10-2016

Early Social Communication Indicators of Autism Spectrum Disorder and Transitioning Students with Special Needs from Early Childhood Special Education into Kindergarten

Rachelle M. Schaust
ham.rachellem@gmail.com

Early Social Communication Indicators of Autism Spectrum Disorder

by

Rachelle Schaust

A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science in

Child and Family Studies

August, 2016

Starred Paper Committee:
Jane Minnema, Chairperson
Shannon Rader
Janet Salk

Dedication

This paper is dedicated to my husband for his consistence in motivating me and providing me

with continuous love and support.

Acknowledgements

This starred paper would not have been possible without the love, support, and encouragement I received from my husband, family, and friends. Thank you for supporting me and pushing me to complete. I will forever be grateful for the encouraging words as well as the time and space that was provided to me. I would also like to thank my dog, Denver, who was literally beside me through many hours of typing and researching.

Thank you to Jane Minnema, Janet Salk, and Shannon Rader for serving as members of my committee. I received many encouraging words that provided me with hope that I would finish. The time spent editing my papers and meeting with me is highly appreciated.

Lastly, I would like to thank the St. Cloud Writing Center for spending several hours with me to "polish up" my paper.

Table of Contents

Page

List of Tables

Chapter 1: Introduction

Overview

Autism spectrum disorders (ASD) are lifelong developmental disabilities defined by diagnostic criteria that include deficits in social communication, social interaction, and restricted, repetitive patterns of behavior, interests, or activities. Signs and symptoms typically are apparent in the early developmental period of a child but the social deficits and behavioral patterns might not be recognized as symptoms of autism spectrum disorders until a child is unable to meet social, educational, occupational, or other important life stage demands (Baio, 2014).

The Education of All handicapped Children Act (EAHCA) was passed by Congress in 1975. The EAHCA was reauthorized in 1990 as the Individuals with Disabilities Education Act (IDEA). In 2004, the Individuals with Disabilities Education Improvement Act, still commonly referred to as IDEA, continued to be the framework of the delivery of special education services in U.S. schools. Each version of IDEA is an extension of the civil rights movement that guarantees all students with disabilities are provided free and appropriate public education (FAPE). In 1990, policymakers added autism as a separate disability category to IDEA. Prior to the change, children with autism were served under other eligibility categories or may not have been found eligible for services. Fortunately, the education and treatment of individuals with autism have undergone positive changes. With increased knowledge, the public school system is now better able to provide an appropriate learning environment for these students.

A diagnosis of autism can come from the medical and educational realms. A respected resource for diagnosis is the Diagnostic and Statistical Manual of Mental Disorders *(DSM-5.)* It updated the criteria for autism spectrum disorders. The previous domains in the ASD criteria

consisted of: (a) communication, (b) social interaction, and (c) restricted interest and repetitive behaviors. The new domains for the DSM-5 have two areas of impairment: (a) social interaction and social communication, and (b) restricted interests and repetitive behaviors. To receive a medical diagnosis of autism, an individual must display two out of the four impairments under the restricted interests and repetitive behavior domain and all three impairments under the social interaction and social communication domain must be displayed for a total of five out of seven of the possible impairments. Appendix A contains a full description of the DSM-5 Criteria.

A person can be eligible for special education services for autism spectrum disorders either medically using the DSM-5 Criteria or educationally. The Center for Autism Research states that educationally a school uses a multidisciplinary team to determine eligibility. The team must determine if the student is eligible for services under IDEA. Some states follow the medical definition of the DSM, but it varies from state to state. The main difference between educational and medical diagnosis is the educational diagnoses needs to show an impact on the student's ability to be successful in the school setting.

Statement of the Problem

According to the Center of Disease Control (CDC), autism prevalence is increasing each year. The importance of early identification is crucial to helping people with autism spectrum disorders. Yet, the difficulty in early identification in the areas of social communication for children as young as one or two years old can hinder the provisions of early intervention services. An early diagnosis of autism allows for a child to receive and benefit from early intervention, which can increase cognitive and adaptive functioning. Families become better educated and are able to monitor early signs of autism and related concerns through early

intervention (Zwaigenbaum, Bryson, & Garon, 2013). Thus, this paper's purpose was to

examine research on identifying the early indicators of social communication in autism spectrum

disorders.

Importance of the Problem

In 2000, the Centers for Disease Control and Prevention (CDC) established the Autism

and Developmental Disabilities Monitoring (ADDM) network to collect data that would provide

estimates of the prevalence of autism spectrum disorders as well as other developmental

disabilities in the United States. Tracking the prevalence of autism spectrum disorders poses

unique challenges because of its complex nature, lack of diagnostic biomarkers, and changing

diagnostic criteria.

According to the CDC prevalence data, autism spectrum disorders affects 14.7 per 1,000

children or 1 in 68 children by the age of 8 years old. Approximately 80% of all children

meeting the ASD surveillance data had either eligibility for special education services or a

DSM-IV diagnosis documented in their records and 81% of boys had a previous ASD

classification on record, compared with 77% of girls. Among 5,280 children with ASD for

whom data were available, nearly 82% of Caucasian children had a previously documented ASD

classification, compared with 78% of African American children and 75% of Hispanic children;

however, no significant difference was found when comparing the proportion of African

America children with a previous ASD classification to the proportion of Hispanic children.

As the prevalence of autism continues to increase, teachers and parents need to be aware

of the early indicators of autism spectrum disorders. Understanding what to look for and what to

be aware of will help the process of identification at an earlier age. Early identification allows

for children to receive early intervention at a younger age. Evidence-based interventions have a strong influence on the success of the children (Lubas, Mitchell, & Leo, 2015).

Research Question

To address the purpose of this paper, which was to explore the early social communication indicators in autism spectrum disorders in children through age 5, I posed the following research question.

1. What are the early social communication indicators of autism spectrum disorders in children before age 6?

Research Review Procedures

For my literature review, I limited my research to include studies that involved children under the age of 6 and were conducted in the past 10 years. I utilized the St. Cloud State University electronic system where I searched for peer-reviewed journals. I searched a variety of terms related to autism spectrum disorders, social communication, and early identification. I used these search terms either individually or combined: *autism spectrum disorder, social communication, early interventions, prevalence, social therapy, DSM -5, speech and language, social interaction. joint attention, imitation.*

Definitions

Table 1: Definitions

TERM	DEFINITION	SOURCE
Joint Attention	Spontaneous behavior that demonstrates an infant's ability to share enjoyment with an object or another person by shifting gaze or pointing	Cangialose & Jackson Allen (2014)
Gaze Shifts	Frequency with which child shifts gaze from object to person's eyes and back to object, or the reverse	Landa, Holman, & Garrett-Mayer (2007)
Diagnostic and Statistical Manual (DSM)	Published by the American Psychiatric Association (APA and is used by mental health professionals to diagnose mental and behavioral conditions	Autism Speaks (n.d.)
Retrospective Studies	Studies that focus on parent report or examination of early home videos	Zwaigenbaum et al. (2013)
Developmental Disabilities	A diverse group of chronic conditions that is due to mental or physical impairments	Autism Speaks (n.d.)
Social Reciprocity	The back-and-forth flow of social interaction. The term, reciprocity, refers to how the behavior of one person influences, and is influenced, by the behavior of another person, and vice versa	Autism Speaks (n.d.)

Conclusion

The category of autism spectrum disorders was added to the Individuals with Disabilities Education Improvement Act in 1990. Currently, prevalent data show that 1 in 68 individuals are diagnosed with autism. The ability to identify people at a younger age and provide early interventions to help individuals with autism is critical. This paper identifies research that has helped identify early social communication deficits

Chapter 2: Literature Review

Overview

The purpose of this chapter is to review the literature that examines early identification of social communication deficits related to autism spectrum disorders (ASD). This paper begins by identifying retrospective research studies followed by prospective studies. It continues to look into early screening and finish by going over the early indicators of social communication deficits.

Research examining early development in autism spectrum disorders has changed over the past years from mainly retrospective designs to prospective longitudinal studies of at-risk infants. The retrospective research designs focus on parent report or by examination of early home videos have found great insights that have helped early detection strategies. Screening has played a large part in identifying early signs of autism. Screening can help identify ASD in children as early as 18 months. The research and screening found that deficits in joint attention and imitation have proven to be the first signs in early identification of social communication deficits in autism spectrum disorders.

Retrospective Research Studies of ASD

The retrospective research that Zwaigenbaum et al. (2013) examined used parent report and home-videos. They found that infants that have been diagnosed with autism spectrum disorders can be distinguished from infants with typical development in the first 2 years of life based on early social communicative behaviors. Data collected by retrospective parent interviews and questions have focused on broad categories such as delays in speech or lack of

social-emotional response. The retrospective research shows that symptoms of autism spectrum disorders were present before many children were being referred clinically.

The analyzes of home videos allowed the field to move forward by using standardized criteria by comparing groups of children who are typically developing and children with developmental delays (DD). The reports from the home videos showed that by age 12 months children with ASD can be differentiated from those with typical development or developmental delays by differences in communication behaviors. This study concluded that there was a lack of joint attention due to reduced/atypical orientation to people's faces, lack of responding to name, reduced eye contact, reduced positive affect including social smiling, and fewer communicative gestures including declarative pointing (Zwaigenbaum et al., 2013).

Prospective Studies of ASD

The prospective studies of high-risk as reported by Zwaigenbaum et al. (2013) stretched the findings from retrospective research by indicating differences in trajectories of early social and communicative behaviors. The prospective studies helped show an understanding of how early the appearance of autism may show in social communication deficits. Early behavioral trajectories used the frequency of gaze to face, directed social smiles, directed vocalization per minutes, and the quality of social engagement during the administration of the Mullen Scales of Early Learning in high-risk and low-risk infants between 6 months and 36 months. Reports showed that infants diagnosed with autism spectrum disorders were slightly different from typical developing infants at six months but then showed declining trajectories from age 36 months. Typically developing infants showed stable or increasing trajectories over the same period of time. No social-communication markers specific to ASD were identified at 6 months

but several differences were observed at 12 months such as decreased social interest and affect, social smiling, orienting to name, imitation, and atypical eye contact as coded by the Autism Observation Scale for Infants. Recent studies have shown subtle social-communication differences as early as 6 months in high-risk infants compared to low-risk infants, such as: reduced spontaneous orienting and early infant–parent interactions (Zwaigenbaum et al., 2013).

Screening for Autism Spectrum Disorders

The American Academy of Pediatrics (AAP) recommends routine screening for developmental problems at 9 months, 18 months, and 30 months. Screening for autism spectrum disorders should happen at 18 months and 24 months. Early signs of ASD are present in most children before 18 months. The identification of autism spectrum disorders relies heavily on the identification of delays in social interaction because it is hard to assess language development and imaginative play before 18 months (Cangialose & Jackson Allen, 2014).

Social and Communication Development in Toddlers

A study by Landa et al. (2007) was done to help identify the difference in the patterns of development in children who have been diagnosed with ASD early (14 months) to later (24 months). The study used the prospective design that included 125 infants that were high risk and low risk for autism spectrum disorders. Low risk participants had no known family history of autism spectrum disorders and high risk participants had siblings with idiopathic ASD. The study was used to see if there was a comparison between development of children 14 to 24 months with early or later diagnosis of autism spectrum disorders.

The participants in the study were tested at 6, 14, 24, and 36 of age. Using standardized assessments to measure the social, communication and play behavior, the assessments tools used

were the Communication and Symbolic Behavior Scales of Development Profile (CSBS DP), the

Autism Diagnostic Observation Schedule (ADOS), the Mullen Scales of Early Learning, and the

Preschool Language Scale 3. The DSM-IV criterion was used as a guideline for diagnosing

ASD. Competent professionals who work with children with autism provided input at every age

to determine if there were indicators of delays. The outcome decision was based off of: (a) blind

clinical researcher's examination of the diagnostic classification, (b) blind video review by other

professional clinical researchers from their own laboratory, and (c) diagnosis of ASD made by an

outside clinician.

The results indicated that the later and early diagnosis groups showed varying early signs

in the areas of shared positive affect, initiation of behavior, and initiation of joint attention. By

24 months, the later and early diagnosis groups showed similar social, communication, and play

behavior. At 14 months, the early-diagnosis group showed a significant decrease in all areas

assessed compared to the low risk participants. At 24 months, the early-diagnosis group

continued to show decreased skills in all areas.

The children identified with an early diagnosis of ASD showed irregularities in all

aspects of joint attention, initiation of communication with others, and in the variety of vocal and

non-vocal forms of expressive communication by 14 months. The deficits also showed

impairments in the ability to integrate into play and social engagement (Landa et al., 2007).

Understanding social and communication development helps professionals identify deficits in

children that could be indicators of autism spectrum disorders.

Imitation

Ingersoll and Meyer (2011) identified the relationships between imitation and other social communication skills in children with autism spectrum disorders. Twenty-three children with a clinical diagnosis of autism spectrum disorders participated in the study. The children in the study were between the ages of 24 months and 48 months and had their developmental levels, imitation skills, attention following skills, social reciprocity, and language and play skills assessed.

The study was broken into two different categories, structured-elicited imitation (MIS) and social-interactive imitation (UIA). The results showed that there was a lack of imitation skills in a social-interaction imitation compared to a structured-elicited imitation in children with ASD. There were no correlations between the MIS and UIA groups in relation to social communication. The developmental level and the child's skills in social reciprocity, and symbolic play correlated with the child's ability to imitate. The researchers concluded that children need to have social interest or motivation to imitate in addition to the developmental ability to imitate (Ingersoll & Meyer, 2011).

Joint Attention

As studied by Cangialose and Jackson Allen in (2014), joint attention is a spontaneous behavior that demonstrates an infant's enjoyment in sharing an object or even with another person. Joint attention is often one of the most recognized social deficits seen in infants and children with autism spectrum disorders. It can be observed when a child looks back and forth between a person and an object. In a typically developing child, joint attention can be seen by

8 to 10 months and is often seen as the infant follows the mother's gaze. Between 10 and 12 months a typically development child can follow a point by looking at objects when a person says, "Look." Children with autism spectrum disorders are not able to shift their gaze or respond to a point. If a child with autism does respond to the point, they often do not return their gaze back to the adult. A deficit in joint attention skills is the most significant red flag when screening for autism spectrum disorders (Cangialose & Jackson Allen, 2014).

Social Communication Skill in ASD– A Conundrum

Vernon, Koegel, Dauterman, and Stolen (2010) studied the social communication deficits associated with autism spectrum disorders. Social communication deficits are often believed to be the core of the disorder and remain the most resistant to change. Interventions that used motivational and social components can create meaningful changes in social functioning. However, without the capacity to derive pleasure of reinforcement from social interaction itself, children on the spectrum may opt for more immediate gratification through nonsocial endeavors such as sensory motor stimulation or preservative thematic interest. As children with autism spectrum disorders develop, they are continuously at a disadvantage in lacking the prerequisite skills needed to get to the next stage of social competence and independent functioning (Vernon et al., 2012).

Chapter 3: Summary

Autism spectrum disorders are affecting one in 68 children. Professionals in the field are consistently working to identify early indicators of autism spectrum disorders. Retrospective studies have helped identify early social communication indictors of children who have ASD by looking back and comparing home videos of typically developing children to children that have been diagnosed with autism spectrum disorders. The literature from my review found that infants with autism can be distinguished from typically developing infants within the first 2 years of life by identifying early social communicative behaviors such as the lack of joint attention skills.

Retrospective studies helped lead the field into prospective studies. Prospective studies focused on early screening of children who are at high risk for ASD. The results showed that infants diagnosed with autism spectrum disorders were slightly different from typical developing infants at 6 months (Zwaigenbaum et al., 2013). At 12 months the social communication indictors of autism spectrum disorders were observed such as decreased social interest and affect, social smiling, orienting to name, imitation, and atypical eye contact.

The findings from retrospective and prospective research have identified that early social communication indicators can be identified as early as 6 months. The most common indicator is deficits related to joint attention. Routine screening can be done at 9 months, 18, and 30 months to help identify early indicators of developmental delays. Screening for autism spectrum disorders typically happens at 18 and 24 months.

The study completed by Landa et al. (2007) identified the differences of development of children 14 to 24 months with early or later diagnosis of autism spectrum disorders indicated that

children with an early diagnosis of autism spectrum disorders showed deficits in joint attention, initiation of communication with others, and in the variety of vocal and non-vocal forms of expressive communication by 14 months. Children who were diagnosed with ASD later showed similar social, communication, and behavior skills by 24 months.

Ingersoll and Meyer (2011) identified imitation as a deficit in children with autism spectrum disorder by using a variety of assessment methods. The results from the study showed the children lacked social-interaction imitation. The child's developmental level and skill in social reciprocity are linked to the child's ability to imitate in that a, child needs to be motivated plus have the development skill to imitate.

Identifying early indicators of autism have helped the process of an early diagnosis of ASD. Social communication indicators are key to helping identify autism spectrum disorders. Across all the studies I reviewed, atypical joint attention is consistently identified as the most common indicator of ASD. Since joint attention can be identified in infants as early as 8 months by following a mother's gaze, early social communication indicators can better support the field in determining earlier, but yet accurate ASD diagnoses.

Conclusion

The literature identified the social communication indicators of autism spectrum disorders in children before the age of 6. Chapter 2 identified ways in which research, both prospective and retrospective, is collected to help identify social communication deficits in ASD. The literature review identified delays in imitation and joint attention. In Chapter 3, I summarized the literature findings on social communication indictors that affect children before age 6 with autism spectrum disorder. In conclusion, the studies selected for this paper showed

that early identification can happen through a variety of ways including screening, sibling research, retrospective research, and prospective research. From this limited literature review, it was found that early social communication indicator can be identified before age 1. Of equal importance, joint attention and imitation can serve as "red flags" when identifying early social communication deficits in very young children.

Chapter 4: Position Statement

Even though there have been mixed research in determining early ASD indicators, the positive findings from this points to the benefits from early identification in the social communication area of autism spectrum disorders. The literature I reviewed identified joint attention as one of the leading early indicators for social communication deficits in autism spectrum disorders. Imitation is also seen as in early indicator in autism spectrum disorder. Although the research is showing children can be identified as young as 6 months, I believe one must have great knowledge in child development as well as in autism to be able to identify a child as young as 6 months old. However, I believe there is solid evidence of the early indicators to help identify autism spectrum disorders before 24 months.

The research on ASD is continuously growing and has helped the awareness of the disability. Professionals in the field need to have a strong knowledge base in the area of early indicators to help with early diagnosis. Research has shown that early diagnosis of ASD can positively help a child receive early interventions. As a teacher who teaches students with autism spectrum disorders and takes part in initial evaluation in a school system, the research from this review will help my confidence in the field of autism spectrum disorders by understanding the early social communication indicators of ASD.

References

Autism Speaks. (n.d.). *Autism speaks, inc.* Retrieved April, 20, 2016, from

    https://www.autismspeaks.org/.

Baio, J. (2014). Prevalence of autism spectrum disorder among children aged 8 years-autism and

    developmental disabilities monitoring network, 11 Sites, United States, 201. *Morbidity*

    and Mortality Weekly Report, 63(2).

Cangialose, A., & Jackson Allen, P. (2014). Screening for autism spectrum disorders in infants

    before 18 months of age. *Pediatric Nursing, 40*(1), 33-37.

Ingersoll, B., & Meyer, K. (2011). Examination of correlates of different imitative functions in

    young children with autism spectrum disorders. *Research in Autism Spectrum Disorders,*

    5(3).

Landa, R. J., Holman, K. C., & Garrett-Mayer, E. (2007). Social and communication

    development in toddlers with early and later diagnosis of autism spectrum disorders. *Arch*

    Gen Psychiatry Archives of General Psychiatry, 64(7).

Lubas, M., Mitchell, J., & Leo, G. D. (2015). Evidence-based practice for teachers of children

    with autism: A dynamic approach. *Intervention in School and Clinic, 51*(3), 188-193.

Vernon, T., Koegel, R., Dauterman, H., & Stolen, K. (2012). An early social engagement

    intervention for young children with autism and their parents. *Journal of Autism &*

    Developmental Disorder, 42(12), 2702-2717.

Zwaigenbaum, L., Bryson. S., & Garon, N. (2013). Early identification of autism spectrum

    disorders. *Behavioural Brain Research, 25*, 133-146

Appendix A: DSM–5 Criteria

The following Diagnostic Criteria was taken directly from DSM–5.

Diagnostic Criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

   1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

   2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

   3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g, strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).

4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum

disorder and intellectual disability, social communication should be below that expected

for general developmental level.

Transitioning Students with Special Needs from Early Childhood

Special Education into Kindergarten

by

Rachelle Schaust

A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science in

Child and Family Studies

August, 2016

Starred Paper Committee
Jane Minnema, Chairperson
Shannon Rader
Janet Salk

Table of Contents

List of Tables

Chapter 1: Introduction

Overview

Transitioning from early childhood special education (ECSE) to a Kindergarten classroom can present many challenges for the child, family and the educational team. One of the major goals of ECSE is to promote the entry of young children into a Kindergarten classroom. Children that have been in ECSE are entering a new setting that is very different from previous settings. They are required to use previously learned skills in a new classroom setting while understanding new routines and rules. Children need to adapt to having less support from a teacher as well as meeting new peers all while functioning at a more independent level.

Families also have to adapt to the same changes as their children transition from ECSE to Kindergarten. They too need to learn new guidelines, schedules, and school personal while helping their child get acclimated to the new setting. Families are requested to help their child with the anxiety that comes with entering a new setting. Often times, the child's disability is reaffirmed through a special education re-evaluation process. Because the child is entering school-age special education services, and a new educational label may be given, which can be a trying time for a parent.

Finally, experts from both sending and receiving programs also are confronted with a variety of challenges. Professionals need to learn the differences in terms of eligibility criteria and how children are labeled. The situation is further complicated since the service delivery models and the family involvement vary between these two settings. If the transition from ECSE into the elementary school is not planned properly, the difficulties may become hurdles that can

undesirably affect the outcome of the child's success (Conn-Powers, Ross-Allen, & Holburn, 1990).

There are several areas to consider when transitioning children to Kindergarten. This paper provides successful tips and challenges to consider when transitioning preschoolers with disabilities into Kindergarten.

Statement of the Problem

The transition into Kindergarten signifies a variety of changes for families and children during this sensitive developmental period for young children (McIntyre, Eckert, Fiese, DiGennaro Reed, & Wildenger, 2010). Many parents and professionals are concerned with preparing children to transition from ECSE to Kindergarten. Entering Kindergarten is a new experience that is surrounded by the anxiety of having to leave a nurturing and familiar environment (Howard, 2008). The concerns about the transition can be intensified for parents who have children with special needs (Brout, 2008). To alleviate stress and provide a successful transition for a child with disabilities, it is necessary for parents and educational team members to develop a structured plan to support the child's success in Kindergarten.

Importance of the Problem

Rous, Hallam, McCormick, and Cox (2010) reviewed the evidence that the use of transition practices have an encouraging impact on both academic and social needs in Kindergarten. Efforts have been made at the state and federal level to support school readiness. The National Education Goals Panel indicated child readiness included physical health, emotional development, and an approach to learning, language, and cognitive development. Providing support as children transition from different school environments is an important

factor of school readiness. Programs for children with disabilities have underlined the use of specific practices to support children as they transition. In particular, ECSE has emphasized family-centered approach that engages families in the planning of the transition between programs (Rous et al., 2010).

Research Questions

To address the purpose of this Starred Paper, the identification of the challenges in transitioning young children with disabilities from ECSE to Kindergarten, I will answer the following research question.

1.   What are the recommended practices for transitioning students with special needs from early childhood special education to Kindergarten?

Research Review Procedures

For my literature review, I focused on studies that were related to the transition of students with special education needs. I used the Saint Cloud State University Library online system. My literature review search topics included; *early childhood education, transitioning to Kindergarten, tips for transiting from preschool to Kindergarten, parent recommendations, practices for successful transition, recommended practices for transitioning, school readiness, family involvement.*

Definitions

Table 1: Definitions

DEFINITION	MEANING	SOURCE
Constructive Program	Child-centered educational program	Daniels (2014)
Didactic	Teacher-centered educational program	Daniels (2014)
Behavioral Regulation	Paying attention, following instructions, and inhibiting prepotent actions	Daniels (2014)
Complex Medical Needs	Needs that require medical or therapeutic support to function	Briody & Martone (2010)
Typically Developing	Children who meet developmental milestones within the typical range of time	Welchons & McIntyre (2014)
Adaptive Behavior	Skills that are learned in order to function in everyday life	Welchons & McIntyre (2014)
Individualized Educational Program	The Individualized Education Program (IEP) is a written document required for each child who is eligible to receive special education services	Wrightslaw Special Education Law and Advocacy (n.d.)
Inclusion Model	Educational model where students with special education services are included within the general education setting	Conn-Power et al. (1990)
Separation Anxiety	Separation anxiety disorder is a condition in which a child becomes fearful and nervous when away from home or separated from a loved one—usually a parent or other caregiver—to whom the child is attached	Separation Anxiety Disorder in Children (n.d.)
Least Restrictive Environment	School districts are required to educate students with disabilities in regular classrooms with their nondisabled peers, n the school they would attend if not disabled, to the maximum extent appropriate	Wrightslaw Special Education Law and Advocacy (n.d.)

Conclusion

The transition from early childhood into a Kindergarten classroom can be challenging for families, the child, and the educational team. Each person involved in the transition is presented with different challenges. If the transition into Kindergarten is not successfully planned, children with special needs may struggle more than necessary. This paper examines research that has helped identify adequate transition practices.

Chapter 2: Literature Review

Overview

The purpose of this chapter is to review the literature that examines the transition of students from and early childhood setting into Kindergarten. This paper begins by identifying how children adjust to the Kindergarten followed by discussions of the needs of children with complex medical needs. My literature review continues by presenting how students from low income families struggle during the transition process to show how students with special needs who also from low income families may need more support. The literature review continues by reviewing parent and teacher involvement for children who have disabilities and those who do not. I specifically review a transition model that was created by researchers at the University of Vermont. I end my review of transition literate with researched-based tips for parents and educators when transitioning children with special needs from ECSE to Kindergarten.

Transition to Kindergarten

Daniels (2014) identified how children adjusted to Kindergarten after attending preschool. Thirty-five children, 21 girls and 14 boys, from three different rural/suburban preschools participated in the study. The preschools in the study were accredited by the National Association for the Education of Young Children. The children were assessed individually through interviews on their attitudes towards school, perceived competencies, and behavioral regulations skills. Teachers completed surveys on the children's adjustment to school. The parental guardians also took part in the study by reviewing the surveys that were returned by 30 parents. The children were first assessed in the spring prior to transitioning into Kindergarten

and then again after the children had been in Kindergarten for 1-2 months. The children in the study entered into 21 different Kindergarten classrooms across 12 elementary schools.

The children were assessed using the Feelings about School (FAS) measure that included the following subtest: Attitude towards School, Relationships with Teachers, Perceived Competence in Literacy, and Perceived Competence in Math. The Heads-Toes-Knees-Shoulders (HTKS) task was also used to assess behavioral regulation. The HTKS has children preform complex tasks that involves being instructed to touch a specific body part (head), but instead of following the instruction, the children are expected to do the opposite (toes). The children were also interviewed on their perceptions of Kindergarten as well as asked to participate in a maze task to show expectations for success. The classroom environments were also assessed by trained observers who completed the Early Childhood Classroom Observation Measure (ECCOM). The ECCOM measures the degree to which a classroom is constructivist or didactic by looking at the instructional quality, social climate, and management of a classroom.

The children in the study were placed into two different groups, Enthusiastic group and the Less Enthusiastic group. The groups were formed based on the children's interview responses to describing Kindergarten. Generally, the children had positive responses so the groups were made by high expectations vs. moderate to low expectations of Kindergarten. The age of the child was taken into account; older children had higher ability in reading and math.

The ECCOM showed that children do better in a constructive program vs. a didactic program. The children's explanation of Kindergarten was placed into general categories: play/fun, schoolwork, feelings, and other. Children referred to having fun and planning as the most important thing in Kindergarten. A small number of children refereed to schoolwork as a

positive. The high and low enthusiastic groups scored similar in their explanations of Kindergarten according to multivariate analyses of covariance (MANCOVA), children in the high enthusiastic group had more positive thoughts towards school, teachers, and competencies in reading and math. The enthusiastic group was also more socially competent and better adjusted compared to the less enthusiastic group. Overall, the results showed that the attitude toward school and teachers helped define the expectations for liking Kindergarten. Parent reports showed that the children's academic and social abilities were similar to the kindergarten teacher reports (Daniels, 2014).

Transitioning Students with Complex Medical History

The Education for All Handicap Children Act (1975) required that all children be educated in the least restrictive environment, suggesting that children should spend as much time as appropriate in the mainstream classrooms with appropriate adaptations and special educational supports (Madden & Slavin, 1983). The research is limited in regards to educating children with complex medical needs with general education students. Madden and Slavin (1983) suggested that students with special needs who are integrated in a general education classroom show higher self-esteem and more appropriate behavior from a social emotional standpoint. Integrating a child with complex medical needs not only serves a purpose for the student with special needs but also serves as a valuable experience for students without special needs.

The transition from preschool to Kindergarten has additional challenges associated with transitioning a child with complex special needs into Kindergarten. The transition process requires sufficient time for planning, support from a transition team, and thoughtful consideration of the child's complex needs and capabilities. A common need when transitioning

students with complex medical needs is to consider the balance of academic needs and therapeutic needs such as physical therapy, occupational therapy, speech therapy, and medical needs. Children with complex medical needs often lack pre-academic skills due to the need for therapeutic interventions during the day which causes them to miss classroom instruction. An important part of the transition process is to include the therapeutic needs in the inclusive setting as much as possible or including the academic needs during the therapeutic sessions.

Briody and Martone (2010) shared that parents of students with complex medical needs show concerns around peer acceptance. An important part of the transition process should be to educate the teacher and the students (with parent permission) about social acceptance, individual differences, and respect. With adequate planning and collaboration, students with complex medical needs should be able to transition into Kindergarten while getting their needs met in their least restrictive environment.

Kindergarten Transition for Lower-Income Families

Similar to families who have children with disabilities, children from low income families struggle with the transition to Kindergarten. Miller (2014) helped to identify how families of lower-income backgrounds understood the process of transitioning to Kindergarten. The study involved 16 families with 24 parents prior to their children entering Kindergarten. The family's income could not surpass 200% of the Federal Poverty Threshold, the annual house hold income for nine of the families was below $10,000, six families income was between $10,001–15,000, five families income was between $20,001-25,000, and three families made over $25,001. The parents took part in two semi-structured interviews. The interviews focused on how they prepared their child for the transition into Kindergarten. The first parent interview

took place prior to Kindergarten and then repeated again one year later. Four of the families

dropped out of the study during their child's Kindergarten year, so that only 20 out of the 24

parents took part in the second interview.

The results showed that parents felt that transition was ongoing and felt that their children

were not fully adjusted to school by the second interview. Parents also thought that the logistics

of registering and finding transportation for their children was more difficult than originally

thought it would be. The preparation for Kindergarten was as they expected, and parents who

have not had a child transition to kindergarten before had more surprises along the way. Miller

(2014) identified common themes through his data collection: (1) The transition is on-going

throughout the kindergarten year, (2) logistics were the toughest part, (3) I told you this would

happen, and (4) the first time is the hardest.

The Transition is Still Going

Parents shared positive thoughts about Kindergarten but did not think the transition was

an easy process. Many families shared that the process was still on going for them and their

child. Professionals explained the process with the experience of "culture shock" by identifying

the differences between home and school cultures. However, the parents noted the difference

between the cultures of the different settings of preschool and Kindergarten. Working with

teachers who maintain communication comforted the parents and is believed to be linked to

success. Most parents thought that the formal orientation was helpful but continued to say that

the rest of the transition was based off of informal communication with the school. In

conclusion, families with lower-income backgrounds may require more attention during the

transition process to help become more acclimated to a school setting and to feel as though they are a part of the process.

Logistics Were the Toughest Part

Several parents did not anticipate the complications of getting their child into Kindergarten. Moving to relocate the family during the summer seemed to affect the transition process in terms of school boundaries and transportation. One parent reported that her child missed 2½ days of school due to lack of communication from the school during a move. Parents also reported obstructions to the general school system's annual schedule. The lack of summer programming proved to be difficult for the families because they felt "cut–off" from communication during the weeks leading to the start of Kindergarten. Yet, these parents did not feel discrimination due to their socioeconomic status. In conclusion, families with lower-income background may require more guidance with the logistics of the transition by having more direct communication and or more time to meet with the school.

I Told You This Would Happen

Parents retreated back to their initial concerns of Kindergarten and pointed out their original doubts and expectations that emerged during the transition during the second interview. The parent's initial strengths and weakness for their children's transition held true once the children entered Kindergarten. One parent boasted about the academic success of her child during the second interview while most participates continued to struggle with their concerns about literacy and behavior problems. In conclusion, parents have a good idea of what their children's strengths and weaknesses are for the kindergarten year. However, the parent's ability

to predict the needs of their child did not produce the extra support or interventions for their child.

The First Time is the Hardest

Sixteen out of the 24 families were sending a child to Kindergarten for the first time. First time parents expressed more "culture shock" during the transition process. Parents need time to adjust to the different teaching method and higher expectations in a Kindergarten setting. Parents who already had a child transition into Kindergarten had said the first time that they transition a child into Kindergarten was harder than the second time due to their experiences on what to expect with the first child. One parent expressed that she felt alone in the process. In conclusion, first time parents of a child going to Kindergarten needs more help in the process of learning how a school functions (Miller, 2014).

Parent and Teacher Involvement for Children with and Without Disabilities

Welchons and McIntyre (2014) compared the transition for children who are typically developing (TD) and children with a developmental delay (DD). The study used the difference in parent and teacher involvement along with the relationship between preschool problem behavior and adaptive behavior. The study included 104 children attending preschool along with their primary caregivers, preschool teachers, and Kindergarten teachers. Half of the children in the study were receiving specialized services with an IEP and half of the children were not receiving any sort of specialized services. The children were from nine different early education programs that used an inclusion model.

The parent-reported measures that were used included a variety of tools to address the whole child's needs. The Family Experiences and Involvement in Transition (FEIT)

questionnaire was used to assess family involvement. The FEIT measures: (a) child educational history, (b) parent concerns regarding the transition to kindergarten, (c) identified needs during the transition to kindergarten (d) family involvement with the school around kindergarten transition practices, and (e) family demographic information. The Vineland Adaptive Behavior Scales–Second Edition interview form was used to assess adaptive behaviors in the areas of: (a) communication, (b) daily living skills, (c) socialization, and (d) motor skills. The Social Skills Improvement System–Parent Form was used to address social skills and problem behavior in the areas of: (a) communication, (b) cooperation, (c) assertion, (d) responsibility, (e) empathy, (f) engagement, and (g) self–control. Preschool and Kindergarten teachers used the Teacher Perceptions on Transition to address this study's research aims: (a) externalizing, (b) bullying, (c) hyperactivity/inattention, (d) internalizing, and (e) autism spectrum disorders.

The preschool teachers and kindergarten teachers all completed a variety of assessment tools to address the child's needs. They completed the Teacher Perceptions on Transitions questionnaire on each student. The questionnaire consisted of 14 commonly used transition preparation activities and when they have been used with the student. The teachers completed Social Skills Improvement System–Teacher Form which assessed the same social skills domain as the parent form.

Data were collected at three different times during the transition to Kindergarten. The first data collection was scheduled during preschool. During the first data collection period, the parents and preschool teacher provided demographic information through their specific questionnaires (FEIT or the Teacher Perceptions on Transitions). The second data collection procedures were during the period of time when the child entered Kindergarten. The parents

participated in a phone interview to complete the FEIT and to answer questions about the child's placement, special education programming (if applicable), and focused on concerns with Kindergarten preparation. The final data collection procedures took place 2 months after Kindergarten began. At this time, the Kindergarten teachers completed the Teacher Perceptions on transitions to gain knowledge on demographic information and about concerns and Kindergarten transition preparation.

Welchons and McIntyre (2014) showed that families who have children with developmental disabilities have more concerns with family-school involvement than families with typically developing children. The most recommended transition practices were attending Kindergarten registration, monthly contact during the transition process by a preschool staff, and annual meetings with the teachers. It is reported that families with children with DD have more overall involvement in the transition than families with children who are TD.

When transitioning children to Kindergarten, preschool teachers are also more concerned with children who have developmental disabilities. The most valuable transition practice for a teacher is monthly contact with families, providing written communication on transition, and transition planning meetings. Welchons and McIntyre (2014) showed that preschool teachers have more involvement in transitioning children with developmental disabilities than children that are typically developing. Kindergarten teachers showed no significant difference across the samples. They viewed orientation sessions for both parents and students and monthly communication valuable for transition for all students. The results also showed that the collaboration between preschool teachers and Kindergarten teachers is relatively low (Welchons, & McIntyre, 2014).

The TEEM Model

The faculty at the University of Vermont developed a model to promote the entry of young children with disabilities into Kindergarten. This model, Transitioning into the Elementary Education Mainstream (TEEM), allowed educational teams to include parents, ECSE staff, and elementary school staff to create and implement the process for planning successful transitions. The model insured that the following be identified: (a) address the strengths, needs, and characteristics of individual children, families, and school programs; (b) promote the implementation of best practices in transition planning; and (c) result in the successful transition of children and families into the elementary school mainstream (Conn-Power et al., 1990).

The TEEM model was implemented and then tested across five school districts in Vermont. The TEEM model evaluation addressed the impact of: (a) the cooperating schools' transition practices and corresponding professional/parent satisfaction with the transition practices, and (b) the child placement outcomes. The schools implemented the TEEM model by following each of the following steps: (1) establish a planning team, (2) develop goals and identify problems, (3) develop written transition planning procedure (4) gain system-wide support and commitment, and (5) evaluate the transition process.

School professionals and parents completed a survey to help identify how satisfied they were with their schools' transition planning procedures and their involvement in the planning. The results for the application of the TEEM model indicated that both the parents and professional were satisfied with the placements of the students along with the schools transition practices. A goal of the TEEM model was to place children into kindergarten classrooms. Out of 62 students in the study, 59 students transition into full-time kindergarten and three into

prekindergarten classrooms, five of these students had severe handicaps. School professionals reported, on the average, that each of the best practices identified in the TEEM model was highly important in contributing to a successful transition (Conn-Power et al., 1990).

Helpful Tips for Parents and Educators

Howard (2008) provided tips based on her knowledge of owning and being the executive director of an early childhood center in Ohio for easing the anxiety while transitioning to Kindergarten. Gathering information on your child's development needs from the preschool teacher is vital for understanding what your child needs are to transition to Kindergarten. It is important to find ways to help your child with separation anxiety. Students may start to express signs of distress during transition by expressing verbal or physical behaviors such as temper tantrums. It is important to remember that children at this age are developing an emotional awareness but do not always have the vocabulary to express themselves; further, empathizing with your child's anxiety while providing consistent behavioral expectations will help ease the transition. Howard (2008) emphasized that being consistent with your expectations is the key to helping your child transition.

If children are struggling after the transition to Kindergarten, acknowledge them by determining what is wrong. Make sure to provide enough time for them to become acclimated to the new setting. Open communication with the new Kindergarten teacher is essential during the transition process; it is a good idea to write down questions for the teacher and discuss your child needs. Brout (2008) suggested that behavioral and emotional needs are most important to focus on during the beginning of the year. A school counselor or psychologist can be a resource for

parents by providing additional support to the family by being easy to access and talking to teachers for you if the transition is not going well (Brout, 2008).

Foster Steen (2011) identified teachers as also needing to support the transition of their new Kindergarten students. Teachers should spend the first few weeks of school getting to know the new students and their family dynamics. Lesson plans can be created to help ease the anxiety for the new Kindergarteners. Teachers can ask students to bring things from home to share with the class to help create an open classroom environment. Bringing family photos to school is a helpful way for students to share about their family.

Eating lunch with your class or specific students at least once a week for the first few months of school is another helpful way to understand each student's unique needs. It is important to remember to be patient with the students and listen to the needs of each of the students. Explaining the expected classroom behaviors can be very helpful to students who are struggling. Foster Steen (2001) showed that creating positive relationships with the students allowed them to feel that they are cared for thus promoting better learning. Finally, creating relationships with families by sending home questionnaires for them to complete or by making positive phone calls during the first few weeks will help ease the transition. Continued communication throughout the year and having an open door policy is vital to having successful relationships with families (Foster Steen, 2011)

Chapter 3: Summary

Daniels (2014) studied how the transition into Kindergarten affected the children with disabilities. In general, children adjusted well but it was shown that children with a higher level of interest in Kindergarten did better with the transition. The children with a higher enthusiastic level also performed better academically in reading and math, as well as demonstrated greater social competency.

Transitioning children with complex medical needs into Kindergarten can be an additional strain on parents and educators. Although the research is limited on educating children with complex medical needs, Briody and Martone (2010) suggested that integrating a child with complex needs is beneficial for the whole classroom environment. The planning for transitioning these students into Kindergarten requires ample time and collaboration to meet the complex needs of these children due to the need to gather information from all team members that may work with the child.

Miller (2014) completed a study to help identify how families with lower-income backgrounds understand the process involved for transitioning their children to Kindergarten. He found that these parents did have positive reactions to Kindergarten even though transition was not easy for them. In fact, parents with low income backgrounds expressed that the transition was still ongoing once the Kindergarten school year had begun. Many parents struggled with the logistics of the transition and indicated they could have benefited from additional support so that they could better help their children adjust to Kindergarten. It was also found that families who were transitioning a child to Kindergarten for the first time struggled more than families who have older children who had previously transitioned to Kindergarten.

Welchons and McIntyre (2014) compared the transition for children who are typically developing (TD) and children with a developmental delay (DD). Families who have typically developing children and children with developmental delays held fears for their children in transitioning into Kindergarten. These same researchers showed that families with children with DD have more concerns with family-school involvement in the transition process. Preschool teachers showed more concern for children with disabilities, but Kindergarten teachers did not show a difference in the level of concern between students who are DD or TD (Welchons & McIntyre, 2014).

The University of Vermont developed a plan through project Transitioning into the Elementary Education Mainstream (TEEM) to help ease the transition into Kindergarten. They developed a model that allowed educational teams and parents to work together to create a smooth transition. The model addressed specific needs of children, promoted the implementation and then reassessed the results of the transition. It was found that by working collaboratively and proactively with the school and family the model was successful (Conn-Power et al., 1990).

To help their children transition to Kindergarten, Howard (2008) suggested that parents gather information about Kindergarten as well as find ways to help their children separate from them with less anxiety. Parental consistency is vital in helping a child transition into Kindergarten. Brout (2008) suggested that taking the time to understand one's child if they are struggling through transition will help the child better adjust to Kindergarten. Making sure the child feels supported at this time is essential to future success in Kindergarten. Seeking out professional help can also be beneficial for a more successful transition. Foster Steen (2011)

provided tips for teachers to help ease the transition such as intentionally getting to know the children and their families can create a safer transition, thus promoting greater comfort in the new learning environment.

Conclusion

The studies selected for this paper showed that collaboration, planning, and being supportive of a child will help ensure a smooth transition into Kindergarten for children with special needs. Identifying specific needs of children and understanding what programs or plans need to be set up in Kindergarten will also help children succeed. In my opinion, educators and families need effective communication to create an open and safe transition environment for children entering Kindergarten. Transition for children with special needs has been identified of higher concern as compared to students who are TD for both educators and the family members.

Chapter 4: Position Statement

The result of my review of the literature in this Starred Paper helps solidify my concern for children with special needs when transitioning into Kindergarten. I have worked in environments where the needs of special education students are overlooked when transitioning, which then become a concern after Kindergarten began. Preschool teachers, special education teachers, related services providers, Kindergarten teachers, and parents need to plan together to identify children's unique educational needs thus ensuring that hose needs are met throughout the transition process and moving forward into the Kindergarten year.

As a special education teacher, I can also relate to the results from Welchons and McIntyre (2014) that identified that there is more of a concern with transitioning students with special needs. In spring, I have been a part of several transition meetings for incoming students with special needs as well as having worked with students over the summer to help with their adjustment to Kindergarten. My collaboration with early childhood teachers has been very helpful when preparing for the next school year. However, I have not seen this same type of preparation for students who are typically developing. In the fall I have seen Kindergarten teachers fear their new students when they see that their classroom list contains students who receive special education services. I believe that if there is adequate time for planning transition procedures thoughtfully includes understanding children's unique educational needs; expectations for transitioning young children with special needs into Kindergarten could better benefit everybody.

References

Briody, M. F., & Martone, J. M. (2010). Challenges and considerations when transitioning preschoolers with complex medical histories to Kindergarten. *Journal of Early Childhood & Infant Psychology*, 117.

Brout, J. (2008). Transitioning into elementary school: Your child's new teacher. *The Exceptional Parent*, (11)61.

Conn-Powers, M. C., Ross-Allen, J., & Holburn, S. (1990) Transition of young children into elementary education mainstream. *Topics in Early Childhood Special Education*, *9*, 91-15.

Daniels, D. H. (2014). Children's affective orientations in preschool and their initial adjustment to Kindergarten. *Psychol. Schs. Psychology in the Schools, 51*(3), 256-272.

Education for All Handicap Children Act, 20 U.S.C. § 1400 (1975).

Foster Steen, B. (2011). Promoting healthy transitions from preschool to Kindergarten. *Young Children, 66*(2), 90-95.

Howard, R. (2008). Movin' on up: Transitioning to Kindergarten, with tips for easing anxiety. Childhood Education, (4), 238.

Madden, N., & Slavin, R. (1983). Mainstreaming students with mild handicaps: Academic and social outcomes. *Review of Educational Research, 53*, 519-569.

McIntyre, L., Eckert, T., Fiese, B., DiGennaro Reed, F., & Wildenger, L. (2010). Family concerns surrounding Kindergarten transition: A comparison of students in special and general education. *Journal, 38*(4), 259-263

Miller, K. (2014). The transition to Kindergarten: How families from lower-income backgrounds experienced the first year. *Early Childhood Education Journal Early Childhood Educ J, 43*(3), 213-221.

Rous, B., Hallam, R., McCormick, K., & Cox, M. (2010). Practices that support the transition to public preschool programs: Results from a national survey. *Early Childhood Research Quarterly, 25*, 17-32.

Separation anxiety disorder in children. (n.d.). Retrieved July 29, 2016, from http://www.webmd.com/children/guide/separation-anxiety.

Welchons, L. W., & McIntyre, L. L. (2014). The transition to Kindergarten for children with and without disabilities: An investigation of parent and teacher concerns and involvement. *Topics in Early Childhood Special Education, 35*(1), 52-62.

Wrightslaw special education law and advocacy. (n.d.). Retrieved July 29, 2016, from http://wrightslaw.com/.