive at a multidimensional understanding of the phenomenon being studied (Crago, 1988). There were four data collection procedures in this study, and each contributed significantly to an understanding of the meaning of the behaviors and events in the early integration program. The
utilization of any single data collection procedure would have certainly limited this study. Also, triangulating the various sources of data helped establish validity.

Directions for Future Research

Early integration needs to be a focus of future studies because of the limited research on this practice. The results of this study suggest the following directions for future research:

1. Because of the powerful influence of adults in an integrated program it may be important to examine the effects of different training processes for teachers in integrated programs in order to determine how to most effectively prepare teachers for working in this type of setting. This could include both educational approaches to training and job-related approaches to training.

2. Although there is research documenting the effectiveness of direct interventions to promote peer social interactions in the preschool age population, there needs to be research examining the effects of direct interventions with younger children. The results of this study suggest that direct interventions may be needed to promote the social integration of children with moderate to severe disabilities, and to promote coequal interactions among disabled and nondisabled children in general. Researchers will need to determine the types of direct interventions appropriate for young children.
It is probable that children in the birth through two-year-age range may require different types of direct interventions because of their cognitive, social, and communicative levels.

3. Researchers need to examine the development of peer social interactions over a period of time in integrated settings in order to look at the effects of integration on peer social interactions over time. However, with populations of children in the birth through two age range, especially young disabled children with accompanying medical complications, it may be difficult to control for confounds such as absenteeism.

4. In order to examine the social interaction skills of young children in integrated settings additional measures such as level of social participation (Odom, 1981; Parten, 1932) may permit more in-depth analysis of these skills.

Concluding Statements

Perhaps the strongest conclusion this study supports is that the role adults play in their interactions with young children can indeed be powerful. The clear message to all who work with young children in contexts such as the integration program is that adult attitudes and behaviors greatly influence the attitudes and behaviors of the children with whom they interact. Adults, through their interactions with children, transmit critical values and expectations. Although this simple message is not new, it bears repeating.

In this integration program, the expectations of the adults for the disabled children were transmitted through
their attitudes and behaviors. These expectations greatly influenced the children in the program.

At the end of the five months of integration, the outside consultant for the integration program was discussing the role the adults played in this program, and he commented on the expectations of the disabled children's teacher in regard to her disabled students:

"All of her behaviors are a result of her attitude. She does not really think they will get any better. She is operating from the old charity model."

It is indeed likely that such expectations were primarily responsible for what occurred in this integration program.
REFERENCES


Education for All Handicapped Children Act of 1975, P. L. 94-142, United States Code, Sections 1401 et seq.


NEC*TAS (1989). Selected remarks from the parent panel of the NEC*TAS LRE conference. Annapolis, Maryland.


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Appendix A
Draft of the Philosophy Statement for
the Infant Development Program

Draft: 8/20/90

Lafourche Parish Early Intervention Services

Philosophy: The purpose of the Lafourche Parish services for infants and toddlers with handicaps and their families is to provide a socially relevant and ecologically sound program. These intervention services are undertaken to enable the family to facilitate and nurture their child with special needs.

Interdepartmental services include integrated assessment by mandated evaluation and program documents. Qualified professional personnel provide seven of the federally mandated direct services through Lafourche Parish.

These services include the following:
- audiological assessment
- family training, counseling, and home visits
- physical therapy
- psychological services
- social work services
- communication services
- special instruction

In the implementation of the services, multidisciplinary providers and designated family representatives function as members of a transdisciplinary team. This team is overseen by a "principle provider" that serves as a primary liaison and program coordinator to the family and other IEP team members.

The actual service activities are based on family focused interventions and trainer-to-trainer consulting models. When appropriate these procedures are melded with traditional child focused services.

Consistent with federal regulations to the extent appropriate, early intervention services are provided in the most natural settings available. These early intervention services consist of two separate but interacting program units. The first is a homebased parent-training unit. The second is a center-based special needs program which provides for opportunities for mainstreaming into developmental classrooms for children without handicaps.
I. General Description of Homebased infant Services:
Homebased services are defined as on-going interventions that are primarily conducted during routine daily living activities in realistic, natural settings. The "principle provider" will go into the home to provide services as documented by the IEP.
A. time and frequency of the visits will be based on family and child needs
B. enrollment will be prescribed by Bulletin 1706 for the operation of a paraprofessional unit (maximum 12)
C. the provider will provide no less than 12 hours of direct service in one week

III. Principle Provider Responsibilities
A. participate in initial evaluations by coordinating interactions with the family and conducting developmental assessment of the child in natural environments
B. oversee the development of the IEP, including site determination
C. implement on-going direct interventions in natural settings.
D. coordinate consultations among the various IEP team members and the family
E. maintain intervention records and documentation as required by Federal, State and Parish policy
F. when necessary, develop a step-wise program to assist the family and child in transition from one primary setting to another

IV. IEP Team Members other than the Family Representative(s) and the Principle Provider
A. participate in initial evaluation
B. determine eligibility for services and intervention strategies
C. provide the "principle provider" with a weekly scheduled time to assure access for the purpose of intervention development
   1. all direct contact and team coordinating will take place during the weekly scheduled time
   2. all team members will participate in this weekly scheduled staff meeting
D. on-going tracking services will be scheduled at such times as needed based on input from the family representative(s) and/or the "principle provider" with input from the particular IEP team member
E. direct contact between the family representative(s), child, "principle provider", and the particular IEP team member will be conducted on site of the center-based program
F. direct contact activities will be coordinated by the "principle provider" with input of the particular IEP team member

G. prior to the direct consultative contact the designated team member will be provided with a "pre-meeting summary" from the "principle provider" describing the concern

H. upon completion of the direct consultative contact the remainder of the team members will receive from the "principle provider" a "post-meeting summary" of recommendations made

I. individual IEP team members may be requested by the "principle provider" to conduct a direct consultation visit in the natural setting

1. when the requisite intervention technology is environmentally determined or dependent the "principle provider" may request that the appropriate team member visit the natural setting

2. visits can not exceed one time per infant for each team member
I. General Description of School Based Infant Services; The Lafourche Parish School Based Infant Program is a carefully planned model to benefit toddlers, with special needs, and their families transition from home to a noncategorical preschool on a regular school campus or community day care center. Through an interagency agreement with Nicholls State University Child Development Center the toddlers are provided an opportunity to interact with "typical" children of their age in a structured, learning-center setting.

II. Program Structure
A. eligible children include toddlers with special needs from 18 to 36 months of age
B. the class will consist of an enrollment prescribed by Bulletin 1706 for the operation of a paraprofessional unit (maximum 12)
   1. if enrollment exceeds nine, consideration will be given to the establishment of an additional transition class or other service delivery options
   2. at 2.6 years of age, consideration will be given to the integration of the toddler into a community based or a noncategorical preschool program
   3. the enrollment of children in the paraunit will dictate the number of certified paras needed
C. transition will begin no later than January of the last year within the program
D. in addition to the Infant Transition class, the Nicholls State University Child Development Center toddler program will be on site at Acadia D.T.C.
   1. the Child Development Center program, along with community programs, will offer opportunities for integrated activities for both groups
   2. time and frequency of integration will be made by the team on individual need, but no student will be denied access to this interaction
   3. an ecological inventory is the tool used to provide information for skills and intervention necessary for the toddler to function in the integrated/mainstreamed environments
   4. the toddler will be accompanied and assisted by a staff member while integrated in the community or on site as determined by the IEP
5. the class will be designed around large, small, and individual learning centers; along with integrated academic and social settings, to facilitate IEP goals and objectives

III. Responsibilities of Classroom Teacher

A. participate with prior "principle provider in conducting a transition before permanent enrollment

B. assess toddler within the structure of the class and oversee the development of the IEP, including site determination

C. will implement on-going direct interventions in the special needs class and also develop and monitor activities in the integrated/mainstreamed setting

D. establish paras' schedule and responsibilities and conduct daily teacher-para staffings

E. coordinate consultations among the various IEP team members and the family when a particular concern arises

F. maintain intervention records and documentation as required by Federal, State and Parish policy

G. when necessary, develop a step-wise program to assist the family and child in transition from one primary setting to another

IV. IEP Team Members other than the family representative(s) and the classroom teach

A. participate in initial evaluation

B. determine eligibility for services and intervention strategies

C. provide the classroom teacher with a weekly scheduled time to assure access for the development of intervention programs

1. all direct contact with students and team coordinating will take place during the weekly scheduled time

2. services will be conducted in the classroom and will involve observation and/or participation with routinely scheduled activities

3. on-going consultative services will be scheduled at such times as needed based on input from the classroom teacher and particular IEP team member

4. when such a need arises direct contact between child, classroom teacher, particular IEP team member, and family representative(s) (optional upon request by family representative(s) will be conducted in the
center based special needs classroom and/or designated meeting area if necessary

5. in addition to conducting consultations in the special needs classroom, the IEP team may be requested to conduct consulting services in the center based developmental-integrated classroom or setting
## Appendix B

**Child Development Center Class Units**  
*for Spring 1990*

### CALENDAR OF EVENTS

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- **REGISTRATION**
- **GETTING ACQUAINTED WITH CHILDREN AND PARENTS**
- **GETTING ACQUAINTED WITH NEW FRIENDS**
- **LEARNING FRIENDS' NAMES**
- **LEARNING TO SHARE**
- **LEARNING TO PLAY AS A GROUP**
- **WALKING ON CAMPUS**
- **THE SENSES**
- **TASTE**
- **SEE**

### JANUARY 1990

**MONTH** | **YEAR**
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1990 | 1990

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Appendix C

Field Notes

January 31, 2:45 p.m. Integrated Free Play.

Sam with busy box. Mike and 3 CDC kids come over. Cathy in on tricycle. Crystal tried to take it away. Cathy protested, "No my turn." Sam is with busy box. Cathy over, and Crystal. They play with toy and don't talk to him. When they did Cathy patted his head and talked to him in mother/child register. Sam pulled away and started to cry. P said maybe the kids come up around him and scare him.

Aide came and patted Sam and moved him. Brenda came over and imitated this. Sue at the window. Sally walked to her --Sue did not look at her--looked out the window and continued whining. Mike was playing basketball. Alan attempted taking it. No response--Alan took it. Mike came and tried to get it back. Alan kept it. Alan came over to the trampoline beside Joe. Joe pulled the tab of his shoe. No response. An aide put Kevin in a stroller. Cathy pushed him. Several of the CDC kids were playing with the tunnel roll. Don came to roll and looked at kids in the roll. G is walking on stairs--marching game--pulled Mike and several CDC kids in a line to march with her.
Appendix D

Expanded Field Notes

January 31, 2:45 p.m. Integrated free play.

TN: Integrated, Integrated free play. with IDP children?
this is reverse All of the children came out after
mainstreaming, nap time. The CDC children have a
actually. snack at the lunch table. The

infants don't. The teachers placed

TN: Why do CDC have Sam on the mat with a busy box --
snack and IDP don't? (only toy in room). Mike and 3 CDC

What is the stated kids came over to play with it.
reason. What are Cathy got on a trike -- Crystal
other possibilities. tried to take it and Cathy
What reactions of protested verbally, "No, my turn."
IDP/CDC students. Then Cathy and Crystal came over to

What does this delay Sam and the busy box. They don't
to teachers and talk to Sam initially -- when Cathy
kids. re: this verbalized to Sam she patted his
difference in head and talked to him in a
practice. different manner (like mother-child
dyad). After a period of the girls

TN: Do the CDC playing with the toy Sam pulled off
children typically and began to cry.
change their syntax,
(pro. said she felt the kids coming
prosody, nonverbal, up and around him may have scared
etc. when talking
PN: Do not refer to our infants as children in the notes!

TN: Are the CDC children imitating adult's behavior with kids -- the adults respond differently to CDC and IDP children.

MN: Document these differences.

and repositioned him. Brenda came over and imitated the adults behavior after the adults left.

Sue was standing by the window crying for her mother. Cathy walked to her and Sue looked back out the window and continued fussing. Cathy left.

Mike was playing with basketball. Alan took it. Mike did not protest vocally or nonverbally. In a few minutes Mike crawled over and attempted to reach for it.
Appendix E

Structural Questions for Focused Observations

Interaction

How much interaction occurs

What is the nature of interactions
  Verbal/Nonverbal
  Adult/Child initiated
  Handicapped/Non Handicapped initiated
  How is initiation handled
  Positive/Negative
  Object motivated/Socially motivated
  Aggressive/Subservient
  Active/Passive

Are interaction reinforced by teachers

Is interaction facilitated by teachers
  What percentage

Who do children choose to interact with

What appear to be motivations for interaction

How is initiation accomplished
  Who initiates
  Why do they
  Strategies utilized

Are there differences re: handicap severity/type

What ranges of intentions are noted

Does shared reference occur (line of regard)

Are dyadic routines utilized
Does code or style switching occur between children
What are the ranges
    length
    manner
Are any interactive strategies preferred
Does locale make a difference
How do children resolve conflict
How is conflict initiated - by whom
Is interaction modelled or imitated
Do normals mediate
When do imitation and mediation occur
What are actual interactive strategies
How do children react to initiation
How much interaction involves hugging and object oriented activity
How are these initiated
How do kids play with one another
How important are props
Does severity of communication disorder affect interaction
What type of initiations meet with positive responses
Does a child's level of responsiveness influence initiations
What type of play observed - parallel, cooperative, pretend
Reaction

How clear are reactions
Are reactions consistent with attitudes
Are reactions consistent over time
Are frequency or intensity of reaction influenced by variable
What are reactions noted
Do they differ across groups/activities
What are positive/negative reactions
How is passivity reacted to
What is reaction to scrutiny
What are differences in kids reactions to integration
How do expectancies play a role
Is there different reaction to successful or unsuccessful performance
Are reactions different to
  Socialization  Cooperation
  Conflict  Competitive
  Goal achievement  Play
What is reaction to authority
What is reaction to preplanning
What is reaction to variability
Intervention/Mediation as a Focus

How much modelling occurs

What factors affect interactions

Are interactions spontaneous

Are interactions social or pedagogical

Is severity or type of disorder a factor

What reinforcement occurs
  
  When
  
  Why
  
  How is it manifested

Are these strategies verbal or nonverbal

How willing/reluctant are children

How are willingness/reluctance manifested

How much conducted for control purposes

How is "control" manifested

What are objectives of intervention/interactions

How much mediation occurs

Do teachers code switch or style shift

How structured are the interventions

How often are dyads or routines used

How much imitation occurs

Are different artifacts used with kids

What range of artifacts are used -- and how

Are patterns of interactions different

How much protection occurs

Differences between aides and teacher
How vigilant are they
Actual institutional mechanisms
How are friction points handled
How much prompting occurs
Are cuing strategies used
How does scaffolding occur
How significant if placement of children
Does placement vary
How are routines used
Is there encouragement of learned helplessness
Who gets more attention -- How is this obtained
  How often
Are plays for attention positive or negative
How is between children interaction facilitated [strategies]
What are kids reactions to facilitations
Are least impaired kids more or less responsive
Do interactions play to strengths or weaknesses
Which exhibits better effect
Are interactions involving compensations
What is the focus of intervention
  Socialization   Cooperation
  Task accomplishment   Competition
  Control   Sharing
Does mediation focus on prior behavior or expected behavior
How do teachers/aides react to approval or attention seeking behavior
Do interactions stress or de-emphasize independence?
Belief/Attitude

What artifacts reflect attitudes or beliefs
What attitude differences are reflected between two groups
How are attitudes directly or indirectly manifested
What are teacher expectations or expectancies
How willing/reluctant was integration
What are actual attitudes toward kids
What are actual attitudes toward integration
How have these attitudes changed
What specific comments reflect attitudes
How much change is expected
How do they believe it will occur
Why is integration seen as an advantage
Why is integration seen as a disadvantage
What were initial/current objectives or goals
How does labelling of children reflect attitudes
How did labelling first start
Is learned helplessness encouraged
What is the "christian" motivations used here
Is independence seen as important and practical
How do they belief interactions should occur.
What are attitudes about passivity -- competition
aggression -- cooperation
How does individualization enter in picture
How do kids label/code one another
How are each perceived by the other
How do preparatory sets affect interactions
Are strengths or weaknesses emphasized
What is believed to be accomplished
What is the role of these kids in the future
What are personal feelings about kids
What is future of the type of integration [expectancies]
How accepting are people of differences
Preparation

What were teachers' expectations about preparation?

What factors influence preparations?

How well were objectives formulated?

What was the process of preparation?

Is preparation positive or negative to certain goals?

What are the actual institutional mechanisms for accomplishing integration?

How important is preparation?

How are planned activities used differently by teachers?

Is there an individualize plan for each child or group?

How are these carried out -- How well?

What artifacts reflect planning?

What objectives were formulated?

Is variability accounted for in preparation?

How flexible is preparation?

Who was responsible for preparation?

Who was responsible for maintaining plan?

How well is preparation accepted by teachers, aides, administrators, and parents?
Setting

Does the size of the interactive area make a difference
Do props/toys/objects make a difference

   Do props/toys/objects influence interaction differently

Does setting influence perceptions of children's "normality"
Does structured versus free play make a difference
Does consistency or variability have an effect
Appendix F

Structural Questions for Selective Observations

Child-Child Interaction

How much interaction occurs
How can interaction be detailed

INITIATIONS

Strategies used
Who initiates [direction]
What is goal of initiation
What are reactions to initiation
What variables affect initiations

TERMINATIONS

Strategies used
Who terminates
How successful are attempts
What variable affect terminations

MAINTENANCE

How much is accomplished
Strategies used
Who is responsible for maintenance
What are reactions to this

ATTENDING

How is attending manifested
Do they attend well to one another
AMOUNT OF VERBALIZATION/VOCALIZATION/NONVERBAL

How much occurs
Are certain variables/goals predictive
What is response

INTENTIONS/MOTIVATIONS

How much is goal directed
How much is SOCIALLY ORIENTED
How much is OBJECT ORIENTED
What range of intentions is noted
Is curiosity a factor and does it diminish
Are there motivations intrinsic to children or extrinsic (adult encourage)
Are interactions MATHETIC or PRAGMATIC
How much egocentricism is noted
How much is voluntary v. encouraged

MEDIATION

How much occurs
What strategies are used
Are routines/dyads used
Does style shifting occur
What variables influence mediation
What are reactions to mediation attempts
Are they sustained
What range of strategies are evident
Direction of mediation
Is it imitated from adults
What variables influence reaction to mediation

IMITATION/MODELLING
How much occurs
What strategies are used
What variable influence imitation
What are reactions to imitation
Are they sustained
Direction of imitation
Is it imitated from adults

What overall descriptors can be applied
Are interactions positive or negative
Are interactions active or passive
What is the degree of assertiveness
What are preferred interactive strategies

What are the dimensions of the interactions
What is the range of strategies used
What is the length of interactions
What is manner of interaction
What is the directions of interaction
What variable affect these dimensions

What specific instances are important

CONFLICT
How is it initiated
How is it resolved
What are reactions to this aggressiveness
What strategies are used
Are the goals accomplished

PROVIDING ASSISTANCE
Is it requested
How is it initiated
What is the reaction to it
Is there evident subservience
Is "learned helplessness" transmitted
What strategies are used
Are helping behaviors present
Was assistance justified
What variables affect this behavior
Does it diminish or increase overtime

TURN TAKING
Are precursors noted
What strategies are used
Do children follow line of regard
Do children take another's perspective
Are there differences in willingness to share or take turns

PLAY
How is it accomplished
What types of play -- parallel, cooperative,
pretend

What other variables should be considered

Locale
Props
Structure of activities
Adult intervention
Domains
Physical characteristics
Teacher-Child Interaction as a Focus

What amount of Interaction occurs
Who engages in the interactions
How can interactions be detailed

MEDIATION

How much occurs
What strategies are used
Are routines/dyads used
Does style shifting occur
Does content reduction occur
What variables influence mediation
What are reactions to mediation attempts
Are mediations sustained
What range of strategies are used
Is mediation spontaneous or planned
Are strategies verbal or nonverbal
Is mediation direct [to disabled] or indirect [through others]
Do mediations emphasize strengths or weaknesses
Which exhibit a better reaction -- How is this manifested
How much compensation occurs
Does mediation focus on prior or expected behavior
Does mediation stress or de-emphasize independence
How much does teacher expectancy influence mediations
Are they typically used within familiar routines
How are mediations initiated

REINFORCEMENT

How much occurs
What strategies are used
Are reinforcements verbal or nonverbal
When does reinforcement occur [TEMPORAL]
What are the behaviors that are reinforced
What variables affect reinforcement
Is reinforcement positive or negative
Is reinforcement consistent or inconsistent
Is reinforcement social or physical
Is one group reinforced more
What are child reactions to reinforcement
What artifacts are used

CONTROL

How much control behavior occurs
How is control behavior manifested
What are the behaviors or rules controlled
How clear are they to the children
Are there sufficient justifications for these controls
Why are the controls in place
How do the children react
Are controls positive or negative
Are controls verbal or nonverbal
How vigilant are adults in this area
Are controls set consistently
What variables affect controls
Is there a designated person or persons who regulate
Are controls exerted more on one group than the other
What are the institutional mechanisms for control
What artifacts are used
How much is for protection

PROMPTING
How much occurs
What strategies are used
What variables affect prompting
Are cuing strategies used -- what kind
What behaviors are prompted
What are reactions of children
Are prompts verbal or nonverbal
Are prompts always prior to behavior
Do prompts change if they must be repeated
Are they spontaneous or planned

Are interactions social or pedagogical
Are the patterns of interactions different for different groups
Do interactions pattern change over time or across situations

What variables affect interactions

Setting

Activities

Child's physical ability

Group versus Individual activity

Verbalizing Child

Severity of Difficulty or Type of Difficulty

Child's passivity

What are the objectives of the interactions

How are "friction points" handled

Is there encouragement of "learned helplessness"

How is teacher attention obtained
Preparation

What preparation occurred for teachers
What preparation occurred for parents
What preparation occurred for children
What factors influenced preparation
How well were the following prepared in advance

  PROGRAM OBJECTIVES
  RESPONSIBILITIES
  IMPLEMENTATION PROCESS
  TIME LINES FOR IMPLEMENTATION
  FLEXIBILITY

What preparation was expected
What was the process of preparation
Is preparation positive or negative to certain goals
How well are daily activities planned
Is there an individualized plan for each child? each group?
How well planned were integration activities
How well are lesson plans implemented
What are the artifacts of planning
Who was/is responsible for planning
How well is preparation accepted
How were integration objectives arrived at
Beliefs/Attitudes as a Focus

What are children's reactions/attitudes to one another
What are teacher/aide attitudes
What are parents attitudes
What are teacher/aide expectations
What are parents expectations
What artifacts reflect beliefs or attitudes
How are attitudes manifested
Are the attitudes different for the two groups of children
How have attitudes changed over time
How do attitudes affect the interactions/programming
What specific attitudes should be noted

INTEGRATION

What is its value
How will it help or hurt
What are actual objectives
Future of this type of program
What is accomplished

ABILITIES/POTENTIAL OF CHILDREN

How does labelling enter the picture -- when started
How accepting are people of differences
What are actual beliefs about children
Attitudes/manifestations of "learned helplessness"
How important is independence

PASSIVITY
COMPETITION

COOPERATION

AGGRESSION
Setting as a Focus

Does size of interactive area make a difference

Do props/toys/objectives present in the room make a difference

- amount
- kind
- level
- individual/group-oriented

How does setting affect perception of normalcy

Effects of group verses individual activities

Does structured activity versus free play make a difference
Appendix G
Adult Verbalizations

February 5, 1990 Integrated free play Adult verbalizations

David, let Mike go. G

He got out. D

Wait David, wait for Sue—she's gonna take her time, and she's gonna do it. G

There goes monkey-do, monkey-see, monkey-do. Look at that. G

Cathy! G

Hurry, hurry up cause Sue's coming. G

You found me. (Don) You heard my voice, you heard my voice, you recognized my voice, you did! G

Go find someone to play with (Don). Cathy, this is Don. Bring Don with you, Take him by the hand. G

David, don't push him. G

Don't kick him, David. G

Mike! Get off the steps Mike. A

Mike! A
Mike get off the steps, they can't pass. A
Hold his hand (Don), take him down the, up the steps. G

That's Cathy, Don. P

David that's Sue's job, that's not your job. G

Don, go get a ball and play. P

Anything that I don't have to exert any effort over she (Sue) absolutely loves. P

Now David is following Mike. G

Look David, exactly like Mike, very good. G

Put your shoe on (Mike). G

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February 12, 1990  Integrated free play  Adult
verbalizations

No he doesn't have snack now, go play Don.  G

Hurry up so you can play with him.  (Cathy)  G
Hurry up so you can play.  G


Boom!  (Cathy)  P

Hope I didn't start something here.  P

(Cathy) One more turn.  I'll do it one more time O.K.?  P

Boom.  Slam Jam!  P

More.  More.  (Mike)  P

Ball.  (Don)  P

You wanna turn?  (Don)  Hold the ball.  (Don)  P
Hold the ball (Don).  Hold it.  P

More.  (Mike)  P
Can you say more?  (Mike)  P

Boom, boom.  (Cathy)  P

O.K. y'all go play.  Go play.  (Mike, Cathy, Don)  P

Cathy, go get Don and play with him over there.  G
Say "Come on Don."  G
He can get up.  Wait, wait he will get up.  G

Hi Mike. You look half asleep still.  A

Now hold his hand now (Don). He just tripped over the chair.
See if he can roll the ball with you.  (Cathy)  G
Play with him and the ball.  Roll the ball.  G

Mike, go play. No we don't eat now.  A

Cathy, take Don over there.  A
Cathy give Don the doll.  A

Hurry up so you can go and play. Come on let's go (David).  G
Good boy. Boy you're good Joe. A

No, Don no. That's for David. G

Hold on. You're all on your own bud! (Joe) A

Look at this how he turns around. He purposefully bends his knee because he knows that, you know and he's so cute. (Joe) A

All the way to the end. (Joe) A
All the way to the end. (Joe) A
Joe, what's your name? A
What's my name? A
What's my name? A
Go ahead. Put it in the bag. Put it in go ahead. (Joe) A
I love it. Good boy! Good! Good! You're doing good Joe. A
You know that? A
Wanna hold my hand? O.K. hold on. A
Wanna turn around and go the other way? A
Can you hold on with two hands? A
Can you hold this one? A
No this one Joe. A
Can you hold on over here? A
Can you hold on over here? A

Go play Don. (David at table and Don standing by him) G
Go on and play. G

How you gonna get up? (Joe) A
Watcha gonna do? (Joe) A
Help? A
Get on your knees, then climb up (Joe). A
Watch your head. A
Now get up on your knees. A
Get on your knees. A
Good! A
Grab on with your other hand. (Joe) A
You gotta grab with your hand. A
You can do it. Come on. A
Get on your knees first. A
Get on your knees first. A
You can do it. (Joe) A
Uh-huh. A
Uh-huh. A
Uh-huh. A
Ya! Ya what? (Joe) A
Come on! Hold the bar. A
Stand up. Hold the bar. A
Now get on your knees. A
Get on your knees and get up. A
Good Mike. G

You wanna get off this thing? (Joe) A
Come on watch your step. A
Don't look at other people. (Joe) A
Come on hold my arm. A
Good! Here you go. You wanna go again? (Joe) A

You got it. Good. (Joe) A
Joe, you wanna do that again? A
Come on hold my arm. A
Watch your step. Watch your step. A
Good. Hold on. A

David, over here! G

Ken! G

Bye Joe. A
Walk all the way across. A

Go play Don. A
David! Ken! G

No Brenda. Brenda, then David, then Sue. G

Get it. Get it. (Don) G
Good. (Don) G
Look. (Don) G

Come on. (Joe) A
No! A
No you push up. (Joe) A
Get up! A
Get up! A
Get up! A
Get up! A

Get the ball, get the ball, roll it back. (Don) G

Good Mike. A

Bring it this way. (Don) G

Is that a place to play? (David, Cathy, Sally) G
Is that where we play? G
I don't think so. G
No, you play over here. G
Get up. (Mike) A

David, you have any more lips to pop? G

You have to take turns. G
You understand that? G
You have to take turns. G

Good David. Good! G
Sue you wanna slide? G
Come on let's go down the slide. G

Tell Sue to come on, let's go down the slide. G
Ken you want to help Sue to come down the slide? G
February 19, 1990  Integrated free play  Adult verbalizations

David!  G
Cathy, don't pinch, be sweet, that might scare him (Don).  G
Cathy what happened to Don?  G
What happened to him (Don)?  G
He's (Don) cryin'?  G
Get him (Don) out.  G
He's (Don) sad.  G
(Cathy) Take him (Don) by the hand.  G
(Cathy) Go and play with him (Don).  G
(Cathy) Take him (Don) by the hand.  G
He (Don) loves you.  G

(Cathy) take him (Don) to the ball.  G
See he (Don) stopped cryin.  G
(Cathy) Uh oh pull him (Don) up.  G
He (Don) can get up.  G
He (Don) can get up by himself.  G
(Cathy) Say Don get up.  G
That's o.k. Brenda can help you.  G
Get up Don, get up.  G
Get up, (Cathy) tell him (Don) to get up.  G

It might be his (Don) shoe.  G

Then he (Don) can get up o.k. and then he can get up by himself, o.k.?  G

(Cathy) Tell him, come on Don and he goes.  G

I think he doesn't like to be hold, o.k.?  G
Just let him go and you just see that he (Don) plays with you, o.k.?  G
Look, he's better like that, see he doesn't like to be hold.  G
Cause he (Don) likes to do this with his hands.  G

Cathy, you take him (Don) and xxx.  A

Ah, that's o.k., what happened?  G
Leave him alone (Cathy), he (Don) can walk by himself.  G
No, he (Don) can do it.  G
He's gonna go, you go, he's (Don) go after you (Cathy).  G
You put him in?  G
You put him in Cathy?  G
Now you follow him.  G

Good Don.  A
Come on Don.  
Good Don.  

Joe is next, let's take our turn.  
All right Joe!  
All the way Joe!  
One at a time.  
Take your turn.  
You can go but take your turn.  

Hey champ you made it out!  (Joe)  

Look at Cathy pushing, bye!  

Don you want to ride?  
Don you want to ride?  
Ask him, you wanna ride?  

Put your head up Don.  
Very gentle, she (Cathy) wants Don for herself.  
Don can be a friend to everybody.  
See, they all want Don.  

Uh oh Turbo we don't need that.  
Maybe we do. (Don getting on toy with Sue)  

I think that's to sit down.  
Cathy it can't be all for yourself.  

O.K. now you're (Alice) all set.  
Tell her she can sit.  

Sue walk to the playhouse for me.  
I try to get her to walk as much as possible.  

Get up. (Don on slide)  
Yea! (Don down slide)  
Clap! (Sue when Don down slide)  
Sue go up and down.  
Look Don.  
Yea!  
March 19, 1990  Integrated free play  Adult verbalizations

Let Cathy do it.  A

Look how cute.  A

Look you can go under there.  (David and Don)  A
Whoa!  A
Y'all be careful.  A

Cathy wait just a minute.  A

You don't like that huh?  No.  (Sam)  A

Snap your pants (Crystal) and then you can go play with Don.  A
Let me snap your pants o.k., now go play with Don. Go ahead.  A

Give me five, give me five.  A
You know how to do a high five?  (Joe)  A
You (Joe) don't know how?  A
Alright.  A
Watch me.  A
Come see I'm going to teach Joe to do a high five.  A
Watch, look, high five.  A

Let Crystal have a turn to herself.  P

She knows she's on film.  (Nan and Alice)  A
May 7, 1990  Integrated free play  Adult verbalizations

Nan! A

Morning Brenda, how are you? A

Joe good moring. A

Brenda don't put it in the pile. G
Pick it up. G

Come see Joe. A
Come play with this. A
They got a xxx in there. A

Mike, over here Mike. G
He went that way? G

Around the corner. A

Brenda you see him drinking out here? G

Come on Mike. G

He was on the side of the building. On the side of the file cabinet. A

Sue! Sue! Hi! A
Sue- Hi Sue, Sue. A

Hi Sam. A
Hi Sam. A

Look how cute. (Joe) A

Come here Sam. A
Show everybody hello. A

You want a sweater? A
Well turn around and smile for the camera. A
Turn around and smile for that camera. A
Sam. Hi there Mr. S. Give me a smile Sam. A

Mary, watcha doin? A

Sue! Sue! A

Ken you want to help Sue slide? G
Appendix H
Ethnographic Interviews

Interview with the teacher of the disabled children

How would you describe the way you think the kids interacted?

Uh - do you mean like helping them to do things?

Any description - in other how did they interact with each other - in your opinion?

Uh first I think that they were real protective of them - I think they would help 'em get up the slide or help 'em do this - uh but I feel like later in the semester on toward the end of it they didn't see 'em as little handicapped kids maybe - but just regular kids and they just played - they would talk to them normal - they just saw them as regular people.

That's interesting - so you there was a change in how they interacted?

Uhhuh - maybe right at first they were a little bit protective - because maybe Joe with his patch they knew he was different - Sam in his not being able to move motor wise - but they still love to stroll Sam - even at the end - but with the others they even interacted more with them - but one thing I remember seeing is that Cathy, you know how she used to try to set Don to do things with her - I just think she got tired of doing that - I don't remember seeing her do that toward the end of the school year.
That's interesting- I wonder why?

I don't know- unless her little patience just ran out with Don- or she just kind of got- you know it was kind of new at first and Miss G. would push her to go to Don "go give the bell to Don" - that's what she would say- but toward the end I don't know if we all just let that go and do what they'd do on their own without prompting Miss G.'s kids to do that - but I would think Cathy didn't wanna seem to help Don or interact with him too much at the end -

I noticed that when they came in to the pretend area it seem there was less affectionate behavior - do you feel the affectionate behavior is declining in general?

I see the affection less - now I do remember at group time-when 2 of Miss G.'s would come in they didn't even uh like -if they sat by Mary they didn't raise her hand anymore- they used to- I guess- I can't- I don't have an answer for why they stopped but I just noticed that they did-

Have you noticed that it appeared that the CDC kids were talking more to each other but not to our kids?

About them not talking as much to ours? They would with Mike and they would with Mike because he's so social and he's gonna try to talk anyway - Joe was not very sociable and he's the one who could talk the
best and he didn't- so I didn't see a lot of interaction and talking to Joe- the only thing would be like if he was on the slide and somebody would go in front of him and knock him down he'd go "no"- scream "no" or something.

When they do talk to our kids do you notice any pattern one way they talk to our kids, or one kind of reason?

Well right at first I can remember little Brenda like "how ya doing Sam?" - like little babies- like they were babying them- like they were protective of them- it was just a big change - it seemed like they weren't "babifying" them anymore- letting them be just like them- I didn't really notice it at the end-

Anything you think has affected interaction? Any places, materials, any variables that makes it better, worse?

Uh- like anything I've read?

No, just in your watching their interaction - are there anythings that make a difference in their interactions-like if they're inside or outside, or toys versus, in the big part of the room?

I find that when we put these toys out here there seemed to be- I know our children would go to the toys- of course Miss G.'s kids would did too - so I found they had more interactions when they put the imaginative centers up here- versus just havin the uh climbin thing in
the middle and the balls and the swings and the slide - I think this out here gives you more opportunity to communicate - just more - not better - and I think better - like what do you talk about in that thing?

When you have them for group anything important you noticed in group?

No- I have to say it again- at first I noticed that they would raise their hand and they would say- when I say "where is Mary?" they'd say- "she's right over here- there she is!" A couple of times toward the end little Brenda and Cathy would say it but more of the rest of -em- I think what it was - to me they felt a part of the whole class.

What do you feel the goals or objectives of this (integration) are supposed to be?

I wasn't told anything real specific but in my little teacher observations this may be mumbled up a little bit- but I think they want the objective is to have the child in the most normal setting as the child can possibly be in - and I think the real severe need their routine but they need to be able to be integrated certain times - but I think that the goal is as much normalization. as you can have - because you know Mike he uh maybe Joe, they're little higher functioning anyway and I just think they need to be around those that - all they do though.

What do see - as having been some of the real advantages of this?

They're around walkers and talkers- and far as behavior - some of theirs, I say they misbehaved, but they were
just normal two year old- they did
two year old things- throwing and
biting and all that kind of stuff -
but just that ours were exposed to
those that walk and those that talk-
it's kind of like it makes kind of
makes 'em - kind of pushed - they're
pushed and little bit they have a
purpose - kind of like I see this
one walkin and I'm gonna get up - I
just feel like it really motivated
Joe to get up and go -
cause maybe he felt like he didn't
want to be left behind - you know may
be not - it may not be but it could be-

That's a good point.

And I feel like may be perhaps with
Don- if Don were not around those
children-see our children don't know
to go get Don and take him by the
hand- you know and all Miss G. told
Cathy to go get Don and all and
it's like they're determined to make
ours be like them- I think had those
children not been over here Don-
Don may not have- he's givin some
eye contact to these kids and he's
even uh-uh, lookin at some toys now
where he didn't do that before- he
didn't do that but those kids got
over here.

That's interesting.

Now he's uh- he's still got a long
way to go but I thing that it
benefitted everybody - When you've
got that many babies in here- you
know like when Sue would come and
she would be crying ["jI jI"] and
stuff- just to kind of like ignore
that and let her go on- the others
ignored her- and finally she would
quit- because these babies have been
babied so much and protected so much
that that was probably a point to let
go-

Do you feel that there are
any kinds of interactions
you all have wanted the kids
to have? That you all feel
have been facilitative - are
there any particular kinds
of interactions you all have
wanted the kids to have - and
may be taught reinforced?

I can't think of any right this
minute - what do you mean by type of
interaction?

Any ideas about how the
kids should interact - any
ways you all would prefer
them to interact?

You mean like socially - you mean at
play? I think just just uh - just you
social interaction - it was all good
to me - it was all positive to me - uh.

What would help, or what
would have helped in terms
of preparation?

First of all to let me know what was
gonna go on - instead of just - uh
just this went on after the babies
got here and you've got to have some
preparation time - some inservice - on
what you want - and how we're supposed
to do it - and uh - we didn't have the
preparation before we were thrown - it
was put in our laps and this is how
we have to do it - and I just think if
they could have just told me - us -
everybody before and uh maybe given
us a little inservice - because they
want you to do something but you do
the best you can.

Do you see some differences
in regular education and
special education teachers?

Well as far as Miss G. is concerned
- I think she's a lovin person - but
as far as regular ed and special ed
I think you have to teach a little
different uh - you just have to be
aware that things are goin be slow-
they're progress is just not goin to
be the quickest in the world- but as
far as their teachin- like if ours-
some of ours were to go into Miss
G.'s classroom- she would have to be
inserviced on Joe's behavior or
Mike's stubbornness, or all those
things, because that is part of his
IEP and it has to be addressed over
there.

Did you notice any pattern
at all in terms of who the
adults talked to- when adults-
when did adults feel they
needed to talk - when did
the adults talk to the
children.

The parents?

No, any of the adults to
any of the children.

The mothers you mean?

No, any of us- any of the
adults-

O.K.- maybe when one child would get
hurt or one child would snatch
something or somebody would cry- we
wouldn't really talk to Mary we'd
redirect her - Nan the same way-
Don was always right up under your
feet- we were always redirecting
him-uh-uh- maybe if during- not
necessarily during a recess or free
play time - in something planned-
like an obstacle course that day we
had to give directions and all- and
then we visually showed them how to
go - but as far as havin to talk to
them -I can see myself talkin to Joe
to say"go play" or "Don go play" or
something like that but as far as the
others it was more disciplinary stuff
like "Don't do that" uh- what's his
name- David- or "Don't push Sam
so fast"- it was more of a discipline
type thing-
So when they were out there in free play what were the teacher's roles?

Just to monitor those areas and make sure that they kept the toys where they were supposed to and the balls in this area - kind of like being on duty- just watching- just to make sure that nobody got hurt- and that none of ours- none of anybody's, you know put anything in their mouths they weren't supposed to.

Appendix

Interview with the teacher of the nondisabled children

Well tell me about- I wasn't able to videotape when the kids came in your class and I was wondering- tell me your impressions - how did that go?

I think it went very well- of course K. was with them and she knew how much they can progress you know. So they were sitting at the table - at different tables mixed with ours - and we were building and they built - and we played dough and then did like all normal toddlers - sometimes then put it in their mouth. The playdough - mine do that too- so we just said "no"- this is the way we do it - let's make ball and let's roll it - pat it and I think they did exactly like we do- they just joined in perfect.

Good- who all came?

Very well. That's one thing I didn't like- they changed- I thought it was always gonna be the same ones- to be continue - for the children to know this is your room and this is where you come- but first of all it
was just Monday, Wednesday, and Friday- it should have been everyday- but anyway- then another thing was- that is was one day the xxx ones- Mike, Sue and Joe- which are the things I think could have picked up from the program - but then the other time they sent 3 others- whoever- you know they send some- even Mary - they sent some who wouldn't relate along as much- so that probably wasn't that good-

So you've had two sets of children.

Yes- and I think it should have been everyday and the same set of children-

I think they're having meetings right now for this to work out more ideal next year.

Definitely- even for the children - the children need to know that this is their teacher and this is their room- that's what I was thinking of for next year- and then also - mine would go to hers - is that the way it will be?

I don't know- no one has told me officially-

But also I was wondering that P. doesn't have equipment I have here - how are mine- my regular toddlers- goin to do over there? She needs manipulatives, playdough, and all the things that we do - you know- and the teaching aids that we do here so they will do it over there- and another thing I was thinking - is that like Joe, Mike, and Sue for me - what I have seen - those should be the one's passing to me in my room - instead of to another three year old class in another school or in the child development center because they
will be three but their mentality is 20 - 24 months - it's exactly what I'll be having in September - they will be just right - introducing them into color painting, play dough, finger painting. Now mine have already been introduced - it's a little bit hard because mine already know how to glue pictures - in the beginning I put the glue on the page and they just slap it - now they do it themselves - that was a little bit hard for Mike and them - that first day they were gluing - doing art work. In September nobody knows anything - many of those toddlers have never had any idea of this - at home you know - then don't have time for all that the parents - so we introduce them to finger painting, to all this manipulative and then you know they were right in - may be the children now that were in will be..... if they come two years old but maintain 3 months like Mary they just need a 1 to 1 person to take care of that situation.

Well I think the philosophy is that all children benefit.

Yeah I saw Mike - he started walking and climbing like David - following the worst of the class - I mean - the real toddler boy - and he had the image - it looks like they became follow the leader.

Let me ask you this - you're a real good observer - how would you describe the interactions between the CDC children and ours?

Well I think the child development center we play with the children to teach them to play - here they just let the children learn by their own - and there's no child that learns by their own - I learned that
by my great aunt - my great aunt lived with us and she always taught us to play - I mean - we prepared coffee - when my kids came in in the morning I say "Prepare some coffee for Ms. G. - and they go - the first few weeks I went and made and stirred it and make believe and they copied me after that - but I started it - I play with them - I don't sit them the toys and they're supposed to know - over here - I find they don't teach them - they think they should know - no toddler knows - they'll throw the cup and the plate you know - go here - when Mike and them came I started like it was the first day of the year - new - o.k. - "that is the way we stir" - and he did good - I think they they acted like normal toddlers - really if it wasn't for the physical looks - some of them its just regular - maybe a little slower.

When you have just your kids do you notice anything different than when they're with our kids.

Definitely.

Tell me about that.

When thy are by themselves - it's like when the others come it's like hostesses - little hostesses - compassionate and tender - when they're by themselves I guess - because it's visiting time - o.k. now I don't know if when their children are coming here regular I don't know if it will different - but right now these are little visitors - and they're very compassionate, tender - "come, we're gonna show you this, we're gonna play with this" - but I don't know if what's gonna happen if they're all in the same group all year round - because it happens at the
beginning of the year with regular, normal toddlers - one is mommy to the other - and they're so tender - and I say to myself - "this is a good year - and I say G. - remember this is just the 1st 2 weeds - after that" o.k. I know you're like this, and I know I'm like this - and I'm gonna get this toy out from you so that's when the fighting and everything starts.

So your kids are like that in the beginning to each other?

Yes - that's what they're doing over there - it's like visiting - and they are very tender - because they're visiting - you know they're smart they realize it's not everyday - but if it's everyday they know that that one takes this toy from me everyday so I'm gonna take it before he gets it.

Now that's when they're in here - but how about when they're out there?

The same thing.

You think that's the same?

Yeah - especially some - like Cathy was very, very tender - very compassionate and I would have seen that characteristic on her unless she had those children - I think she was like that in the beginning - because she always took to Sam and to - he had his patch on his eye - she looked very compassionate and loving and tender because they were - I'm sure - because she was like that all the time out there too -

Have your kids ever said anything about ours?

No - not a thing.
They don't question you?

It seems to be that the CDC kids don't talk to our kids - they interact with them but they don't talk to them.

I think they feel - that may be - they haven't said anything because children are so loving they take everything as it is - that they feel they don't know how to talk - so they treat them like babies - they baby them they are like mothers to them. That's what I think their image is - I'm the mother to this one - and I never told them that - I called them "new friends" - not "baby friends" or any other names - I say "let's visit our new friends" - because I have to say something - because we have to go to the other room and come here - so I have to introduce them some kind of way - I think they think they're just babies - and none of them say too much so they think "why talk to them?"

When they're in here by themselves do they talk to each other?

Yeah - they talk to each other - like if they're preparing for kitchen - "pour the milk her " - you know - things like that.

How were you all prepared for this integration?

I guess there was very little preparation and there should have been more - been much more - on both sides definitely. A workshop is what is really necessary - with all the teachers - like Ms. D. - that can teach us what to expect of regular toddlers - you know because I find that this special education hasn't had dealing with regular children - and many of what they do is what our
children do - they have to know that.

What type of preparation do you think teachers need for this?

Well a special ed teacher should know what regular toddlers do - what to expect of them - that xxx they have - they all have that - you know - they cry when they're hungry - they always cry 1st the 1st few weeks - from one thing to another - even if it's juice time - and they all love juice and crackers - but they don't want to be changed from one thing to another - that's normal in all toddlers - handicapped no different so the teacher should know this is a normal reaction - many of their reactions I find is normal for the regular toddlers.

Any other observations you have about the children interacting together.

I think that most of it is follow the leader - they follow the others, and that's good - and that's what it will be in the beginning - but I think later on they'll do their things - like Mike his his own personality and Joe no doubt -I'm sure will turn on leadership himself - and will do his thing and others will follow him if he'd been here all day.

Have you noticed that some of our kids are resisting the help?

Yes! Yeah! And that's good - very good - they get mad - like a normal toddler - it's me it's me it's me - I'm gonna pull up my pants even thought I don't know how - and you have to let them - it's me - by myself , by myself - because that's how they want to start doing it all by themselves.
Uh-huh.

They are turning from being babies to being on their own - independent - and I think Mike is getting into that and Joe no doubt.

You know how we've integrated them in different areas, at different times - have you noticed any differences in how they're integrating depending on this?

Well - what we really - by Ms. D. what I've always been taught is imaginative play - a lot in toddlers - they take a block and they tell me "look Ms. G. - ice cream cone" - and over there the ice cream cone is already there - they don't work on imagination that much - and many things like that - the toys today are like that - they're already there for the child to learn - but really to learn - but when they build they build an airplane but it's just from plastic we have - I mean it's just unreal what they come out with - that's what I find - that those are too structured - this is the center for ice cream - and the children don't have to make a block ice cream - they are not led together - that is o.k. to have it but out there - but in here they have to use their imaginations.

Do you feel like you've noticed any other things that have affected integration - made it better or worse?

I think the times we were together it has been just beautiful - it has been just lovely - but I know it would be much better program if we knew exactly what the goals are, how to interact with the children before we
get the children - definitely.
VITA
MARY BETH ARMSTRONG

I. PERSONAL INFORMATION

NAME: Mary Beth Armstrong, M.C.D., CCC-SLP

BIRTHDATE: August 13, 1953

MARITAL STATUS: Married 17 years - 2 children

RESIDENCE: 106 Garden Circle
Thibodaux, Louisiana 70301
(504) 446-3756

II. EDUCATIONAL BACKGROUND

1971- Graduate, Alleghany County High School
Covington, Virginia

1971-73 Attended Wake Forest University
Winston Salem, North Carolina

1973-74 Newcomb College of Tulane University
New Orleans, Louisiana
B.S. - Speech and Language Pathology

1974-76 Louisiana State University Medical
Center (LSUMC)
New Orleans, Louisiana
M.C.D. - Speech and Language Pathology

1988-91 Louisiana State University
Baton Rouge, Louisiana
A.B.D. - Speech and Language Pathology

III. PROFESSIONAL EXPERIENCE AND PAID CONSULTING

1989- present Lafourche Parish School System
Handicapped Infant Program
Thibodaux, Louisiana
Consultant for speech and language
services and curriculum design.
Responsibilities: Participated in
multidisciplinary evaluations of
handicapped infants 0-3. Provided home-based and center-based consultative services, and assisted in curriculum design for the center-based program.

1980- Present
Nicholls State University
Department of Speech
Assistant Professor and Clinical Supervisor (Tenured)
Responsibilities: Taught the following undergraduate level courses: Normal Speech and Language Acquisition, Assessment and Management of Language Disorders, Phonetics, Public Speaking, Assessment and Management of Fluency Disorders, and Assessment and Management of Voice Disorders. Also responsible for clinical supervision of undergraduate students, advising and recruiting of new students, ordering of materials and supplies, and served as NSSLHA advisor.

1977-80
Louisiana State University Medical Center
New Orleans, Louisiana
Department of Audiology and Speech Pathology
Instructor and Clinical Supervisor
Responsibilities: Planned and supervised graduate students' clinical practicum. Supervision sites include LSUMC'S Speech and Hearing Clinic, Charity Hospital of New Orleans, LSUMC Therapeutic Nursery emotionally disturbed or children 0-5, and the development program for high handicapped infants 0-3.

1976-77
Jefferson Speech and Language Center
Metairie, Louisiana
Responsibilities: Provided diagnostic and therapeutic services for children and adults with a variety of communication disorders

IV. TEACHING EXPERIENCE
Other than Nicholls State University (NSU)
1977-1980 Louisiana State University and Medical Center
Pathology
Instructor
Responsibilities: Taught a graduate diagnostic methods class for entering students with no speech-language experience.

V. EMPLOYMENT AT NSU

1980-Hired as Assistant Professor
1988-Tenured
1990-Promoted to Clinic Director

VI. COURSES TAUGHT

SPCH 101 Fundamentals of Public Speaking (3 hours) The delivery of carefully prepared speeches; audience analysis, outlining, and adapting researched subject to common speaking situations; production of voice, articulation, pronunciation and body activity.

SPAU 279 Normal Language Acquisition (3 hours) A study of the nature of language development across the life span.

SPAU 327 Phonetics (3 hours) A course designed to teach the International Phonetic Alphabet, broad transcription, and transcription of deviant sound production.

SPAU 384 Articulation Disorders (3 hours) The causes, development, assessment and management techniques for articulation disorders.

SPAU 386 Fluency Disorders (3 hours) The causes, development, associated manifestations, testing procedures and management techniques for stuttering; preventative measures and counseling techniques included.

SPAU 397 Voice Disorders (3 hours) The nature of voice disorders, causes, evaluation and management procedures.
SPAU 416 Clinical Orientation and Practicum (1 hour) Introduction to clinical practicum, observations and supervision of clinical practicum with children and adults in the Jo Carol Nolen Speech, Language and Hearing Center and the Lafourche Parish Handicapped Infant Program.

SPAU 508 Language Assessment (3 hours) Graduate class focusing on standardized and descriptive assessment of language.

VII. CURRENT PROFESSIONAL MEMBERSHIPS

American Speech, Language and Hearing Association.

Louisiana Speech and Hearing Association

VIII. PUBLICATIONS


IX. PAPERS


X. SEMINARS AND WORKSHOPS


"Assessment and Management of fluency disorders." Speech and language therapists, St. Charles Parish. Fall, 1982.


"Assessment and management of fluency disorders in preschool children." Speech and language therapists, Terrebonne Parish. Spring, 1987

XI. CONTRIBUTED CONSULTING AND PUBLIC SERVICE ACTIVITIES

1985-1986 Speech and Language Screening at the Little School, First United Methodist Church

1988 Speech and Language Evaluations - St. Rose Primary School, St. Charles Parish

1986-1988 Service League member

1988 Conference planning committee. "Fluency therapy with young children." Ochsner Foundation Hospital, New Orleans,
Louisiana

XII. DEPARTMENT SERVICE ACTIVITIES

1980-present
Ticket Sales - Nicholls Players production
Extemporaneous speaking judge-Literary Rally

XIII. UNIVERSITY SERVICE ACTIVITIES

1980-present Speech 101 screening
1986-1988 Homecoming Committee Display Judge

XIV. HONORS AND AWARDS

1976 Outstanding Student-Department of Audiology and Speech Pathology, Louisiana State University Medical Center.

1976 Dean's Award-Outstanding student in the School of Allied Health Professions, Louisiana State University Medical Center

1989 National Student Speech, Language and Hearing Association Honor Advisor.

1989 American Speech, Language and Hearing Association Award for Continuing Education
DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: Mary Beth Armstrong

Major Field: Communication Disorders

Title of Dissertation: Ethnographic Investigation of the Integration of Disabled and Nondisabled Two Year Old Children.

Approved:

[Signature]
Major Professor and Chairman

[Signature]
Dean of the Graduate School

EXAMINING COMMITTEE:

[Signature]

[Signature]

[Signature]

Date of Examination:

April 22, 1991