TEACHING INTERVENTION STRATEGIES TO SIBLINGS OF CHILDREN WITH SPECIAL NEEDS CAN IMPROVE SOCIAL SKILLS TO BOTH CHILDREN: A CASE STUDY

A thesis submitted in partial fulfillment of the requirements
For the degree of Masters of Arts in Special Education,
Early Childhood Special Education

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ABSTRACT

TEACHING INTERVENTION STRATEGIES TO SIBLINGS OF CHILDREN WITH SPECIAL NEEDS CAN IMPROVE SOCIAL SKILLS TO BOTH CHILDREN: A CASE STUDY

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Master of Arts in Special Education,

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This case study highlights the importance of the development of social skills within a family. It investigated teaching social skill intervention techniques to a sibling of a child with special needs to see if their relationship and social skills would improve. One focus family was used for the study which consisted of a father, mother, 8 year old typical sibling and a five year old child with Down syndrome. A series of observations and interviews were conducted by the researcher to learn about the family’s culture, needs and concerns for the children. Approximately 26 home visits took place over a two year period and meticulous notes were taken about the visit detailing each child’s behavior. In four sessions play interaction was modeled for the older sibling so she could use the techniques to play positively with her younger sister and teach her social skills at the same time. The findings reflect a small improvement in the social skills of the siblings. There are several limitations to this case study, such as the children’s age, the parent involvement and the level of social skills in the older sibling. Implication for practice and research are included in the discussion.
Chapter 1

Introduction

Play and social skills are perhaps the most crucial skill that a child can learn. Learning these skills is important in a number of ways as these skills strongly influence the quality of life. It is important an individual has at least one person they can have a meaningful friendship, someone they can spend time with, talk to, and enjoy life. When people do not have friendships, passions or hobbies that can be shared, a feeling of emptiness often occurs. This results in boredom, isolation, and eventually depression (Taubman, Leaf & McEachin, 2011).

The sibling relationship has been accepted as influencing social and behavioral development of children and can lay a foundation for children’s future school life and particularly in their peer relationships (Kim & Horn, 2010). Older siblings, across all cultures, frequently serve as a teacher, role model and playmate for their younger siblings. However, children with disabilities do not learn social skills innately as their typically developing brothers and sisters. Children with disabilities sometimes need to be taught social skills through interventions (Conger, Stocker & McGuire, 2009). Because siblings act as social, play and learning partners, they have the potential to serve as an intervention agent for supporting social skill development in their brother or sister with special needs (Kim & Horn, 2010).

Previous research describes a number of interventions that can be used to improve the social skills of children with special needs, such as socio-dramatic play scripts and
social stories (Trent, Kaiser & Wolery, 2006). Turn-taking skills, which are the focus of this project, are described as smooth interchanges between communicative partners and frequently targeted in social skills interventions with children with disabilities (Stanton-Chapman & Snell, 2011).

The purpose of this case study is to examine sibling relationships and how social skills are affected and can be improved when one of the siblings has a disability. A case study was done over two years with one family which consists of a father, mother, and two daughters, the younger daughter has Down syndrome. The main methodology used in this project was observation, interview, and facilitated play interaction with the sisters in the focus family. The following questions will be addressed: Does the behavior of the siblings affect their social relationship? Through modeling and discussion can play intervention techniques be taught to a typically developing child? Can a typically developing sibling teach their brother or sister, with a disability, social skills using techniques that have been modeled and taught to them? Can sibling relationships help socialize children with disabilities with peers outside the home? To answer these questions a literature review was conducted to identify issues surrounding siblings, social skills and intervention techniques.
Chapter 2

Literature Review

Introduction

“The birth of a child with Down syndrome is likely to affect the family system in many ways from the micro level of dyadic interaction to the macro level of the cultural views guiding parent perceptions about a developmental disability” (Cuskelly, Hauser-Cram, & Van Riper, 2008, p.105). When examining the effect that having a child with special needs has on family dynamics, it is important to study sibling relationships because they are considered the longest lasting relationship in a family (Conway & Meyer, 2008). Brothers and sisters will usually be there long after parents and education services are gone. Sibling relationships can last for 65 years or more, which offers countless opportunities to affect each other’s lives (Kramer & Conger, 2009).

In cultures around the world, older siblings often become teacher, role model, play-mate, and caregiver for their younger brothers and sisters. Research has focused on this process of sibling socialization in households of typically developing family members in American, European, and Latino cultures (Conger, Stocker & McGuire, 2009; Conway & Meyer, 2008; Dyson, 2010; Lobato et al., 2011; Orfus & Howe, 2008; Stoneman & Gavidia-Payne, 2006). Less information is available about siblings’ roles in adverse conditions, such as chronic illness, intellectual disabilities, physical disabilities, challenging behaviors, poverty, death of a parent, or marital conflict (Ensor, Marks, Jacobs, & Hughes, 2010). Having a child with a disability can be devastating, not only to
the parents, but the entire family. The day-to-day responsibilities of caring for a child with special needs can cause stress for everyone in the household (Conger, et al. 2009).

In a family with a child with disabilities, there is potential for psychological, social, and behavioral difficulties in the siblings (Neely-Barnes & Graff, 2011). Understanding siblings’ experiences can benefit parents, medical professionals, and education personnel. Parents can use the knowledge about the sibling relationship to establish realistic goals and expectations for their child (Mulroy, Robertson, Aiberti, Leonard, & Bower, 2008). Medical professionals may need to rely on information from adult siblings about the past medical history of the person with a disability. In addition to caretaking, siblings might also serve as companions and friends to their sibling with special needs. Sibling relationships can help socialize children with disabilities with peers outside the home (Floyd, Purcell, Richardson, & Kupersmidt, 2009).

Down syndrome (DS) is one adverse condition that is likely to affect family. Many studies have found that parents of children with DS have lower levels of well-being than parents of typically developing children. Some effects relate to the child’s behavior, which are considered typical of children with DS. These behaviors can include delays in the areas of cognitive development, social interactions, communication, and motor skills (Cuskelly et al., 2009; Dyson, 2010; Stromshak, Bullock, & Falkenstein, 2009). In the 2002 U.S. Census, DS was found in approximately 1 out of every 1,000 children and adolescents aged 0 to 19 living in 10 chosen regions of the U.S. (cite census here). There were approximately 83,000 children and adolescents with DS living in the U.S. during 2002 (http://www.cdc.gov). There are three genetic variations involving the abnormal cell division of chromosome 21 that cause DS. The most common type of DS is Trisomy
21 and accounts for 90% of cases. Mosaic Down syndrome is a rare form of the syndrome where children have some cells with an extra copy of chromosome 21, while other cells are normal. The rarest form is Translocation DS. This occurs when part of chromosome 21 becomes attached onto another chromosome before or after conception. This is the only form of the disorder that can be passed from parent to child (http://www.mayoclinic.com).

Process of Literature Review

The articles selected for this review were found by using a broad search on California State University, Northridge library’s electronic database. The criteria used for choosing the appropriate articles were limited to those conducted between 1994 and 2011, and those that focused on families with young children with disabilities and how the child with special needs affects sibling relationships and their social development. Once the initial articles were selected, the reference section of each article was reviewed to locate other articles with similar topics. Other articles were selected based on subject indices and general browsing on Google and Yahoo search engines.

Analysis of Articles

Following the search for articles, studies were categorized according to similar themes. Each study’s purpose, methodology, and findings were identified, then organized and separated by category into studies with similar topics. Altogether, 38 research studies were reviewed, although not all were included in this literature review. This literature aims to identify how families and specifically siblings are affected by
having a child with DS or other intellectual disability, and to identify strategies to improve social interactions among siblings. It is important to first discuss the theoretical frameworks that guide the examination of these families and are mentioned by many of the studies reviewed.

Theoretical Perspectives

In the field of early childhood special education, there are several perspectives that researchers use to study families. These theories help guide the study of how families adapt to changes and stress that occurs when there is a child with a disability in the family. Some of these frameworks consider the various developmental stages a family system goes through, such as marriage, having a child with disabilities, divorce, and death, and how the system adjusts to changes to the equilibrium (Hanson & Lynch, 2004). Brofenbrenner (1994) utilizes an ecological model that looks at development within the context of the systems of relationships in the environment. This approach to understanding families is useful because it is inclusive of all of the systems in which family members are involved, and it also reflects the changing nature of actual family relationships (Swick & Williams, 2006). Family system theory emphasizes the importance of interconnectedness between the individual members, and how their relationships with one another play a role in coping and adaptation (Hanson & Lynch; Turnbull & Turnbull, 1997). It takes into consideration family characteristics, family interaction, family functions, and the culture of the family (Lynch & Hanson, 2011; Turnbull & Turnbull). This theory was used in this study to understand the complex
ways sibling relationships are affected when one of the siblings has DS, and how this dynamic affects social development.

Family Systems Theory

Family systems theory suggests the family is an “interactive system of individuals has been advanced as the framework for understanding the roles and relationships among family members as they care for an individual with disabilities” (Hanson & Lynch, 2004, p. 41). The family is comprised of individual units, and the members of the family are organized into various subsystems (i.e., marital subsystem between parents; parent-child subsystem; sibling subsystem; extended family subsystem). The effects of having a child with a disability on the entire family can be examined using the assumptions of theoretical perspective. It assumes that all parts of the system are interconnected and that the family can only be understood by examining the whole family and all of the relationships between family members (Hanson & Lynch).

Family characteristics

When trying to understand a family, it is important to consider family size, socioeconomic status, geographical location, culture, values, and beliefs (Turnbull & Turnbull, 1997). For example, folk tales and remedies are tied into religious beliefs for most Latino cultures. The powers of good and evil are very strong in the Catholic faith, such as the belief that holy water will ward off evil spirits. Families of Mexican descent often believe a disability is a burden and must be endured as part of their life. Some cultures believe that a curse placed upon a child leads to a disability. These family
characteristics will also impact how a family responds to a child with a disability and influence the sibling relationship (Lynch & Hanson, 2011; Turnbull & Turnbull).

**Family interactions**

When examining the effects of having a child with a disability on a family and sibling relationships, it is useful to identify the interactions between all members of the family. Interaction styles between family members and the quality of relationships between family members must be considered when examining family dynamics (Dyson, 2010; Turnbull & Turnbull, 1997). It is important to examine the cohesiveness between various subsystems in the family. For example, the marital relationship, the parent-child relationship, and sibling relationship are all important subcomponents that contribute to overall family closeness (Turnbull & Turnbull, 1997).

**Marital relationships**

All children are affected when there is conflict in the home between parents. Marital conflict can affect sibling relationships because children tend to imitate parents’ hostile, coercive interactions, and may experience a spillover of anger to increased parent-child antagonism (Conger et al., 2009). There are conflicted findings on this subject. Some studies have found there is no difference in marital adjustment for parents of a child with a disability and comparison families (Cuskelley & Gunn, 2006). Other studies report lower marital adjustment rates for parents of children with disabilities. The inconsistencies in results can be attributed partially to differences in research methods and instruments, as well as difficulty finding “comparison” families (Feeley & Jones,
Much of the research has found that raising a child with disabilities places a large strain on the marriage. One mother reported, “It’s a huge marital pressure, huge, then, you know, it puts incredible pressure on a relationship. It sometimes pits parent against parent,” (Dyson, 2010 p 49). Parent guilt is also a source of strain on a marriage, especially if a parent feels he or she biologically induced a disability in his or her child. Guilt is also a factor when parents feel they have not given the child’s siblings enough attention. Parents have been reported to blame each other for this (Dyson).

Sibling relationships

There have been inconsistencies in the literature on siblings of children with special needs (Stoneman & Gavidia-Payne, 2006). One study by Cuskelley and Gunn (2006) reported that having a brother or sister with DS did not adversely affect siblings on measures of adjustment in the areas of behavior, competence, or self-concept. They discuss how no differences were found in the children’s interaction with the world outside the family, in their peer relationships, or in their school performance as compared to siblings of typically developing children. They state that the brothers and sisters of children with DS have a normal childhood and are not negatively impacted. A study by Giallo and Gavidia-Payne (2006), reports that while the majority of siblings of children with disabilities are well adjusted, there are a small number at risk for developing significant adjustment difficulties. These adjustment difficulties include behavior problems, problems with peer relationships, emotional problems, and lower prosocial behavior.
Factors that Affect Sibling Relationships

There are varying results regarding the effects for the siblings of children with disabilities. Neely-Barnes and Graff (2010) studied behavior adjustments for siblings and found there were no meaningful differences in the mental health of siblings without disabilities. According to research, the differences in findings on siblings may be from co-occurring risk factors, such as lower socioeconomic status or single parent households. Giallo and Gavidia-Payne (2006) found that parent stress is a strong predictor of siblings having difficulty in their adjustment. They state siblings of children with disabilities are particularly sensitive to family conflict and parent mood. The typically developing child may blame his or her sibling for a conflict with the parents. Children from families with lower socio-economic status and fewer resources may be exposed to a more stressful environment, which may increase the risk of adjustment problems. This study found, however, that the risk of adjustment problems could be mediated by lowering parent stress.

Another factor that contributes to inconsistencies among studies may be related to how siblings learn to cope with the changes in the family. Stoneman and Gavidia-Payne (2006) state families that have regular daily routines, use effective communication and problem solving strategies have siblings who are able to adjust and deal with problems.

Yet another factor that affects sibling relationships is the type of disability a child has. Being a sibling of a child with DS does not appear to have a negative impact on the siblings’ behavior or their perception of themselves (Cuskelley & Gunn, 2006). Siblings of children with intellectual disabilities (ID) who display negative behaviors are affected
in their daily lives (Neece, Blacher & Baker, 2010). This study did not include children with DS. The criteria for this study was that the target children with ID were considered either borderline with an IQ between 71 to 84, mild with IQs of 55 to 70, or moderate ID with an IQ of 35 to 54. Because siblings’ relationships occur in the context of families, some may be at risk for developing problem behaviors. Interactions between family management, risk factors, and child adjustment are shaped through the family’s culture and values (Stromshak et al., 2009). Behavior problems of children with ID predicted behavior problems in typical siblings two years later (Hastings, 2007). This suggests that a higher level of behavior problems in children with ID increases the risk of behavior issues in their siblings. Another important consideration is the impact negative behaviors have on the relationship between the typically developing child and the sibling with ID (Hastings). Neece et al. (2010) found siblings of children with ID were impacted more negatively than siblings of typically developing children. Siblings of children with ID demonstrated difficulty with social adjustment, depression, anxiety, delinquent behavior, and feeling like they had to grow up pre-maturely (Dyson, 2010; Floyd et al., 2009; Neece et al.).

The relationship between a sibling with problem behaviors and a typical sibling can be affected in several ways. If the typical sibling feels embarrassed by the behavior of his brother or sister, then he or she will spend less time with him or her (Stromshak et al., 2009). Also, negative behaviors can be associated with conflict between siblings, which may result in decreased sibling engagement or decreased family cohesion. Stromshak et al. (2009) also reported that children spend more time interacting with their siblings than with parents, and children are involved with their sibling’s daily lives in a
variety of ways. When time together is constructive, it helps build self-esteem for both
the younger and the older sibling and peer competence in the younger siblings. Sibling
relationships provide one of the most stable and powerful environments for learning
antisocial and pro-social behaviors (Stromshak et al.; Neece et al., 2010).

**Age/ Gender**

Age and gender also affect the relationship between siblings. Children who
display antisocial behaviors toward their siblings were likely to show chronic antisocial
behavior in the community, this also predicts bullying with unfamiliar peers (Ensor et al).
In families with siblings who display negative behaviors, boys with brothers were
especially likely to show chronic antisocial behavior (Ensor, et al) Floyd et al. (2009)
reported when brothers had a warm relationship, the child with disabilities was less likely
to be withdrawn. In contrast, when sisters who gave commands and directives to their
sibling with special needs, the result was greater social problems and more aggression for
the child with a disability. Floyd et al. suggest the gender of the typical sibling predicts
behaviors related to the gender. For example, the commanding behavior of sisters serves
as a maternal-like caretaking role, limiting the child with a disability from taking
initiative rather than modeling assertiveness. Brothers’ behaviors serve more as a model
for social functioning. This shows a lifelong pattern of socialization between siblings
where sisters emphasize caretaking and brothers emphasize social relating.

Dyson (2010) found the child with a disability had a special effect on sisters.
Female siblings, even ones who were younger than the child with disabilities, tended to
take on more responsibilities for the care of their brother or sister. They also seemed to
take on more household duties than a child with typical siblings. The study noted a slight
gender difference in how boys and girls rate daily stress and uplifts (i.e., positive, warm
feelings) regarding their sibling with disabilities. Orfus and Howe (2008) state boys were
more disturbed about daily hassles, and had lower intensity ratings for the positive, warm
feelings than girls. Cuskelly and Gunn (2006) reported that girls were more affected by
daily hassles than boys.

The concerns of siblings vary at different ages. Siblings of children with
disabilities 8 and 9 years of age and younger seemed to be concerned with behaviors that
directly affected them, such as being embarrassed in public or when peers were around.
Older siblings, 10-12 years of age, were more concerned about when their brother/sister
tantrums, when the child with a disability is sick or hurt, and when people do not
understand their brother or sister’s disability. This age difference shows the younger
sibling is more concerned with issues that were self-focused, while the older sibling was
more concerned with the issues dealing with how others view his or her sibling (Orfus &
Howe, 2008).

Fostering Sibling Relationships

As reported by Dodd (2004), workshops for siblings that are fun, as well as
supportive, helped with the attitude of the typical sibling toward his or her brother or
sister with special needs. In the groups, siblings shared their feelings, met with other
children in similar situations, and discussed strategies for coping with difficult situations
and responsibilities. The group experience reduced the feeling of isolation, gave moral
support, and acknowledged the needs and experiences of others. *Sibshops* is a program
designed similarly to the group reported by Dodd. *Sibshops* offers opportunities for siblings of children with disabilities to obtain peer support and education within a recreational environment. The group environment for the sibling helps him or her to interact not only with his or her sibling with a disability, but also with their parents (Conway & Meyer, 2008).

**Social Development Between Siblings**

Social skills significantly impact a child’s functioning, as well as quality of life. It is generally accepted that siblings have an impact on each other’s social skill development (Fussell, Macias, & Saylor, 2005). Typically developing children learn from one another through observation and imitation of play. Family activities help develop social skills, and emotional and behavioral competencies (Childress, 2010). Research suggests that cooperative play and conflict interactions help siblings in learning new skills, and also to define themselves as individuals (Conger et al., 2009).

Unfortunately, in children with disabilities, social skill acquisition does not develop naturally. Therefore, siblings may feel frustrated by failures to interact or sustain interactions while playing with their brother or sister with special needs (Kim & Horn, 2010). The ability to converse and interact with peers in an interactive manner, including turn taking, has been found to relate to social acceptance in pre-schoolers. Interventions that focus on social and communicative skills have been applied in early intervention settings and should be used in the home as well (Stanton-Chapman & Snell, 2011).

Young children spend most of their days in family routines and the context of their families. Children in all cultures develop important skills, including communication
and social skills, as they interact with members of their family (Hastings, 2007). In particular, siblings are play partners and role models to support the acquisition of these skills. These learning experiences within a family lay a foundation for children’s future in school and peer relationships (Kim & Horn, 2010). When young children are unable to learn these skills incidentally, the cause should be investigated. Children with disabilities often lack the natural ability to learn these skills within a traditional family environment, and need to be taught specifically how to interact with peers and learn what behaviors are appropriate in different situations (Tsao & McCabe, 2010) Brothers and sisters may feel frustrated when their sibling, whom they consider a play-mate, is unable to play and interact with them in a manner that they expect (Kim & Horn).

Utilizing Sibling Relationships to Teach Social Skills

Research has found that behaviorally-based procedures for assessment and intervention in individuals with challenging behaviors are effective (Feeley & Jones, 2008). With children with DS, Feeley and Jones found that behavioral interventions, such as Applied Behavior Analysis, were effective in reducing the extent to which children engaged in inappropriate behaviors; this, in turn, increased their performance in inclusive settings. Given the importance of a sibling’s role as a social, play, and learning partner, siblings have an opportunity to serve as interventionists to support skill development in their sibling with disabilities (Kim & Horn, 2010). Explicit instruction is often needed because a child with disabilities does not develop sound social skills naturally. Turn-taking skills are frequently targeted in social skills interventions. Socio-dramatic play scripts have been used with children with developmental delays to improve
social interactions during free-play time (Stanton-Chapman & Snell, 2010). Siblings have been taught to teach their brothers and sisters with disabilities a variety of tasks, such as turn-taking and conversational exchange. Trent-Stainbrook, Kaiser, and Wolery (2007) reported with training and instruction, typical siblings showed a positive use of intervention strategies, using specific vocabulary and communication focused on the target skill. Trent-Stainbrook et al. found the communication skills of children with DS improved modestly with increases in verbal exchanges, initiations, and diversity of vocabulary. They reported that older siblings of children with DS were trained in strategies to teach social engagement and interactions to their siblings. Findings showed improvements in behavior by both siblings while engaged in social interaction. One implication of this study is that strategies to teach older siblings to facilitate interactions with their siblings with DS improved the quality of time siblings spend together.

The stay-play-talk model was used by Tsao and McCabe (2010). The motivation and goals of the typical sibling must be considered before a plan of action is implemented. One idea they talk about is that parents must consider the relationship between the siblings, including the attitude of the typical sibling towards his brother or sister with a disability. The next step is to develop a social skills intervention plan in which goals will be prioritized according to what the family feels is most important for the siblings. An early interventionist or teacher collaborates with the sibling and family to identify outcomes and skills needed to achieve the outcome. This sibling mediated social skill intervention to support interaction with siblings with disabilities can be used at home or in the community. As a result, Tsao and McCabe state the relationship between the two children will be positive and last throughout a lifetime.
Conclusion

Sibling relationships are the longest lasting relationships that most people have. It is important to understand the relationship between children with special needs and their siblings, and to utilize this relationship as a means to foster development and teach skills.

Teachers and early interventionists, who understand the complex relationship between siblings, can use them to help teach social skills to their students with DS. Based on research by Trent-Stainbrook et al. (2007), teaching and facilitating intervention techniques to typically developing siblings of children with DS helped to increase the use of social initiations and verbal responses. This has important implications for educators who work with children with DS.
Chapter 3

Methods

This case study used a variety of methods, including participant observation, parent interview, and review of school records, as the main methodologies to gather information and data. Over the course of two years, the researcher visited the case study family at home and in the community. She completed a series of observations and interviews to learn about the family’s culture, needs, and concerns for their children. The case study also involved interviews with teachers, as well as observations at school.

Procedure

This family was chosen to participate in this case study because it had a different cultural background than the researcher. Also, the researcher had a relationship with the family because the child with Down syndrome was a student in her Special Education preschool class. The parents were comfortable with the researcher because of this, and were willing to open their home and provide personal information. Additionally, the mother in the family had concerns about her daughter’s behavior and social skills; this motivated her to participate in the project. The parents were also interested in information regarding social development and sibling relationships, as they wanted the girls to have a close relationship and play together. The parents were given an explanation of their role in this project and the time involved for the entire family. They received and signed a human subject’s protocol and consent form indicating they understood their role as participants and any ethical considerations. This case study was
a requirement of a special Master’s Degree project entitled “Cultural Understanding and Language Training: An Urban Residency Experience in Early Childhood Special Education” made possible by a grant from the U.S. Department of Education, Office of Special Education Programs, H325K055139. The Culture in Early Childhood Special Education human subject protocol was approved at California State University, Northridge.

Participants

The names of all family members have been changed to protect their identities. This family consists of the father, H; the mother, R; the older daughter, Amy, age 8; and 5-year old daughter, Ann, who was diagnosed with Down syndrome in utero. Two older daughters, age 23, do not live at home, but reside in the area. The family lives in a three-bedroom, two-bathroom home on five acres in an upper class, rural suburb of Los Angeles. H is self-employed in the construction industry, and R is a homemaker. There are extended family members in the area, as well as family in Arizona and Mexico. Both parents were born in Mexico. H became an American citizen as a teenager, and R is hoping to become a citizen soon. Spanish is the primary language spoken in the home, but all members speak, read, and write English. This family was selected for this case study because the siblings had been observed by the researcher arguing and playing side by side with no interaction in their play, while simultaneously being very caring and loving with each other.

Focus Child
The focus child, Ann, was 3-1 year old at the start of this case study. At the beginning of the study, her behavior and social skills were assessed by the researcher through review of assessment report from the school district, review of current Individual Education Program (IEP), observation and interview with the mother, observations of Ann in her preschool classroom, and interview with other therapists who worked in the classroom. Progress was noted as the project proceeded. The researcher assisted the mother in contacting Regional Center and Ann is now receiving behavioral intervention once a week. She also receives physical, occupational, and speech therapy from the school district.

Ann is a child with mosaic Down syndrome; this is a variation wherein there is an extra copy of chromosome 21, while the other cells are normal. Ann is delayed in the areas of cognition, communication, social development, as well as fine and gross motor development.

**Instruments**

The Turnbull and Turnbull (1997) conversation guide was used in the initial home visit with the focus family (see Appendix A). The intent of this guide was to obtain information from the family and to gather data for this case study. The researcher wanted to obtain information about the background of the family members, as well as their concerns, struggles, triumphs, hopes, and dreams for their children. The researcher was a participant and observer in this case study. Extensive notes were documented carefully after each visit and observation with the focus family. R’s major concerns shaped the researcher’s questions, focus, and the interventions. Each intervention was planned prior
to the visit using a form constructed by the researcher to determine materials needed, goals, objectives, and specific targets of each activity (see Appendix B). A form was used to note different aspects of each intervention, such as verbal communication (see Appendix C).

Data Collection

During this study, the researcher visited the family approximately four times a semester for the first three semesters, and once a week in the final semester. The researcher visited the family 26 times over a 2-year time period. During these visits, the researcher observed the siblings in their normal daily activities in the home and community. Interviews were conducted with R about her concerns, new developments at school, or medical issues that arose. Each home visit lasted from 60 to 120 minutes, with approximately 15 minutes of each session spent doing intervention with Ann and Amy directly. Detailed notes were written after each session. The notes were coded and then organized by themes relating to the family characteristics or topics of concern for R. Various subtopics and key issues were identified; these guided the research for the literature review. The focus child’s IEP was used to inform the researcher about her current levels of school performance, as well as reports from her therapists.

After reviewing the literature on sibling interactions, play, and intervention, the researcher created an intervention plan to help improve the siblings’ play and interactions (see Appendix C).

During the first year and a half, the researcher gathered information, identified concerns, and became familiar with the sibling interaction. Based on this information,
the researcher identified the need to promote positive interaction between the sisters. R confirmed this as a priority, and agreed that the researcher could teach the older sibling to help her sister with her social skills. A total of seven sessions were completed with the researcher modeling play interaction with Ann, while R and Amy observed. After three sessions of modeling and observing, Amy was asked to play in the same manner with her sister. Meticulous notes were taken after each session, noting the behavior of each child during the intervention.

During the fourth session of play intervention, the researcher started the play session and then encouraged Amy to play with her sister for about five minutes. Amy was told to imitate what the researcher had been doing, such as commenting on Ann’s play and gently interjecting her own ideas. Verbal phrases were suggested to the older sibling, for example; “Ann you made a cute outfit for your doll, and do you want to give her a hat to wear?” In each session, the researcher decided the play scenario and set up the play location. It was an activity that both girls were interested in and appropriate play for both. The location was generally on the floor of the family room or their bedroom, depending on space needed and the family’s needs at the time. At the beginning of each session, Amy was asked how the week had been with her sister. R was consulted about the girls’ play between visits. Suggestions and comments were made by the researcher as applicable.

The researcher discussed the current activity and what goal would be worked on, such as turn taking and asking for desired objects. Suggestions were given to Amy about how the goal could be achieved, such as ask Ann if she, Amy, could have a turn. If the response was negative, Amy would have to ask if she could have the toy in one minute or
two, wait patiently, then say “my turn.” Amy was also instructed to praise Ann when she shared by saying “I like it when you share with me,” or “thank you for sharing.” Each session with the sisters interacting lasted approximately–three to five minutes. When the researcher prompted and interacted with the girls, the play sessions lasted as long as 45 minutes. In each session, the researcher prompted the older sibling, Amy, to do actions and say things that would promote interaction; for instance, she could comment on what Ann was doing with the toy, i.e., “Oh that looks really cool.” This was done until the researcher observed the girls taking initiative and interacting on their own. This format was continued throughout all seven sessions.
Chapter 4

Findings

The researcher used questions from the conversation guide (see Appendix A) to understand the background of this family, how its culture played a part in raising children, and familiarized her with the mother. As the conversation proceeded, the mother became more comfortable in sharing her goals, hopes, and dreams for her family. This enabled the researcher to determine the mother’s true concerns for her children. From these conversations, it became apparent that the family was most concerned about Ann’s behavior and how it negatively impacted the whole family.

How the Family is Affected

Ann’s negative behavior towards her sister and peers was a constant source of stress for their mother. Because the mother spent so much time with Ann, she felt Amy was looking for and demanding attention constantly. The continual fighting and attention seeking behaviors of both children were causing the mother and her husband anxiety and concern. The mother reported her husband often became frustrated with her when the girls argued and fought. She also reported that she did not want to take her daughters anywhere because of their constant bickering, and the potential fear that Ann would hurt another child. This limited her ability to socialize with friends and extended family, as well as her ability to run errands, such as going to the grocery store or out to dinner with the family. It also limited her in terms of doing “normal” family activities, such as going to the park, beach, and on vacations.
How Culture Plays a Role

The mother reported that in most Mexican families, everyone gets together often and are very involved in each other’s lives. Recently, they have had to limit their involvement with their families because their daughters quarrel with the cousins and do not behave at family functions. The father’s family has weekly gatherings that they rarely attend anymore due to their daughters’ lack of social skills. As Ann got older, she did not respond to adults’ greetings, or she responded in a negative manner. Her parents feel this is the reason the adults in the family do not have much contact with her currently. The mother feels the extended family still supports her by listening to her vent, but most cannot relate to her situation. Both parents shared with the researcher that the adults in the family were loving and attentive to both girls when they were younger, but not as much now. Family members expressed how blessed they are to have a child with Down syndrome, that God had chosen them because they are special people who could nurture and love a child-like Ann. They reported that these family members had a new respect for her and her husband.

Observations

Observing Ann in a variety of settings over many different sessions enabled the researcher to get a clear picture of how she functions and interacts with both peers and her family. It also allowed the researcher to understand Ann’s social strengths and deficits clearly. Social interaction between the siblings became a clear area of concern.
Observations in the Classroom

The researcher observed Ann at school interacting with her peers. She found Ann often told peers to “go away” even if they were just walking past her. She also frequently swatted at other children with her hand if they were within an arm’s length of her. Ann was also observed to take toys from her classmates, and then cry if they took the toy back. She would then go to an adult in the room and say, “hurt, hurt, ouch” and point to the child with whom she had the altercation. Her teacher confirmed this was a common occurrence. Ann was observed playing by herself mostly, but would play with toys functionally and move throughout the classroom to play with a variety of activities. With an adult facilitating, she would interact with other children briefly.

The researcher was unable to observe the older sibling in the school setting, but the mother reported that Amy often comes home from school and says the children would not let her play the game the way she wanted to, so she played by herself. Amy stated to the researcher that the children at school were mean to her because she “told the teacher they were doing their work the wrong way.” She complained that classmates called her a “tattle tale.” When asked if she had a favorite friend, Amy replied, “one boy is my friend, but the girls don’t like me.”

Observations in the Home

Ann was observed to play both independently and alongside her sister. For the most part, they did not interact with each other; there was no sharing of toys or turn taking when the same toy was wanted by both girls, except when Amy would holler at Ann to tell her what to do. For example, when both girls were playing outside and Ann
was riding in her cozy coupe car and Amy was on her pogo stick, she yelled out, “don’t drive the car over there!” Ann ignored her sister most of the time and gave no response. On another occasion, Ann was playing a video game and Amy went over and tried to take the controller out of her hand. Amy was told by her mother to stop and wait her turn. Amy told Ann she was playing the game incorrectly and she was a “loser.” Ann gave no response. A third observation revealed that Amy appeared to antagonize her sister to get her mother’s attention. As the researcher and the mother were talking during one session, Amy interrupted with questions repeatedly and was told to “not interrupt.” Amy then clicked her tongue, stomped her foot, walked over to Ann’s cozy coupe, climbed in and called to Ann, “I’m in your car!” As a result, Ann screamed in protest, which led the mother to intervene. The researcher observed similar behaviors at least twice each visit.

Another interesting observation was noted when the researcher initially began working with the case study family, she observed Ann to use Spanish in the home. For example, she approached the researcher and spoke to her in Spanish, which she had not done in the classroom. She also had brief interactions with her mother and sister where she only spoke Spanish. Over time, however, she slowly began speaking more English in the home. By the end of the project, Ann was observed to speak only English in the home. Currently, when her mother speaks to her in Spanish, she will respond in English.

**Play Sessions**

There were seven play sessions where the researcher modeled play interaction and facilitated play between Ann and Amy. The play sessions lasted between 5 and 45 minutes. The researcher brought various toys to motivate the girls to participate, but
required sharing and cooperation. Overall, little change in behavior was observed in the siblings from the first to the final session. Table 1 presents the data obtained by the researcher during each of the seven sessions. The ratio between the time of the play sessions and turn-taking exchanges did not change as the duration of play sessions increased. The table contains information about the number of verbal interactions, the number of non-verbal interactions, the durations of the interactions between siblings, and the number of prompts to interact given by the researcher.
Table 1: Play Session Data

<table>
<thead>
<tr>
<th>Play Sessions</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
<th>#7</th>
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<tr>
<td>Duration of session in minutes</td>
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<td>5</td>
<td>12</td>
<td>11</td>
<td>7</td>
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<td>35</td>
</tr>
<tr>
<td>Duration of sibling interaction</td>
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<td>4 minutes</td>
<td>90 seconds</td>
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<td>6 minutes</td>
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<td>Amy 2</td>
<td>Amy 2</td>
<td>Amy 3</td>
<td>Amy 2</td>
<td>Amy 6</td>
<td>Amy 5</td>
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<td></td>
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<td>Ann 4</td>
<td>Ann 3</td>
</tr>
<tr>
<td># of positive spontaneous comments</td>
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<td>Amy 0</td>
<td>Amy 1</td>
<td>Amy 2</td>
<td>Amy 2</td>
<td>Amy 5</td>
<td>Amy 3</td>
</tr>
<tr>
<td></td>
<td>Ann 1</td>
<td>Ann 0</td>
<td>Ann 1</td>
<td>Ann 2</td>
<td>Ann 1</td>
<td>Ann 5</td>
<td>Ann 5</td>
</tr>
<tr>
<td># of negative comments</td>
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<td>Amy 2</td>
<td>Amy 4</td>
<td>Amy 1</td>
<td>Amy 15</td>
<td>Amy 26</td>
</tr>
<tr>
<td># of turn-taking/sharing exchanges (prompted)</td>
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<td>Amy 4</td>
<td>Amy 3</td>
<td>Amy 6</td>
<td>Amy 3</td>
<td>Amy 15</td>
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### Table 1: Play Session Data

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<th>Amy 0</th>
<th>Amy 0</th>
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<th>Amy 2</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ann 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of non-verbal interactions</td>
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<td>Amy 2</td>
<td>Amy 3</td>
<td>Amy 4</td>
<td>Amy 2</td>
<td>Amy 5</td>
<td>Amy 3</td>
</tr>
<tr>
<td>Ann 5</td>
<td></td>
<td></td>
<td>Ann 1</td>
<td>Ann 6</td>
<td>Ann 4</td>
<td>Ann 14</td>
<td>Ann 19</td>
</tr>
<tr>
<td>Materials</td>
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<td>Dress up dolls</td>
<td>Playdoh &amp; dishes</td>
<td>Dress up clothes</td>
<td>Magnet Dolls</td>
<td>Wood house</td>
<td>Doll house</td>
</tr>
<tr>
<td>Familiar</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
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<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
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<td>Amy-Medium</td>
<td>Amy-High</td>
<td>Amy-High</td>
<td>Amy-High</td>
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</tr>
</tbody>
</table>

**Key to Table 1:**

**Prompted comments.** This number represents the number of times each girl interacted verbally towards her sister when given a directive by the researcher. Verbal interactions included comments such as “that looks cool” and “I like that.”
Positive spontaneous comments. This number represents the total number of times each girl directed a verbal interaction towards her sister independently without being prompted first by the facilitator.

Negative spontaneous comments. This number includes directives the girls used towards each other, such as “don’t do that,” “no,” “that doesn’t go there,” and “give me that.”

Non-verbal interactions. Non-verbal interactions included touches, gestures, facial expressions, postures, body positions, and glances. Also noted was how each child was sitting, how many times each child took a toy from her sister without exchanging words, glances at either toys or their sibling, leaving the play area, positive or negative facial expressions, arms crossed, bodies turned away, hitting, and piano playing by the older sibling.

Duration of sibling interactions. The total number of minutes of interaction between the girls during the play session is the duration. For the purpose of this study, the term “sibling interaction” includes verbal and non-verbal interactions between sisters.

Prompted turn taking/sharing exchanges. Each play session began with the researcher discussing strategies and techniques with Amy that she could use to promote conversational exchange and interaction in the play. As necessary, the researcher reminded Amy what phrases she could use to acknowledge Ann’s play. Most prompts were given to facilitate appropriate turn taking and sharing. Prompts included phrases such as “Amy, look at what Ann is doing, tell her something nice about it.” Verbal prompts were also directed to the girls when disagreements occurred in order to facilitate the language necessary to negotiate the conflict.
Unprompted turn taking/sharing exchanges. This is the number of times each girl spontaneously shared a toy asked by her sibling, without adult facilitation.

Materials. Each session included toys and materials that either belonged to the girls or were brought by the researcher. Familiar activities were toys that belonged to the girls or, in the case of session 7, had been brought before by the researcher. Novel toys were those the siblings had not played with before. In some cases, the play sessions lasted longer when the researcher brought novel toys, but it also caused Amy to argue with Ann even more. Also noted in Table 1 are the interest levels of each girl. They are rated as high, medium, or low.

Difference from First to Last Play Session

Overall, the duration of the siblings’ interactions increased over time, and the number of verbal and non-verbal interactions increased; the number of spontaneous turn-taking and sharing exchanges also increased. During the first four sessions, neither girl initiated sharing or turn taking. During the last three sessions, there was spontaneous sharing between the siblings. Amy stated to the researcher in the third visit, “I don’t want to play with Ann, it’s just too hard.” Many prompts were used in order for the sisters to interact or communicate their wants and needs to each other, during each visit. Neither girl had the proper language or conflict negotiation ability to share or turn take. In the first two sessions when Amy was not successful in directing the play the way she wanted and when Ann was not cooperative, she would want to stop or leave the room. By the time of the last two sessions, Amy was willing to remain for a much longer time.
Chapter 5

Discussion

The overall finding in this case study is that the sisters’ social skills with each other were reflected in their interactions in the community. The relationship the siblings have with each other is reflected in the social skills they use with peers and people outside of their immediate family. If young children with special needs do not learn how to negotiate conflict in the family, they are unable to learn them in the community. According to the literature, the amount of time siblings spend together in positive interactions predicts peer competence in younger siblings, especially girls (Stormshak, Bullock, & Falkenstein, 2009). The researcher noticed Ann speaking only English in the home at the end of the project, when she mentioned this to the mother, she reported that Amy speaks only English in the home, also. This could be an example of Ann imitating Amy’s behavior.

Both sisters have functional play skills and the older siblings are age appropriate. Unfortunately, Ann’s imaginative play is not at age level (5); therefore, her symbolic play needed facilitation. Ann’s functional play level was lower than the games in which Amy was interested. While Ann enjoyed blowing bubbles and playing “mommy,” Amy wanted to engage in imaginary play that involved skills Ann just did not have. This made motivation a factor for the older sister, who was unwilling to play simple activities that interested Ann. The older sibling was not responsive to the strategies of interaction with her sister; she just wanted to play with the materials herself and appeared to be bothered when the researcher directed her to facilitate interaction. Although the findings did show a small improvement in independent interaction and the mother reported less arguing in
their play, it was not enough to be considered satisfactory. This play interaction project may have been better suited for siblings who are older and have higher levels of play skills. Previous research indicated siblings can learn to use interaction strategies to improve the social skills of the sibling with disabilities (Trent-Stainbrook, Kaiser, & Frey, 2007).

Limitations

There are several limitations to this intervention case study. The researcher was not aware of Amy’s lack of social skills until the project started. More development of her skills needed to be worked on first. When Amy was approached by the researcher about learning how to play with her sibling, she was quite enthusiastic; however, once she realized it would require her to be a patient leader instead of playing, her willingness to participate waned. The lack of motivation on Amy’s part provided the researcher with a dilemma. She began bringing highly motivating toys, such as a dollhouse, to the play sessions that she thought would stimulate Amy to play with Ann.

The level of parental involvement is another limitation that may have contributed to the sisters’ lack of success in playing together. The mother said to the researcher during one of the conversations that she mostly just let the girls play and “work it out,” and did not get involved in their play very often. Amy was often seen attempting to get her mother’s attention, but was frequently ignored or told not to interrupt. However, when Amy would begin arguing with Ann or take a toy away and Ann cried, the mother would then intervene. This learned method of gaining her mother’s attention may have played a role in Amy’s motivation to play appropriately with her sister. The pay-off of
getting her mother’s attention through negative behavior, even during the facilitated play sessions, proved more motivating than playing with her sister using the tools that were taught to her.

Because the younger sibling, Ann, was a student in the researcher’s special education class, there may have been a stronger relationship between them than with Amy and the researcher. Also, the researcher did not receive the opportunity to observe the older sibling with her peers, which would have provided an insight into Amy’s social skill deficits. Another important limitation was the time of day the play sessions took place. All of them were held after school, between the hours of 3:00 to 5:30 pm. Often, the sisters were tired and hungry, which meant they were not able to interact to the best of their ability.

Implications for Practice

There are several implications for practice that can be derived from the present study. Teaching older siblings strategies to facilitate interactions and social skills with their brother or sister with disabilities can be complex. It is important to know the relationship between the siblings in order to understand whether it is possible for one to take the role of teaching social skills. The relationship between the siblings needs to be one of trust. They should have a desire to want to spend time together and play with each other. The sibling who facilitates social skills, needs to first have the skills they will be modeling.

Other methods of teaching turn-taking, sharing, and improving social skills need to be explored. Books about social skills could be read to, or read by, the children. There
are video clips that can be shown to the children that discuss appropriate interaction. Lessons or play sessions could address the issues in the videos watched or the stories read to reinforce the skills.

Another implication for practice may be teaching parents techniques for developing social skills in their children. The teacher can help the parent learn how to reinforce positive interaction between siblings using a positive support system, such as applied behavior analysis or Floortime. In addition, providing parent education on the importance of responding to their non-disabled child’s needs may have also benefitted this situation.

When families have access to early intervention to address these issues, children with disabilities have more opportunities for success in the community. Thus, the application of evidence based intervention strategies to address deficit social skills in children with disabilities, such as Down syndrome, is important to ensure successful inclusion in all community settings, as well as family interactions.

**Implications for Research**

Continued research is warranted to examine developing intervention strategies that can be used with very young children to improve social skills in siblings when one of them has a disability. Researchers who are interested in studying siblings and the development of social skills in the family unit should consider conducting a larger scale research project that would yield more participants and data regarding new and successful techniques to teach siblings methods of positive interaction with their brother or sister with a disability. Researchers should consider the benefit of a longitudinal study where
they could follow families over the course of a few years to gather more than just a short term look at siblings interacting and their social skills within the community. Another implication for future research should be parental guidance and education on the importance of teaching social skills to not only their child with special needs, but also typically developing siblings who could enhance the social development of their brother or sister.

Conclusion

This case study highlights the importance of the development of social skills within the family. Sibling interaction is among the first social interactions a person will experience. When a formal teaching program is used with siblings of children with disabilities, it strengthens their relationship and fosters positive interactions within the child’s community (Trent, Kaiser, & Wolery, 2006). Professionals working with families where social skills are emerging should recognize the importance of these skills and be prepared to provide intervention to facilitate healthy and successful social interactions.
References


CONVERSATION GUIDE

Positive communication is the single most important key to developing a partnership between families and professionals. This is so because communication lies at the heart of all other forms of partnership.

On the whole, families typically prefer informal and frequent communication with professionals over formal and infrequent communication. To be an effective communicator you need to understand family systems; this means identifying family preferences. You will also need to know and practice specific communications-based strategies – written, telephone, and technology based. In addition, you will need skills for planning, carrying out, and following up on face-to-face interactions. Most of all, you will need to recognize that families usually want to be and can become your reliable allies.

Family Characteristics

♦ Who are the members of your family? Who lives together in your home? Who is interested in supporting ________’s education?

♦ We all have certain cultural characteristics that especially influence our families. These might be related to the part of the country where we grew up, or to our jobs, religion, race, or financial resources. I’ve always considered one of the major cultural influences on my family to be ______. How do you characterize your family’s culture?

♦ What are the most important things that parents should teach their children? What are the most important things that schools should teach children?

♦ Has any particular type of advice about how people ought to live their lives been handed down through the generations for your family? What is it, and do you think it has implications for ______’s educational program?

♦ Are there issues related to your family’s financial resources that are important for the school to take into account?

♦ What is one of the major strengths for your family?
♦ Are there particular challenges or struggles that your family is having right now that might influence _____’s educational program?

**Personal Characteristics**

♦ I’m eager to get to know _______. Tell me about ______’s typical day and especially about the things that _____ most likes and dislikes about the day.

♦ What things seem to be going especially well for _____?

♦ What are some of the particular challenges _____ is facing now?

♦ So much of _____’s day is spent in school. How do you feel things are going for ______ at school?

♦ How do _____’s strengths and needs influence schoolwork? How do _____’s strengths and needs influence _____’s relationships with classmates?

♦ Do any particular health concerns of family members influence your daily and weekly routines? What do you want to tell me about them?

♦ Which people [family members, neighbors, clubs, etc.] are most available to participate in school activities and to help ______ with homework?

**Special Challenges**

♦ All families face times when things seem to be a bit easier and other times when things seem to be more difficult. Is your family facing any particular challenges that impact the time, energy, and resources that you can invest in _____’s educational program? What do you want to tell me about them?

♦ On a long-term basis, are there family issues or circumstances that make life more challenging? Do you feel comfortable sharing these with me?

**Family Interaction**

♦ How do you and your spouse share parental roles? Given this pattern, what are your preferences for how you participate this year in _____’s educational program?

♦ Sometimes in families there are adults who take on some parental responsibilities even though they are not actually parents. Are there people like that involved with _________? Who are they? What do they do? How might we best involve them in his or her educational program?
What do you find to be the most and least enjoyable aspects of interacting with ______? Given those aspects, how can we best ensure that we respect your preferences as we offer educational activities for you and ______ to do in your home?

Over time, has there been a fairly consistent pattern for your parental responsibilities or has this changed because of some kind of special circumstances? If it has changed, what is the change and why did it occur?

What are the most and least enjoyable ways that your other children interact with ______?

In what ways might ______’s brothers and sisters provide educational support to ______?

What challenges are your other children experiencing that are taking a large amount of your family’s time, energy and resources right now?

Who is in your extended family? How often do you see them?

In what ways have extended family members provided you with support and assistance in raising _____?

Do you think your extended family members would be interested in having additional information, about how they might best support _____? What information would be helpful, and how do you want to share it with them?

Would you like us to extend an invitation to your extended family to participate in educational conferences or school events?

Family Functions

In what ways does _____ particularly like to have affection expressed by family members toward her or him?

How important do you think it is to express affection to _____ and your other children?

Are there other people outside of the family on whom _____ depends for affection?

Standing in _____’s shoes, how do you think _____ sees himself or herself in terms of personal strengths and weaknesses?
What are your family beliefs about how to best help your family members feel good about themselves?

What have been some school experiences in the past that have particularly helped _____ feel good about himself or herself?

What have been some school experiences in the past that have had a negative impact on _____’s self-esteem?

What do you think are the most significant ways that we can work together to support _____ to develop stronger self-esteem?

To what extent do family economics influence the kind of support that you can provide to _____?

Has ____ required more or fewer economic resources than other family members?

Are there any special celebrations associated with your religion that are important for us to consider as part of _____’s educational program?

What is a typical day like in your family?

What are the most challenging aspects of the day?

Do you have time built in throughout the day for relaxation and rest?

As a family, do you divide the daily tasks related to meeting each individual’s needs?

What tasks does _____ assume, and how can we work together to teach him or her skills that make the family’s daily routines easier?

As a family, what do you do for fun?

What recreation or leisure skills might _____ learn at school that would make family recreation and leisure more enjoyable?

Whom does _____ hang out with when he or she is not at school?

What are your perspectives on _____’s friendship network? What would be an ideal friendship network for _____?

How do you characterize the extent to which your family friends support
Of all the teachers who have worked with ______, who had an especially good relationship with him or her and you? What can we learn from that situation that we incorporate into the school year?

In what ways do you most enjoy participating with ______ in his or her educational program?

There are many different ways that we could communicate throughout the school year, such as through home visits, school conferences, telephone calls, notes, or a notebook. What are your preferences for communication? What do you think will work best for you and your family?

In terms of ______’s vocational development, are there family members or friends who might be especially good resources in helping to create job opportunities for ______? How might we best capitalize upon their contributions?

Tell me about ______’s early years. What stands out in terms of your happiest memories? What about your most troublesome memories?

Did ______ participate in an early childhood program? What did you think of the program?

What have been the highs and lows of ______’s educational experiences?

How do you think ______ is or has been best prepared for his or her future by school experiences?

Try to create a picture in your mind of an ideal situation for ______ when he or she is an adult. Describe that situation to me. What are your hopes for his or her future?

When you look to the future, what are your greatest concerns for ______?

As you look ahead to adolescence, what do you anticipate to be the easiest and most difficult aspects?

Now that ______ is a teenager, how would you describe the highs and lows of adolescence?

How does ______’s adolescence compare with the adolescence of his or her brothers and/or sisters?

What do you see as the priorities that need to be addressed in school to best
prepare _____ for life as an adult?

♦ Now don’t give me a name, but please just describe a situation that was really difficult when a teacher was not especially helpful at all to _____ and your family? What can I learn from that situation to make sure that I don’t repeat any of it?

♦ What do you see _____ doing after graduating from high school in terms or where he or she works and lives? Does _____ have the same vision for himself or herself?

Collaborating with families to meet their basic needs may not seem to be the same as educating their children, but it remains an important role for all educators. The reason is simple. The more you and other educators support families to address their critical, basic, personal, and family needs, the more likely it is that they will devote time and energy to their children’s educational needs – and, of course, the more likely it is that you and they will develop an empowered and empowering relationship.

**TAKE STOCK: A Checklist to Encourage Parent Involvement**

♦ Is there a place for parents to park at night when they visit the school?

♦ Is the school open after school hours for visits or meetings?

♦ Do office personnel greet parents (in person or on the phone) in a friendly, courteous way?

♦ Do posted signs warmly welcome parents and visitors?

♦ Are there directions (posted or verbal) for parents and visitors to find their way around the school?

♦ Is there an orientation class for the incoming students and their families?

♦ Is there a program for helping mid-year transfer students and their families to settle in the school? (For example, is a staff member assigned to be their “host”?)

♦ Are there regular social occasions or events where parents and school staff can get to know each other?
Does the principal have clearly posted office hours when parents and students can drop in to talk?

Does the school permit parents to observe in class?

Does the school have an “Open Door” policy where parents are welcome at any time during the school day?

Is there a school newsletter with up-to-date information about holidays, special events, etc.?

Does the school send home a calendar listing dates of parent-teacher conferences, report cards, holiday schedules, and major events?

Does the school send home a directory of key PTA representatives and school personnel, with phone numbers?

Does the school hold annual back-to-school nights/open houses?

Does the school have a hot line for parents and students to deal with emergencies, rumors, and other “burning questions”?

Do school policies encourage all teachers to communicate frequently with parents about their curriculum plans, expectations for homework, grading policies, and how they should help?

Do parents know where to go with their concerns or complaints?

Does the principal review all the school’s written communications, including report card format and how tests results are reported, to make sure they respect the parent’s adult status and yet remain easy to understand?

Are parents informed of their rights? This includes access to school records, due process in disciplinary actions and participation in special education.

Does the school require at least one parent/teacher conference each year for each student?

Does the school offer to set up teacher-parent conferences upon request?

Does the school provide in-service training or other opportunities to help teachers communicate or collaborate with parents?

Is there an early warning policy where teachers promptly consult with parents if a child is falling behind or having social behavior problems?
Does the school inform parents right away if a student doesn’t show up for school? Are parents promptly consulted if there is a pattern of unexcused absences?

If the school needs to develop a new policy or program, is there a mechanism for obtaining parent input?

Is there a parent-teacher organization that meets at least once a month?

Is there a policy for informing non-custodial parents about their children’s performance and school events?

Do teachers sometimes meet outside school hours with parents who have jobs and cannot easily get away during the working day?

Does the school hold evening and weekend events for its families so that employed parents can come to see the school?

Are written materials provided in Spanish, Arabic or other non-English languages prominent at the school?

Are parents informed how they can reach the teacher at the beginning of the year?

Do the teachers tell parents about the good things, as well as the challenges?

Does the teacher try to communicate at least once a month with each family?

Does the teacher talk to parents in person or on the phone, in addition to sending written messages?

Does the teacher give parents regular opportunities to see their child’s written work?

Does the teacher let parents know of expectations for homework, grading policies, and how parents can help?

Does the teacher let parents know what information about the child is needed to help teachers do a better job (e.g., family stress or major changes in family – illness, birth, death, divorce, etc.)?

In suggesting ways that parents can help at home, does the teacher take into account a student’s particular background, culture and family situation?
Appendix B

Session 6

Activity: Wooden House with furniture and dolls

Goals for Activity: Turn taking using language, commenting or noticing on each others actions, enjoy activity and sisters’ company.

Materials needed for activity: Large wooden doll house, container of wooden furniture with family of dolls. Notepad and pencil

Organizational Steps: Begin by speaking with Amy about strategies she can use to initiate turn taking when she wants a toy from Ann. Remind her of phrases she can use to comment on what her sister is doing (I like your furniture that way, your doll is cute etc.) Set up play area. Invite both girls to come explore doll house. Remind Ann that she needs to share items in doll house with Amy.

Goals for Ann: Use language to ask for a toy she wants or ask for help from adult if Ann does not respond the way she wants, share when asked to, look at Amy’s play.

Goals for Amy: Initiate comments and suggestions to Ann in a positive, appropriate manner using the strategies taught to her. Ask for help from the researcher when she feels Ann is not responding.
Appendix C

Date 3/6/12
Activity: Wooden Doll House
People present: researcher, Ann, Amy, R

**VERBAL interactions:**
Who initiates: Ann initiated once with Amy, said “Oh you put that there”
Amy initiated 23 times, all requests or directions/commands
Amy only verbal interaction was to tell Ann Not to do something or ask her for a toy she wanted. NO independent comments, when prompted would comply with direction with a dejected tone.
Responses: Amy requested toys 9 times, Ann replied negative 6 times, 3 times positive.
Ann gave Amy 14 commands – “don’t put that there” – Amy complied 3 times positively and 9 times did not follow direction.
Researcher intervened with every negative.

**NON-VERBAL interactions:**
What they were, who did what: Both girls taking toys out of bucket quickly and holding them to chest, it appeared they didn’t wan the other to have it. Setting up furniture in doll house each on own side, both looking at what the other has, Ann taking without asking.
After 30 minutes of play Ann starts grabbing furniture that Amy has set up and laughing.

**NO interaction** between sisters per session:
What it looked like: Girls playing in separate areas of doll house, each talking about what they are doing to researcher and mother. Each talking to the dolls and playing appropriate house – (Ann putting grandpa in front of TV, Amy putting mom in the shower)

**Number of play sessions:** 1, lasted 45 minutes. Girls very excited about the different play house

**Quality/ thoughts of intervention:** The girls were very excited about new play house, wanted to explore it. They did very little with each other and most interaction was to fight over a piece of furniture. I had to intervene with every argument, Amy did not use any of the past techniques we has used before. I had to prompt her each time, she rolled her eyes and grunted 4-5 time s when I informed her to do what she had learned in the past. Ann did respond positively after I prompted the older sibling to use appropriate techniques. This same scenario was repeated throughout the most of the play. At the last 6 minutes Ann was grabbing and laughing, Amy was holding on to the toy and screaming.

Suggestions for next time:
Remove Amy from play and discuss her role with her sister. Review techniques.