IN HOME TRAINING FOR LATINO PARENTS OF CHILDREN WITH SPECIAL NEEDS: STRATEGIES TO SUPPORT COMMUNICATION AND POSITIVE BEHAVIOR

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

By

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August 2012
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ACKNOWLEDGEMENTS

I would like to thank my thesis committee, Dr. Deborah Chen, Dr. Michele Haney, and Olga Quirate, for their guidance and support throughout this process.

Special thank you to the focus family of the case study, for letting me enter their lives. Without their commitment to their child and to the project, this thesis would not have been possible. They are an inspiration to other families of children with special needs.

For the past two years I dedicated a great deal of my time to my research project which is now culminating with a thesis. Throughout it all I have had my family supporting me in every way and manner, offering the moral support and the time that I needed to complete the project. I would like to dedicate this work to my family and friends for the love and consideration they have shown me not only during long hours of work, but throughout my entire academic career.

I especially dedicate this project to my children Alex and Saul who have patiently waited for me to have a weekend off to spend time together. To my beloved husband, Carlos, thank you for giving me confidence, support and keeping me on the right track and not letting me give up. Thank you for the love and support through my career.
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ABSTRACT

TRAINING FOR PARENTS OF CHILDREN WITH COMMUNICATION AND BEHAVIOR CHALLENGES:
STRATEGIES TO SUPPORT LANGUAGE DEVELOPMENT AND POSITIVE BEHAVIOR

A CASE STUDY

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This thesis explores a variety of intervention strategies that can be used in the home with children with special needs who are demonstrating challenging behaviors due to the lack of functional communication. Research regarding positive behavior support, functional behavior training, parental involvement, and strategies to support families at home have been reviewed. A case study was conducted with a family raising a preschool age boy who was receiving special education services due to an eligibility of developmental delay. The researcher observed the family’s interactions, conducted home visits, and worked with the family by coaching and modeling play and communication strategies in their home environment. The data revealed that in-home parent training had positive effects on the family relationship and interaction with the child; leading to improved communication and behavior in a variety of settings. The results supported
several themes represented in the literature. They also suggest that parents feel more empowered to work with their children at home when professionals in the field of early childhood education work collaboratively with them.
CHAPTER ONE

Introduction

There is an increased concern about the number of preschool children who are demonstrating challenging behaviors at home and at school (Benedict, Horner & Squires, 2007). This situation is even more evident in special education classrooms for children with a variety of disabilities. Eligibility categories in these classrooms include, but are not limited to, developmental delay, speech and language delay, autism, mental retardation, ADHD, and emotional disturbance.

Positive behavior support (PBS) has been demonstrated to help improve the quality of life for children with disabilities by increasing appropriate behaviors and by preventing interfering behaviors from occurring (Neitzel, 2010). PBS is a comprehensive team-based approach that allows professionals and families to assist students to decrease or even eliminate disruptive behaviors (Benedict et al, 2007). PBS was derived from applied behavior analysis (ABA). Associated operant conceptual frameworks have played a key role in determining the development of PBS. Behavior analysis focuses on the philosophy that explains how learning happens. ABA is the use of these techniques and principles to bring about important and positive modification in behavior. Positive reinforcement is one such principle. Nevertheless as PBS has continued to evolve it has drawn progressively more on other theoretical perspectives one of them being the ecological psychology (Carr et al., 2002). Besides PBS, a variety of techniques are used at school including functional communication training (FCT), a practice to substitute
undesirable behavior with more proper and efficient communicative conduct, play and art interventions.

Benedict et al., (2007) found that many teachers, paraprofessionals, and parents feel that they do not have adequate training when dealing with children who are at risk of developing difficult behaviors. This case study addresses the following questions: 1) If parents are trained on the techniques of positive behavior support, functional communication training, play and art interventions, will they demonstrate the ability to apply these techniques with their child? 2) As a result of the home-school collaboration, will the child’s communication skills increase while challenging behaviors decrease?
CHAPTER TWO

Literature Review

This literature review is organized into three sections and will explore variety of behavior and communication strategies used at school that can be transferred to homes of children who are demonstrating behavior and communication challenges. The first section defines the problem and its consequences. The next sections summarize the strategies that can be implemented at school and at home to help children with behavior and communication challenges. These strategies include positive behavior support (PBS), functional communication training (FCT), play and art interventions. The last section describes the importance of parental involvement, in-home training and the implications of family culture. Understanding of family culture plays an important role in the development of an in-home training program because the language, cultural background and the family rearing practices might help with the process.

Communication and Behavior Challenges

According to Semke, Garbacz, Kwon, Sheredian and Woods (2010) there is a great concern among school personnel, families and society regarding the increase in disruptive behavior experienced in young children with special needs. Students who show behavior problems at such an early age are at risk for future negative life experiences, which may affect their success in school and their development as responsible adults (Semke et al., 2010). The definition for challenging behavior is still in debate. However, the Center for Evidence Based Practice defines challenging behavior as “disruptive vocalizations, noncompliance, and self-injurious behavior” (Kaiser, 2007). Behaviors such as hitting, biting, tantruming, yelling, and noncompliance are behaviors that affect
the child’s well being and his/her success with social interactions (Benedict et al., 2007). Benedict and colleagues also found that young children who demonstrate challenging behaviors during their preschool years, and go on without adequate intervention, tend to develop unfortunate long term effects which may include school difficulties, social interaction problems, as well as drug use and criminality as they reach adulthood.

According to Neitzel (2010), children who have been diagnosed with autism seem to be at a greater risk for developing interfering and repetitive behaviors due to their deficits with communication and social interactions. These behaviors prevent them from engaging in learning activities which may in turn interfere with acquiring essential skills for their academic and social success (Neitzel, 2010). It has also been noted that social competence during the preschool years is a positive predictor of success in the primary grades and afar. Because challenging behaviors occur across different settings, it may affect the relationships among family members, peers, and society in general. It is critical that effective interventions are provided as early as possible to prevent future problems (Division of Early Childhood, 2007).

The prevalence and incidence of challenging behaviors has been recognized for several years especially in individuals with disabilities (Chandler & Dahlquist, 2010). Children who have been diagnosed with a disability are at higher risk of demonstrating challenging behaviors due to their deficit in communication skills. Chandler and Dahlquist (2010) indicate that 14% to 38% of persons with disabilities show aggressive behaviors; 40% to 60% have stereotypical behaviors and 6% to 40% are self abusive.
In summary, difficult behaviors are demonstrated across ages establishing in preschool and continuing into the primary grades. Studies show that general and special education classroom teachers report that they do not have the adequate training to deal with those behaviors and tend to use punishment to help alleviate the problems (Chandler & Dahlquist 2010; Hemmeter, Santos, & Ostrosky 2008, Tillery, Varjas, Meyers & Collins, 2009).

**Behavior Management in School**

The 2004 re-authorization of Individuals with Disabilities Education Act (IDEA) reinforced that positive behavior support (PBS) should be implemented for students with challenging behaviors and addressed on the individualized educational program (IEP) (Cook et al. 2007). According to Hemmeter, Santos, and Ostrosky (2008) teachers and school personnel are responsible for dealing with students who demonstrate behavior issues. Unfortunately many early childhood practitioners do not feel prepared to meet the needs of children who demonstrate difficulty with socio-emotional issues and challenging behavior. A study investigating the roles and training needs of preschool teachers found that the largest need was working with children who have challenging behaviors. Many teachers reported that they were uncomfortable working with children who had severe disabilities and difficult behavior (Tillery, Varjas, Meyers, & Collins 2009). It is important that teachers and school personnel working with preschool children who have disabilities acquire knowledge regarding positive behavior support. Teachers and paraprofessionals need extensive experience in child development, developmentally appropriate practice, social emotional teaching strategies, teaming, working with
families, and systematic approaches to addressing challenging behaviors (Hemmeter et al., 2008).

According to Tillery et al., (2009) teachers’ attitudes toward behavior management show that the majority of teachers are aware of the importance of positive behavior interventions. However, a small group of teachers still use punitive strategies such as time out, restraint, and removal of privileges. Several teacher education programs do not adequately train teachers in behavior support strategies and classroom management. This causes a problem when teachers enter the field without the necessary tools to deal with disruptive behavior. Studies show that there is a need to support and train teachers in topics related to classroom management and positive behavior support (Hemmeter, 2008; Tillery et al., 2009).

**Functional Behavior Assessment**

Before PBS can be implemented a functional behavior assessment (FBA) is required (Dudda, Dunlap, Fox, & Clarke, 2004). Functional behavior assessment is the process of identifying the variables that dependably predict and maintain problem behaviors. The results of the assessment offer parents and professionals the ability to understand the function of the child’s behavior as well as the variables that trigger the behavior. The results of the functional assessment are used to plan necessary interventions to minimize the undesirable behavior (Dudda et al., 2004).

PBS strategies resulting from functional assessments typically include several components, including strategies for teaching the student new skills through prompting and reinforcement. A major component is related to changes in the environment, curriculum and activities (Dudda et al., 2004). According to IDEA (2004), data obtained
from a FBA provides the foundation upon which the PBS plan is developed. The FBA data should explain the types of strategies included in a plan to encourage more acceptable forms of behavior (Yell & Shriner, 1998).

The results of a functional assessment will help the teacher, parents, administrator and behavior specialist: (a) identify the severity of the problem, (b) label the conduct in real terms, (c) gather data regarding possible causes of the problem, (d) analyze the information, and (e) formulate and test a hypothesis (Fitzsimmons, 1998). Once the data is collected, intervention plans should be discussed by the team. Intervention should include positive strategies, curricular adjustments, and any necessary supports to help concentrate on the behavior. Evidence based strategies should be utilized with opportunities to participate in school, home and community events (Chandler & Dahlquist, 2008; Fitzsimmons 1998).

**Strategies for School and Home**

Children with developmental disabilities demonstrate difficulties when interacting with their typically developing peers due to the deficit in cognitive, social, language and play skills. It is important that professionals, caregivers, and families develop interventions to help children build the necessary skills to fully participate in school and in society (Jull & Mirenda, 2011; Lantz, 2002). Young children with communication delays show difficulty engaging in creative play with peers and therefore often engage in non-desired behaviors e.g., throwing self on the floor, pushing, hitting, scratching, and head hitting (Mastrangelo, 2009). Studies show that there are several strategies that have been proven effective when working with children with special needs. These strategies can be used at school and transferred to home and other natural settings (Benedict, 2007;
Buschbacher, Fox and Clarke, 2004; Duda, 2004; Lantz, 2002; Lunkernhemer, et al, 2008; Mastrangelo, 2009; Neitzel, 2010; Steiner, 2010). Some of the strategies are: positive behavior support, functional communication training, play and art interventions.

**Positive Behavior Support**

Duda, Dunlap, Fox, and Clarke (2004) found that positive behavior support (PBS) is a set of strategies that has shown to be an effective approach for developing interventions for people with behavior difficulties. PBS is a comprehensive team-based approach that allows professionals and families to assist students in decreasing or even eliminating disruptive behaviors (Benedict et al, 2007). Several studies show that PBS is a system that helps in the reduction of challenging behavior when used with recommended strategies (Benedict, 2007; Duda, 2004; Neitzel, 2010). Although PBS has been shown to be effective in resolving problem behaviors in different populations; very little research has been done regarding its implementation in the early education special education classroom (Duda, 2004).

Three levels of prevention associated with Response to Intervention (RTI) have been identified as the major components of PBS (Benedict, 2007). The first level indicates that children are offered a safe and predictable atmosphere where they can find positive interaction with adults and peers. At the first or universal level, families should be provided with supports and strategies to teach children socio-emotional and communication skills to ensure that they are successful in school (Benedict, 2007). The use of positive reinforcement and positive encouraging words promotes appropriate behavior. Classroom design and organization is very important in the first level.
Schedules and daily routines need to be implemented consistently. Positive interactions among staff, families, and children are essential. Benedict (2007) argues that behavioral expectations need to be taught explicitly during group time, which can be presented as classroom rules. The second level includes a small group of children who need extra support; mostly children who are “at risk” would be included in this group. Pre-planned social interactions and modeling of positive behavior is required. The third level is designed for students who require individualized interventions and is usually provided when first and second levels are not effective.

In conclusion, these interventions must be very specific to the needs of the student and should be socially and culturally appropriate. This may include social and communication skills, problem-solving and prevention strategies (Benedict, 2007). As stated earlier, applied behavior analysis (ABA) and its supplementary operant conceptual framework have played an important role in shaping the development of PBS. At the conceptual level the ecological model is similar to PBS in many respects. It emphasizes natural settings, and ecological studies in which change, in adult attitudes and environments must occur instead of blaming the victim for the problem (Carr et al., 2002).

**PBS applied in natural settings.** According to Buschbacher, Fox and Clarke (2004), PBS has been demonstrated to be effective when applied in natural settings such as home and community. Buschbacher et al., (2004) found that when professionals and families work together in the implementation of positive behavior supports at home, interactions among family members have improved greatly. Consequently the communication and social skills of the child improved. Some of the interventions have
been implemented within the daily routines making small changes to attitudes, schedules, communication and reward systems. Many studies have demonstrated that positive parenting strategies such as warmth, praising, and positive reinforcement promotes positive attitudes in children with disabilities (Buschbacher et al., 2004; Lunkernhemer et al., 2008; Steiner, 2011).

Functional Communication Training

According to the National Professional Development Center on Autism Spectrum Disorders (2010), functional communication training (FCT) was derived from the literature on functional behavioral assessment (FBA). FBA a practice used to substitute undesirable behavior with more proper and efficient communicative conduct. FCT is implemented after a FBA has been conducted to identify the purpose of the challenging behavior. FCT has shown positive results when used with children with autism and other developmental disabilities, who often demonstrate undesirable behaviors that affect their social interactions with peers and adults and their ability to learn new information that is important for daily living (Moes & Frea, 2002). Studies show that families of children with special needs benefit from functional communication training to help children decrease undesirable behaviors while they learn more meaningful ways of communication (Moes & Frea, 2002; Schielt et al., 2011). Intervention is focused on daily routines and family ecology because it is during daily routines and natural settings where most of the undesirable behaviors occur. The primary goal of FCT is to support positive family relations and the daily interactions among its members (Moes & Frea, 2002).
The standard FCT treatment consists of observations during daily routines and intervention strategies such as access to desired item/activity to promote desired response, prompting for appropriate response, teaching opportunities in natural settings, verbal, gestural and physical prompting. Also, functional reinforcement such as social praise and/or access to desired item (Moes & Frea, 2002). Other factors to be considered before initiating parent training are that adults and peers who will be the communicative partners need to learn to act in response to the learner’s use of replacement behavior.

According to the National Professional Development Center on Autism Spectrum Disorders, functional communication training (2010) there are 12 steps for implementation of functional communication training.

Step 1. Identifying the interfering behavior

Step 2. Completing a functional behavior assessment

Step 3. Identifying a replacement behavior as a substitute for the interfering behavior

Step 4. Designing and implementing data collection procedures

Step 5. Manipulating the environment to elicit the interfering behavior

Step 6. Planning opportunities for generalization

Step 7. Prompting learners to use replacement behavior

Step 8. Not reinforcing the interfering behavior

Step 9. Providing reinforcement

Step 10. Shaping the response
Step 11. Fading the use of prompts

Step 12. Increasing the time between the replacement behavior and reinforcement

As previously stated functional communication training can be beneficial to children who are having difficulties communicating needs and desires. When this strategy is used consistently it can greatly minimize undesirable behaviors and improve the quality of life of children. Since play is one of the most important children’s activities FCT can be practiced during play as well as throughout daily activities.

**Play Interventions**

Play is an activity that is pleasurable, flexible, voluntary, non-literal and engaging and is an integral part of child development (Mastrangelo, 2009). Children develop social, cognitive and language skills while they spend time playing. Typical children naturally involve themselves in imaginative, social and interactive play. Children with autism and developmental disabilities lack social and play skills (Lantz, 2002; Mastrangelo, 2009). In contrast with typically developing children, children with autism spectrum disorders (ASD) demonstrate deficits in play and social skills. These children have difficulty with abstract concepts and imaginative behavior; they also show deficits in sequencing and motor planning. Their play is usually solitary and non-functional (Lantz, 2002; Walberg & Craig-Unkefer 2010).

Several types of interventions have been used to support children with autism to develop social, communication and peer-play skills. Play based strategies are considered promising practice. These interventions have been categorized as: child centered, peer mediated, and adult mediated (Jull & Mirenda, 2011). Child centered involves teaching
specific social skills using child’s obsessive interest, for example asking questions or making comments about favorite books or movies. Peer mediated involves the training of typically developing peers to engage in play interactions. Peers are trained to prompt the child with autism to join play using verbal and non-verbal cues (Jull & Mirenda, 2011). Peer mediated strategies to support language during play include: opportunity for language and social interactions with typical and atypical peers. Typical peers are trained to recognize and respond to target children’s verbal and non-verbal communicative acts during play. Children with autism gain negotiation skills, role-taking abilities due to the equal status with play partners.

Adult mediated intervention involves teaching adults to prompt and/or reinforce social behaviors and to structure opportunities to facilitate peer interactions (Jull & Mirenda, 2011). Adult mediated strategies to support language during play include: providing joint attention to objects, and using labels to describe objects, providing responses depending on child’s communication attempts, and assigning meaning and interpreting child’s language (Craig-Unkefer & Kaiser, 2002).

Several play-based techniques have been proven to be effective when working with children with autism and other disabilities, some of them are: teaching pretend play, play dates, and the floor time model. Pretend play is an important predictor of future social skills (Barton & Wolery, 2008). Since many children with disabilities lack the ability to initiate pretend play it is important to teach them those skills. Pretend play helps children develop imagination, creativity, language and social skills. This type of play will not develop naturally in children with autism and other disabilities. It needs to be taught.
It requires adult and/or peer support using: physical modeling, verbal prompting, hand over-hand, imitation and script training (Barton & Wolery, 2008).

A study conducted by Jull and Miren da (2011) demonstrates that parents can be trained to be facilitators of play dates for children with atypical behaviors. The results of the study demonstrate that parent implemented interventions can have an optimistic impact on both parents and children. During the study, children who had been diagnosed with autism were paired with a typical developing partner who served as a model during play, the typical child was prompted by the parent to initiate interactions with the child with autism who improved social and communication skills.

Floor time is a child directed and adult supported play activity designed by Dr. Stanley Greenspan (2003). It is usually used as play intervention for preschool age children with ASD. Floor time provides the opportunity to transform non-functional play into more meaningful and beneficial play. It helps to expand themes and to develop social relationships with others. According to Lantz (2002) floor time involves five steps:

1. Adult observes the child

2. Adult joins play matching child’s tone

3. Child direct action and adult copies

4. Adult expands on child’s theme

During floor time interactions it is important that adult follows the child’s lead. The adult needs to expand on child’s play by creating changes/obstacles into the play to develop problem solving skills (Lantz, 2002). Research has found that floor time has helped children with autism make great progress in social behavior, cognitive skills, symbolic play and creative behavior (Lantz, 2002).

In summary, children develop social, cognitive and language skills while they play. When young children demonstrate delays in communication and social interactions it is necessary to teach them play and social skills explicitly. Well trained adults and typical developing children are important factors in the development of interventions.

Creating Art

For centuries art has been seen as a means of cultural self expression. Lately, neuroscience has discovered the connection between art making and language development, creativity and problem solving, as well as its contribution to the human well-being (Kaplan, 2000). Educators from Reggio-Emilia have conducted studies that show that children with disabilities greatly benefit from creating art especially those which follow the child’s interest and build on it. Creating art using a variety of mediums allows children to deepen their understanding of a theme which they are able to represent in concrete ways (Grielbling, 2011). Through art, children are able to meet important developmental needs such as mastery, belonging, and generosity which allow them to explore physical properties and materials, record long lasting thoughts, feelings and memories. They also engage in play by doing art, which permits them to engage with
others, make connections and establish important relationships. This gives them a sense of autonomy over their lives (Grielbling, 2011).

According to Furniss (2008) creating art is an important, meaningful and satisfying process for many young children with autism and other disabilities. Through art they demonstrate a mental and physical process of self expression, imagination and creativity. Children are able to represent their obsessions or preoccupations while creating art as well as their thoughts and ideas. For many non-verbal children art can be used as a way to communicate (Furniss, 2008). Therefore teachers need to understand that children learn in numerous ways and that each of them has particular strengths to consider. Allowing children with disabilities to have access to art during school and giving them every opportunity to be successful should be one of the goals.

These strategies are effective at school and can be transferred and implemented at home when parents are willing to participate in the process and necessary training. The next section discusses the importance of parental involvement. Research indicates that Parental involvement has been demonstrated to be important in supporting children in the natural environment, and their collaboration with the school is imperative.

**Parental Involvement**

Family participation in school activities has shown to prevent children’s behavioral problems (Semke, Garbacz, Kwon, Shredian, & Woods, 2010). Family members need to be included in the development of behavior assessment and interventions; they need training specifically in child guidance, social-emotional regulation and communication skills (Division of Early Childhood, 2007). Parents
participation in school may include: participation in school events, completing school related home activities, attending teacher-parent conferences, and attending workshops. However, the number of children in the family, parent’s education, parental status, socio-economic status and culture, define variations in family involvement (Semke et al., 2010). Studies show that family stress is related to behavior issues demonstrated by children at school. Parents’ daily stress levels serve as a barrier to frequent involvement (Semke, et al., 2010; Steiner, 2011). Difficulties with finances, family resources, and elevated levels of stress have been shown to affect the willingness of parents to participate in school functions and therefore augment a child’s disruptive behavior at school.

Parent-child interactions in the early years are important for the development of communication and improved behavior in preschool children (Buschbacher, Fox & Clarke, 2004; Steiner, 2010). Unfortunately, children of low socio-economic families are at risk of developing fewer skills in the area of social interactions. Parents of low-socio economic status have been found to talk less and use few interactive skills, thus providing fewer models to their children (Hart & Risley, 1995). On the contrary, studies show that children, whose parents are responsive to their communication intents, demonstrate higher rates of language development and less frustration, which reflect, in their positive behavior (Hancock, Kaiser & Delaney, 2002; Lunkenheimer, et al., 2008).

Studies demonstrate that highly stressed adults benefit from participation in parent-child interventions. They learn preventive techniques to improve the relationship with their children. However, interventions need to be long term to show effect (Hancock, Kaiser & Delaney, 2002; Schultz, Schmidt, & Stichter, 2011).
strategies for parents training include: (a) balanced turn taking, (b) language modeling and expansions, (c) behavior management, (d) positive feedback, and (c) physical support such as hand-over-hand if child is not compliant after instructions. According to Kaiser (2007), changing adult’s behavior is essential to the treatment of child’s disruptive behaviors. In most of the cases children's behaviors are the result of a lack of adult’s skills giving directions and following through with performance. Interventions need to be put into action with consistency, by adults with whom the child spends most of the time, including caregivers, family members and school personnel. Unfortunately there is a shortage of trained personnel to carry out parent-child interventions.

**Parent Training**

Studies show that parent training related to positive behavior support and communication helps increase the child-parent relations at home and in turn, the newly acquired skills are transferred to school and community (Lunkenheimer, et al., 2008; Steiner, 2011). When parents learn to show concern, use encouraging statements and demonstrate physical warmth toward their children, then the child’s conduct and communication improves.

There are several types of parent training programs, but one of the most effective has shown to be the individual program that it is connected to school. In this program parents work on generalizing functional communication and positive behavior skills in daily home activities. One of the benefits of the program is that the family builds a close relationship with the trainer who helps them evaluate, plan and implement interventions according to the family needs (Briesmeister & Schaefer, 2007). Collaborative
partnerships are successful when both parts show open communication, personal commitment, equality, trust, and respect. Time commitment is very important for a successful program. Weekly or bimonthly meetings are recommended to have continuity, especially for families who need timely coaching and modeling (Briesmeister & Schaefer, 2007).

**In Home Training**

According to Buschbacher, Fox, and Clarke (2004), in-home training has proven to be effective in decreasing challenging behavior and increasing communication skills. Parents and professionals need to work collaboratively to identify possible triggers to the disruptive behavior and then create a plan of action. Observations of daily routines and interactions are very important to find the possible reasons or events that are causing the problem behaviors. Once behavior causes have been discovered, parents and the professional need to brainstorm to find possible solutions to the problem (Buschbacher et al., 2004). Unfortunately only a small number of studies suggest a perfect model for in-home training.

Steiner (2011), suggest that a strength-based approach to parent education is linked with increased generalization of acquired skills. In this approach parents are taught to recognize the positive uniqueness of the child which will allow them to approach the parent-training task more positively. Parental and professional optimism is an imperative aspect of this model. Lunkenheimer, et al., (2008) suggests the family check-up model which was designed to attend to a parents’ willingness to improve their relationship with their child. The model is based on an ecological approach to family involvement and
conduct, family goals and strengths, and needed intervention. Parents attain the opportunity to choose from a list of strategies to achieve their goals. Strategies are based on positive reinforcement, interactive engagement and proactive structuring of the child’s environment.

Another study by Collican, Smith, and Bryson (2010) found that training in Pivotal Response Treatment (PRT) can be beneficial for preschool children with autism. Teaching imitation, non-verbal communication and pragmatics to preschoolers with autism was implemented using principles of applied behavior analysis (ABA) during play and during daily home routines. This training tends to benefit children in their development of vocabulary, expressive and receptive language as well in the decrease in disruptive behavior.

Parents should be offered in-home training so daily home routines can be addressed as part of the intervention. As parents observe the interventionist interact with the child they will have the opportunity to see firsthand strategies and techniques being applied. At the same time they need opportunities for practice to ensure that the newly learned skills can be used during daily family routines.

**Hispanic Family Culture**

Traditionally, for the Hispanic family closeness among its members is very important. The term ‘familia’ goes further than the nuclear family. The extended family is part of the unit. All family members are responsible for helping each other. However, the father is mostly the head of the family and the mother cares for children and for the home (Clutter & Zubieta 2009). According to Huges, Valle-Riestra, and Arguelles (2008)
parents of children with special needs seem to cope with the stress that the task brings due to the availability of family support. The extended family offers support in different ways, from child care to emotional support and understanding.

Cultural differences are common among Latino families but there are several values and attitudes that are shared. Religion plays a significant role in the Hispanic community. They celebrate popular holidays, such as Christmas, Easter, New Years and Three Kings’ Day, and most of these celebrations have religious connections (Clutter & Zubieta, 2009). For many Latino families having a child with disabilities is like having a gift sent from God, they see it as something special that will bring positive renovation to their lives (Hughes, et al., 2008). The majority of Latinos are Catholics but there is a growing influence of Protestants sects among the Latino community. For families of Mexican origin the importance of Our Lady of Guadalupe as a patron saint is an important characteristic of their practice of Catholicism. It is common for a parent to pray to the Virgin of Guadalupe to intercede for him or her to cure their child with a disability (Zuniga, 2011).

A study directed to compare children’s values among Mexican and Puerto Rican mothers show that they placed a great value in good behavior, which is described as a child being calm, obedient, respectful, and responsible (Arcia, Reyes-Blanes, & Vasquez-Montilla, 2000). Most Latino parents tend to be nurturing, lenient and tolerant to their children. Their attitude toward their young children is to appease them not to push them to achieve developmental milestones (Zuniga, 2011). They value inter-dependence among family members, and this causes young children to begin school without knowing basic skills expected by the Anglo culture. Skills such as knowing how to tie shoes, eat
their meals independently, and dress themselves because everything has been done for them.

According to Hughes et al., (2008) Latinos place a great value in formal education; they see education as a vehicle for better life and job opportunities. They want to be involved in their child’s education but many feel uninvited to be part of the school plans. Many of them express frustration with communication due to their limited English skills. Many parents in this study rose concerns regarding how often teachers communicated with them. They wanted to know what was happening in the classroom and in which ways they could help at home. It is the job of the educators to develop programs to meet families needs, values and believes.

Some of the challenges for the Latino families are the undertaking of parenting a child in a bicultural environment. There exists a constant resistance for promoting feelings of confidence within the home culture while at the same time having to build up competencies in the new culture (Hughes et al., 2008). According to Cushner, MacClelland, and Safford (2003) the language barrier is one of the main reasons why Latino parents are not involved in their child’s education as they would like to be. School personnel need to understand that English is not the sole means of communication; therefore they should be receptive to language differences among Hispanics and other families with different backgrounds. According to Zuniga (2011) another stressor is related to illegal immigration, families in this situation may be cautious to inquire about resources available for their family. They may fear that interventionists who visit their home may inform the U.S. Citizenship and Immigration
Services. Therefore interventionists should inform families about the role and responsibilities of service providers in special education.

Summary

There are many strategies that can be used when addressing the needs of the families of children with communication and behavior challenges. The collaboration between home and school is an important factor in the development of interventions based on assessment results. When choosing strategies, it is important to consider the family’s needs and be respectful of their comfort level when engaging in any of these strategies. Taking the family culture into consideration is important because what may be accepted by one family might be offensive to another. Having interpreters is important if the interventionist do not speak the home language because this will allow the family to feel understood and part of the team. Making the family feel valued is important so they can continue using the interventions on their own time.
CHAPTER THREE

Methods

The literature review examined a variety of techniques implemented at school that can be used at home to help families working with children who are demonstrating challenging behaviors due to deficits in communication skills. Based on these themes a case study approach was used with a focus family. The purpose of the study was to determine if by offering in-home training, the family would feel more confident about using the newly learned techniques while interacting with their child at home. Therefore the child would increase functional communication skills and decrease challenging behaviors in a variety of settings.

Choosing the Focus Family

The focus family was selected from the researcher’s special education preschool class. The family demonstrated interest in their child’s education. It was anticipated that the family would benefit from in-home support and training regarding behavior and communication. This information would be valuable for other families and professionals in the field of special education. This project required both the researcher’s and family’s dedication, and Mr. and Mrs. R. showed interest and commitment to complete the project. The researcher explained details of the project to the family, including the purpose, procedures, and the informed consent form. Information regarding the voluntary participation in the program was made available to the family. They were informed that they could withdraw from the program at any time and that choice would not affect their child’s services.
The focus family for this study has been working with the researcher for more than two years as required by the CULTURE in Early Childhood Special Education (ECSE) project (award# H325K055139). The project is approved every year by the Human Subjects Committee for California State University, Northridge. The specific procedures for this case study were also approved. The focus family was selected because they were from a cultural background that is different from that of the researcher, and they have a child with a disability. They were selected based on the researcher’s observations of the family’s dedication and interest in their child’s education. The family’s participation has been completely voluntary throughout the project. All names have been changed to protect the participants’ privacy.

Participants

The immediate family consists of mother (Mrs. R.), father (Mr. R.), and one child (the focus child). The focus child was a student in the researcher’s special education preschool classroom for two consecutive years (2010-2011, & 2011-2012 school years).

Both parents are from Mexican heritage. Mr. R. is Mexican American born in The United States. He speaks English and Spanish fluently. Mrs. R. is an immigrant from Mexico and speaks Spanish only. The father has a two year college degree in Political Science and the mother has a Bachelor’s degree in Finance from Mexico. Mrs. R. moved to California in 2006 and married Mr. R. One year later Sammy (focus child), was born in 2007. Mr. R. works for a machine shop company as a programmer. Mrs. R. is a homemaker. Both parents are very involved in their son’s education but, due to Mr. R.’s work and schedule, Mrs. R. is in charge of most of their son’s school activities.
Mrs. R. is attending adult school at night because she wishes to learn English in order to better communicate with her son’s teacher, therapists, and doctors. She also wishes to revalidate her studies, and in the future become a professional to help support her family financially. When the study began, they lived in a converted garage because they were saving money to buy a home. A few months later they moved to a single family home where they had more space and a backyard where Sammy could play.

Sammy was referred for an assessment when he was two years old, after Sammy’s grandmother expressed her concerns about his communication deficits. Mrs. R. was referred to Regional Center by a neighbor where he was assessed in 2010. Sammy was 33 months old when he began receiving services from an early intervention program. He was later assessed by the local school district where he was found eligible for special education services with the developmental delay eligibility. He was enrolled in the researcher’s special education preschool class in October 2010 where he attended four days per week for two hours and twenty minutes per day.

**Procedures**

**Data Collection**

Information from the case study was collected through daily interactions with the family, home visits, informal meetings with the family, a questionnaire, observations of the focus child and family in the school, at home, at the park, and through phone and face to face conversations. Information collected about the focus family was analyzed and synthesized to compare how their characteristics, interactions and needs related to the themes identified in the literature review.
Home visit notes were kept and evaluated throughout the length of the case study for recurring themes and topics that might have influenced the direction of the study. The Turnbull & Turnbull (1997) Conversation Guide was used to sort and code the materials by subjects. Data was collected on parents concerns, assessments, goals and interventions. In addition several other procedures were used in the case study. These procedures included: home visits, classroom observations, on-going communication, training and record review.

**Observations.** Observations were conducted in a variety of settings: classroom daily interactions with peers and adults, informal and formal meetings (parent/teacher conferences and IEP meetings), and home visits (approximately two per month). Observed behaviors and interactions between the families as well as interactions between the family and professionals working with Sammy were documented in the form of anecdotal notes and records. Exchange of information during the home visits and meetings was documented. Documentation includes discussions regarding family needs, family and child interactions, and researcher interventions. This information provided important information about the family and their interactions and used for the analysis of the study.

**Turnbull and Turnbull’s (1997) conversation guide.** Selected questions were drawn from the (Turnbull & Turnbull, 1997) conversation guide. Information collected was regarding family characteristics, family interactions, family functions, and family life cycles. The guide was used informally, questions were translated into Spanish and used with the parents during an interview (see Appendix A).
**Classroom/school observations.** Classroom observations were used to identify the child’s strengths and needs in the areas of behavior and communication, and social interactions with peers and adults. Interactions with family members during drop off and pick up time were also observed. Additionally, the focus child was observed in the classroom and during daily routine and during related services of occupational therapy, speech therapy, and adapted physical education.

**In-home observations.** In home observations were made to identify family/child interactions, family daily routines, behavior and communication in the natural setting. Family/child interactions were observed during a variety of activities, such as: play, meals, self help skills, rest times, home departure and arrival, and family outings such as visiting the park and the library.

**Review of records.** In addition to informal observations and interactions, a review of educational records of the focus child was conducted by the researcher. The focus child’s teacher obtained access to school records with parent authorization. The focus child’s school file was reviewed in order to obtain information about assessments, evaluations, placements and services provided.

**Focus child background information.** Sammy was referred for an evaluation by a local regional center in July 2010, when he was two years and eight months. His mother was concerned that Sammy was not yet communicating his needs verbally, and she wanted to rule out autism. Per mother’s report, Sammy had limited verbal skills and was socially isolated. Health history was significant for respiratory issues, a fall from his house steps resulted in temporary loss of body movement. Sammy walked at
approximately 21 months, and began to attempt to use single words at eleven months. He received early intervention services for approximately four months. He received speech therapy for two hours per week, floor time for two hours per week and participated in a mommy and me program three hours per week during that time. An assessment was required by the local school district to qualify for special education services after his third birthday.

Prior to Sammy’s third birthday a language and speech assessment was administered using parent interview, clinical observations and REEL-3, PTA Experimental III tests. Assessment results showed that in the area of articulation/phonology Sammy had very limited vocabulary, with verbal approximations of about 25 words. These words included both Spanish and English. In the area of receptive language, he followed single step routine directions inconsistently, he sustained limited attention to pictures and his movements and responses were slow and delayed. Expressively, Sammy had a few words but they were not clear, he learned some basic signs he used spontaneously or with minimal prompts, e.g., “more” and “please”. Socially, Sammy enjoyed the company of other children but preferred to play alone. Per informal assessment results and observation, Sammy’s receptive/expressive language skills were at an emergent 18 months old level; a severe delay at that time. The team recommended intensive exposure to positive language models, in addition to socialization with typical peers. No speech therapy was recommended at that time.

The Preschool Team Assessment (PTA) was administered to evaluate general ability in verbal and non-verbal areas. The Developmental Profile III was used to allowed mother to describe her child’s social-adaptive skills, as perceived in the home setting.
The Childhood Autistic Rating Scale (CARS) was used to determine if Sammy’s behavior could be attributed to autism. The results of the evaluation indicated that Sammy exhibited inappropriate social interactions in relating to people and expressing his needs appropriately. He demonstrated lack of compliance which interfered with the assessment and which may interfere with his ability to acquire appropriate skills to enable him to access the regular classroom curriculum. Verbal and non-verbal aspects of cognition were undetermined due to his lack of participation. But according to parents reporting on the DP III his cognitive standard score was in the delayed range.

The PTA III scores may have not been a fair representation of what Sammy could do. His non-compliance interfered with the assessment. The CARS score indicated that Sammy was on the border between non autistic and mild autism. His behaviors are typically seen in children with significant delays in language and cognition. Nonetheless all indications from observations and test results showed that Sammy had below average general cognitive functioning existing concurrently with deficits in behavior. Sammy became eligible to receive special education services under the educational eligibility of developmental delay.

**Communication and Behavior Challenges**

**Family concerns.** Major family concerns were communication and behavior. Mr. and Mrs. R. had difficulty understanding why Sammy screamed, yelled and tantrumed whenever he wanted to express a need or a want. Besides undesirable behaviors, Sammy used gestures, pointing, objects and physical means (pulling parents) to get needs met. Sammy had difficulty interacting with other children; he did not acknowledge their
presence nor interacted with them. Sammy also had difficulty transitioning from one activity to another. Visiting new places was also a challenge. Trips to the grocery store, and the library, to family functions were difficult for Sammy. He tantrumed and forced his parents to leave the area as soon as they had arrived.

Mrs. R. expressed concerns regarding his unclear diagnosis. Sammy’s parents were told that on the scale of autism he was borderline, non-autistic/mild-autism. The IEP team also discussed mental retardation and attention deficit but none of the disabilities was clear at the moment. The school district assessment results showed a need for special education services and Sammy was eligible as a student with developmental delays (DD).

**Teacher concerns.** Sammy had great difficulty relating to adults and children in the classroom. He refused any contact with people and had difficulty with transitions and communication. Sammy needed maximal adult support to followed classroom routines; he refused to participate in circle time and small group activities. Sammy attended a special education preschool class for students with mild to moderate disabilities where most of the students follow classroom routines and played with each other. Sammy did not show any interest in peer interactions, he engaged in solitary play and refused any prompts to join any child at play. The teacher believed that Sammy would benefit from a smaller more intensive program, but Mrs. R. refused that option because she wanted to see Sammy with children who had higher skill levels he could imitate.
Interventions

Behavior Management at School

The focus of the project was to develop school-home collaboration to support the focus child’s appropriate behavior. The following interventions were implemented at school and then transferred to the home.

Positive Behavior Support. Positive behavior support was implemented in the classroom to prevent and manage difficult behaviors. The environment layout was considered and as a result learning centers were well defined and labeled, room arrangement was designed to facilitate the child’s interactions and learning. A color coded system was implemented during small groups so children could more easily identify their work area. A picture schedule and transition signals were used to prepare students for the next activity. Choices were given to students constantly to give them sense of control. Verbal praising, high fives, stickers and a happy face chart were used as incentives to motivate children to follow rules and routines, and to complete activities. Individualized behavior support charts were implemented for children who needed extra support. Paraprofessionals were trained and participated in weekly meetings to discuss students’ progress and needs or adjustments. When Sammy joined the class he had a difficult time understanding the color coded system, following the routine and showed no interest in stickers. Instead he liked to be verbally praised when he completed an activity.

Functional Behavior Assessment. A functional behavior assessment was conducted to find out the function of Sammy’s undesirable behaviors (screaming, yelling, tantruming, dropping to the floor). The ABC (antecedent, behavior, consequence) data
form was used as an assessment tool to determine the function of his behavior. The first week of the project Sammy was observed at school and at home and the results of the assessment showed that Sammy was using challenging behaviors to obtain objects, to express basic needs, and to refuse transitions from preferred to non-preferred activities. As a result of the functional behavior assessment the researcher decided to focus on functional communication training (FCT). Teaching Sammy to use a replacement behavior (words or phrases) to get needs met was imperative for his success in school and to decrease his challenging behavior. English was used at school and Spanish was used at home while training the parents.

Behavior Intervention Plan. Since Sammy was having difficulty communicating his needs and accepting transitions, the researcher identified several options to support his communication and understanding of transition. The use of objects and single words seemed to be a good choice for communication. The use of a color coded system was implemented at school to help Sammy identify his group and the activity he needed to complete. The use of descriptive simple words objects and pictures were used at home to identify transitions.

Teaching the Skill. Modeling the use of appropriate words during daily routines was the best option to teach Sammy functional communication. For example, when he needed help opening his milk during meal time, the teacher would model “help please”, or when he needed help obtaining an object or material the parent would model the word, for example, “carro por favor” (car please). This method was used throughout the day to give Sammy several opportunities to practice.
Additional positive strategies. The use of a picture schedule was needed in the classroom to prepare Sammy for the daily routine and to any changes. Verbal prompting and physical prompting was provided as needed. Physical prompting consisted in touching his elbow, holding his hand, hand over hand support. Most of these strategies were used at home and at school to support Sammy’s positive behavior. Reinforcements used: verbal praise, stickers, and a preferred toy. Verbal reinforcement such as “bravo!,” “hi five!,” “great job!,” “you did it!” were used. Tangible reinforcements such as preferred toy, time to play with blocks, time to play with the ball, time to be teacher helper were used. Choice making was also used throughout the day to ensure that Sammy was feeling that he had some control over his engagement.

Quality of life changes. The purpose of the plan was to benefit Sammy in many ways. The use of the picture schedule and the color coded system allowed him understand the daily routine. The functional communication training (use of words or phrases in English and Spanish) allowed him to have a way of expressing needs and wants. The use of choices allowed Sammy to feel empowered about his day and activities he needed to accomplish. Sammy had more opportunities to fully participate in the school curriculum, and more opportunities for social interactions. These benefits were reflected in his life outside the school because a similar plan was used at home.

Home Visits

Home visits were arranged with the family twice per month during the first year of the project and once per month during the second year of the project. The home visits were scheduled with the family at times that were convenient for the mother and child to
be present. The father worked long hours and was not able to be present for most of the visits. Each visit lasted between 60 and 75 minutes. The purpose of the home visits was to determine family needs related to the child’s behavior and communication. The first visit was used to establish a rapport and to find out what the family’s concerns were. Subsequent visits were used to train parents informally on a variety of interventions that are used at school and that can be transferred to the home. Most of the techniques were informally taught through modeling, coaching and direct teaching. The researcher based her interventions on the family’s needs and child’s interests.

During the first visit the researcher asked the parents to list three main concerns they had so she could make suggestions. Although they had several concerns only three were considered for the purpose of the study.

Parents’ concerns and researcher’s recommendations:

1. Going to the grocery store to do grocery shopping was a common family routine. Sometimes when they visited the store to pick up milk or drop off a movie, there was no need to go inside the store to walk around. Sammy had a difficult time understanding that and tantrumed every time this happened. The parents were not explaining to Sammy the reason for the visit to the store.

Recommendation: Parents would explain to Sammy the reason for the visit; they would use an object (e.g. empty milk carton) or picture to help him understand that they ran out of milk and that they would go to the store just to get more milk.

2. When something was left behind in the car, and they decided to go back to get it, Sammy usually cried because he wanted to go on a ride.
Recommendation: Parents would tell Sammy the reason they were going to the car, and they would show him an object or picture related to the object (e.g. a book, movie, shoe, etc.)

3. Getting dressed was always a problem because Sammy was not happy with the outfit.

Recommendation: Parents would give Sammy choices when it was time to get dress (e.g. ask “Do you want the red or the blue shirt?”) This practice would allow him to feel in control and would help him feel happy with his choice of clothes.

**In Home Training**

The researcher visited the focus family at their home and had the opportunity to observe their daily routines, challenges and successes in the child’s natural environment. During the first visit the researcher was able to gather background and general family information. The researcher found out that parents were mainly concerned with Sammy’s social and communication delays and his concurrent behavior challenge. As a result of the conversation the researcher was able to plan interventions as needed. The researcher trained, modeled and coached the parents (mostly the mother) using a variety of strategies that could be used with Sammy to help him improve his communication and behavior.

In each home visit, the researcher spent time playing and doing art projects with the focus child. The researcher used those interactions as opportunities for teaching Sammy’s mother how to use a positive behavior approach. Sammy’s mother was coached on the use of functional communication training so that she could teach Sammy to use words, gestures and/or pictures instead of challenging behaviors. The researcher suggested the use of objects, single words, and pictures to create a communication system
between Sammy and family members. It was also suggested that Sammy be informed of any change in daily routines in advance to minimize tantrums. For example; to show him the empty bottle of milk before going to buy milk, or to show him the movie case before returning it to the movie store. The training was conducted in Spanish because that was the family’s first language. Occasionally, the researcher used English with Sammy and then translated it for the mother.

**Positive Behavior Support in the Home.** Positive behavior supports in the home consisted of finding Sammy’s interests and using them as a base for planning activities. For example, Sammy showed interest in art and play. The researcher used art and play during every visit to motivate Sammy to interact with her. During the time Sammy was engaged in art and play activities he was praised, motivated and prompted to use language to make requests, to label items, and to say please and thank you. (English and Spanish was used during the interactions). He was given choices of colors or toys. Incentives were used after Sammy had completed a project and/or used words to communicate. Incentives consisted of stickers, crackers, and juice. The mother was always present and was an active participant of every activity. During each activity the researcher made suggestions on how to use positive behavior support techniques during family routines and activities.

**Functional Communication Training.** Sammy was having difficulty expressing needs and wants and had a tantrumed every time he wanted something. Since art was one the activities that Sammy enjoyed the researcher decided to use art as a medium for teaching Sammy to make requests. The goal was that instead of screaming Sammy would use a replacement behavior consisting of one word or one phrase. For example while
doing a gluing activity the researcher modeled the phrase “more glue”. Sammy had to repeat part or the entire phrase and the glue was immediately given to him. If the glue bottle did not work he was prompted to say “help” and the researcher immediately helped him squeeze the glue. When the activity was completed he was prompted to say “all done.” This gave him an opportunity to practice closure to the activity because he had difficulty understanding that it was time to transition or end the activity. The mother was always present and she was given opportunities for practicing the skill with Sammy during several opportunities. Functional communication training was used throughout the project to make sure that parents obtained enough practice to implement it when needed. As previously stated English and Spanish was used during the interactions.

**Play Interventions.** Play interventions were modeled for parents. During the first three home visits the researcher demonstrated “floor time”. She played with Sammy following his lead, language was modeled, and actions were described. The researcher explained and demonstrated the adult role during floor time as follows: 1. Observe child, 2. Join play, 3. Child directs and adult copies, 4. Adult expands child themes, 5. Child builds on adult input and closes a circle of communication. Mother was an active participant in play and was given opportunities to practice and demonstrate play facilitation skills. Other play interventions included playing table games, such as bingo, loteria (a Mexican bingo) and picture games. Mrs. R. was informed of the importance of peer modeling during play. Since Sammy was the only child he had very few opportunities to play with typical peers. The researcher suggested play groups and/or visits to the local park to increase Sammy’s opportunities for peer interactions.
Creating Art. Art was one of the favorite activities for Sammy. He enjoyed painting, coloring, cutting, gluing and pasting. The researcher used this interest as a medium for language development through functional communication training. During art time Sammy was encouraged to use his words to request materials, choose colors, label pictures, and to follow directions. Sammy was constantly praised during this activity and encouraged to use his words. Mrs. R. was informed of the benefits of art making (e.g. increase focus and attention, language development; art improves behavior because the child finds it relaxing and enjoyable, art is a way of self expression).
CHAPTER FOUR

Results

The focus of the case study was to answer the following questions: 1) If parents are trained on the techniques of positive behavior support, functional communication training, play and art interventions, will they demonstrate the ability to apply these techniques with their child? 2) As a result of the home-school collaboration, will the child’s communication skills increase while challenging behaviors decrease?

Home Observations and Parent Report

The positive family interactions with the focus child evolved through their ability to follow recommendations and their willingness to become an important part of their son’s development. The parents began using recommended strategies immediately and results were apparent. Improvement in the focus child’s communication skills developed throughout the study and his behavior improved as described below. The following results are organized according to bimonthly visits.

At the end of the first month Mrs. R. reported that they had been talking more to Sammy; they had been using more objects as communication tools especially during transitions. They visited the market and for the first time Mrs. R. allowed Sammy to help her with the selection of groceries by asking him to pick up the items from the shelf. She felt that he enjoyed helping and at the same time she was able to model and label the names of the foods and materials they were buying. She thought that the task took longer than normal but it was time well spent. They also went out for dinner to a restaurant and Sammy was able to sit longer than before, she felt that he was beginning to understand
table manners. Mrs. R. reported that she felt that she needed to be more patient, and that she needed to be more animated, and to use more gestures when interacting with Sammy.

The second month, Mrs. R. reported that Sammy had been trying to communicate more but she still had a difficult time understanding. He was using objects to make requests, for example, he showed mom a plastic snack cup to request fish crackers. We discussed the importance of taking this opportunity to develop language. Mom had a book with several pictures of foods she would begin using to teach him vocabulary and to make requests. To follow researcher recommendations Mrs. R. decided to use pictures, objects, gestures and verbal communication in Spanish to help Sammy communicate more effectively.

The third month, Mrs. R. reported her interest in finding more opportunities for Sammy to have social interactions with other children so instead of meeting at home the visit took place at the park. Mrs. R. commented that they visit the park at least three times per week. She noticed that Sammy had been showing interest in other children and was beginning to interact with them. During this visit the researcher took the opportunity to model/coach Mrs. R. on describing Sammy’s actions. After a few trials Mrs. R. became engaged and began describing Sammy’s actions and modeling language for him. Sammy was able to repeat the following phases: “Look, look at me,” “one more time” and “two more minutes.” During this visit Sammy did not interact with other children instead he looked at them and seemed afraid.

The fourth month, Mrs. R. reported that Sammy continued to develop language in Spanish and English, “he is repeating everything” she said. Although Sammy had been
using many words independently, he still screamed when he needed his mom’s attention. Mrs. R. said that she had been implementing art and play activities at home with Sammy. The Researcher suggested Mrs. R. to continue modeling the use of verbal communication.

During one of the visits when the researcher arrived Sammy was playing with play dough. The researcher attempted to join his play but he became upset when she touched it and he began screaming. When she prompted him to say “no thank you” he repeated the phrase and continued to play. After a while Sammy allowed the researcher to make a ball and to show him how to make different shapes and lastly a pizza. By that time he was spending up to 15 minutes playing and having interactions with the researcher.

The fifth month, Mrs. R. reported that Sammy’s tantrums had decreased due to improvement in communication and that he had been able to express himself in Spanish. For example he said “mama ven” (mom come), “mama vamos” (mom let’s go). He had been choosing his clothes, using verbal communication before they went out. The researcher also observed Mrs. R. using more language to describe actions and prompting Sammy to use verbal communication.

Mrs. R. was very happy because Sammy had begun using the bathroom independently. She had been praising him and using positive words to motivate him to use the bathroom. Her new concern was that he refused to wear clothes after toilet use. They discussed using pictures, adult modeling and toilet training videos to increment his compliance with bathroom use and dressing.
The sixth month, the researcher observed mother/child interactions and found that Mrs. R. had greatly improved her use of verbal communication with Sammy. As Sammy was still learning to use the toilet, that day he came home with soiled underwear. Mom told him that he needed to go into the bathroom to take a bath. Using Spanish Mrs. R. said, “Sammy you need to take a shower because your underwear is dirty.” As he walked into the bathroom she said: “Sammy take your shoes and your shirt off.” Sammy immediately began to take his clothes off. After the shower mom asked Sammy to walk into the room to get dressed. She offered him a choice of clothes; she said “Which one do you want? The red or the green shirt?” and he answered “red.” Mrs. R. commented that now that she is using more words with him his tantrums have diminished greatly.

The researcher brought a memory game and as they played with the cards, Sammy was able to repeat several words in English after a model. Then pictures were placed on the table and as he picked them up he was able to label them independently. His focus and attention had increased to over 15 minutes. He stayed on an art activity for over 10 minutes and if allowed he would continue. He still needed prompting and reminders to transition from preferred to non-preferred activities.

The seventh month, during one of the visits Sammy received the researcher at the door with a big smile and a high five. He looked at her bag and sat down at his table waiting to see what was inside her bag. During the session he spent time painting sea animals, he repeated every word in English and Spanish after a model, e.g. “Blue whale, fish, shark, and seahorse.” He used more words and phrases independently, “more paint please,” “more glue please,” “all done,” “I want to paint more please.” Mrs. R. reported that Sammy attended a summer school program and that at the beginning he had a hard
time participating in activities but by the second week he had begun following daily routine, following simple directions, and playing with peers.

The eighth month, Mrs. R. reported that they had spent part of the summer in Mexico and Sammy had greatly enjoyed the time with his grandparents. He had also learned to use the toilet independently. He was ready for the new school year. Mrs. R. reported that Sammy had been following directions more. If Sammy’s mother would ask him to bring a chair from the other room he would comply and bring the chair or desired object. Mrs. R. also reported that since they moved to their new home he had been sleeping by himself in his own room. “Sammy seems to be becoming independent and very helpful” she commented.

During one of the visits while the researcher was waiting at the door Sammy came to open it with a big smile and said “Hi Eva”. He sat at his table, and waited to see what activity they would be doing. The activity consisted of gluing green and yellow apples following a pattern. The researcher modeled making a request and Sammy was able to repeat after a model “Green apple please, yellow apple please” and then he was able to do it independently.

The ninth month, the mother reported that Sammy had shown great progress since the time the researcher began working with the family. He had been doing so well that his dad was willing to take him to the hardware store to buy materials they needed for the new home. “Sammy spent over one hour with his dad at the hardware store without any tantrums” she said. “He even communicated to his dad the need to use the bathroom, an activity that was impossible just a few weeks ago,” she commented.
The tenth month, the researcher noticed that Sammy had begun showing interest in books. In the beginning of the study he refused to sit down for story. During one of the visits the researcher read Goldilocks and The Three Bears. He looked at the pictures, pointed and repeated the name of the characters saying “mama bear, papa bear, and baby bear.” He used English to name story characters. After the story was read, the researcher presented a set of Goldilocks and The Three Bears figures, Sammy played and re-played the story and then opened the book to look at the pictures again. Mrs. R. commented that Sammy had always had difficulty allowing an adult to read a book. She said that she felt the extra support that had been given to him had greatly helped in all areas of development.

The eleventh month, Mrs. R. reported that they had learned a lot from the home visits. She said, “Now we understand Sammy better and we are always looking for ways to help him communicate, his tantrums had greatly decreased.” “He repeats everything and is using several phrases independently” she said. Some of the phrases he used independently were “Open my milk please,” “I want apple,” “Tie my shoe please,” “No thank you,” “Come on mom,” “Good morning teacher,” “Bye mom,” and “help” besides over 200 single words. Sammy speaks mostly English and some Spanish, but Mrs. R. said that he seems to understand almost everything she says in Spanish. Mrs. R. commented that on many occasions Sammy often used the word “help” for everything and they did not know how to change that. Once they began modeling the action words, as suggested by the researcher, Sammy increased his use of words.

The twelve month, the researcher asked parents to tell her what were the most important things that they had learned from the in-home training and parents informally
responded. They said that they have learned to model words, to repeat, to give choices, to ask questions and to expose Sammy to other children in the community. For example they made several visits to theme parks, museums, to the zoo, and to restaurants where other children play. They had also participated in several birthday parties because they want Sammy to have as many opportunities as possible to socialize with typical children and other adults.

They felt that the opportunity to participate in the study allowed Sammy to become more confident around the researcher; it also allowed the family to learn several techniques that they can now use. For example, Mrs. R. said “We have learned to talk to him, now we go down to Sammy’s level, and look at his eyes while we speak.” Besides, they commented that they have learned that Sammy learns differently than other children and they have to make adjustments daily to make sure he understands. “We speak slow and use a lot of gestures and even objects to make ourselves understood.” “My son’s behavior has improved, he does not tantrum as much and he seems to be a happy child,” she said. Lastly, she said “We know that he has a long way to go still but we are hopeful that he will continue improving his communication skills and his behavior.”

**Outcomes for the Focus Child**

Over the two years the focus child was enrolled in a special education preschool class he made improvements toward class participation, communication and social skills with peers and adults. At the end of the study Sammy was able to separate from his mother without difficulty, he followed the line to the cafeteria, placed back pack in designated area, washed hands, walked inside the cafeteria to pick up his food, requested
assistance to open his food and ate his whole meal most of the time. He used the toilet independently. During class time he was able to sit down in circle time for over 15 minutes with minimal adult prompts and with the help of a weighted pillow Mrs. R. made for him. He had begun to sing some of the morning songs. He was able to follow his group using the color coded system and stayed in each of the three centers between five to eight minutes. He completed most activities with minimal adult support. He learned the transition signals and was able to move from one activity to the next with minimal prompting. In the communication area he was using single words and some phrases to express needs and wants; he was repeating most words but still had difficulty starting a conversation with peers and adults.

The focus child still demonstrated difficulties when new adults tried to interact with him. For instance during adapted physical education and dance class he needed maximal support to imitate movements, to stay on task and to wait for his turn. During outdoor play he still preferred to play alone, walking around the apparatus or riding the tricycle. During indoor play time he still needed assistance choosing a play area and needed adult facilitation to interact with peers. He was participating in parallel play while building the train set. He needed adult support when it was time for sharing toys and taking turns.

The team agreed that Sammy’s placement for kindergarten will be in an early education program (EE) to meet his needs. He would continue receiving special education services, occupational therapy, speech therapy and adapted physical education. In addition, he had begun receiving in-home services from the local regional center for two hours, five times per week to assist in behavior and communication.
CHAPTER FIVE

Discussion

The results of the study supported several themes represented in the literature review and demonstrate that when school-home collaboration takes place in the best manner results are evident. During the study the researcher worked closely with the family and that partnership prompted positive results for the focus child. Results demonstrate that when positive behavior support is used at home during daily routines the skills translate to different environments. The family was open to using the newly learned techniques and the results were positive. The focus child and his parents began to communicate more effectively and as a result his behavior challenges decreased.

As the literature reveals, one of the best in-home training programs is the one that is connected to school in which parents work on generalizing functional communication and positive behavior skills during daily activities (Briesmeister & Schaefer, 2007). The focus family was able to build a close relationship with the researcher and together implemented interventions which resulted in positive outcomes for the focus child. During the home visits the researcher modeled and coached the family in functional communication training, positive behavior support and taught them to embed the techniques during play and daily family functions.

The literature demonstrates that the family culture is an important factor that must be considered when working with Latino families. In many Latino families the mother is the main caretaker and the father works outside the home to provide for the family (Clutter & Zubieta, 2009). In the case of the focus family Mrs. R. was a stay home mom
and took care of most of Sammy’s educational functions. Although Mr. R. showed great 
interest for his son’s well being and education, his involvement during the in-home 
training was minimal due his work hours. Mrs. R. commented that she passed on most of 
the information to Mr. R. so he could be informed of any details of the project.

The importance of the use of home language during home visits was a theme that 
the literature review presented. For the focus family the use of Spanish at home was part 
of a cultural expression. The fact that the training was conducted in their home language 
was beneficial to the family as well as for the success of the study. It is important to note 
that if the home-visitor does not speak the home language an interpreter be used to ensure 
that communication is clear and concise. Mrs. R. expressed her appreciation for having a 
home-visitor who could speak the family language.

The family economic stability and willingness to collaborate with the school was 
an advantage to the study because they demonstrated low levels of stress. The family 
seemed to have a stable emotional and financial position. They were well educated and 
although Mrs. R. was not an English speaker she demonstrated high self-efficacy in 
believing she had the skills to implement the necessary interventions to help her son 
succeed in life.

Despite having a child with special needs this family demonstrated determination 
and strength. They were always open to new ideas and suggestions. They always 
described their son in positive terms as far as his strengths and abilities. They were 
always willing to implement newly learn techniques and whenever something did not 
work they were willing to try something new.
Limitations

One of the limitations for this study was that only one family was part of the project and that qualitative data was collected only from the interactions with that family. This limits generalizations of findings to other families with similar backgrounds and experiences. Interviewing several families from diverse Latino cultural backgrounds may result in different findings. Another limitation is that the researcher was Spanish speaking and if it had been otherwise the results could have been different.

The information presented in the study is data collected that the family was willing to share. This research topic examines personal and sensitive information. Therefore, although a trusting relationship was established with the family, they may have been uncomfortable sharing their most personal experiences and challenges. Another limitation is that the researcher was their son’s teacher and had a prior relationship with them. Since Latino parents have respect for teachers and believe that their child must comply with teacher’s directions, they could have felt that they could not question if the interventions were appropriate for their child. Finally, the family might have been hesitant about discussing personal information with other programs or staff.

Implications for practice

Professionals working with preschool children with and without disabilities should be informed about the variety of interventions available to support families of children who demonstrate challenging behaviors. Research has shown that family-school collaboration is essential to prevent undesirable behaviors at school and in the community (Semke et al., 2010). Most challenging behaviors communicate a message and finding
out what the child is trying to communicate is essential to support him or her. Professionals need to have a clear understanding of how to determine the function of the problem behavior and the interventions necessary to minimize it. A functional behavior assessment is the first step to determine the reason for the behavior. Observations, detailed notes and parent interviews are important during the process. The results of the assessment are used to plan necessary interventions to minimize undesirable behaviors (Dudda et al., 2004).

Some of the strategies professionals need to be familiar with are positive behavior support (PBS), functional communication training (FCT) and play and art interventions. These strategies have been proven to be effective when working with children with challenging behaviors (Buschbacher et al., 2004). Training parents in these techniques is essential to the success of the intervention because children need to have consistency in their life and it is during daily family interactions that the new skills can be practiced.

The most effective interventions have been shown to happen during home visits. During home visits families and interventionist are able to discuss home routines; family strengths and needs, and children interactions and challenges can be observed. Families tend to open up more at home because they have formed a trusting relationship with the interventionist. For many Latino families speaking their home language is important, therefore home-visitors need to make sure that they can fulfill that need. Knowing the language is important or having a competent interpreter during the home visit can help families feel valued.
Future research is necessary to determine how in-home training interventions affect the long term outcomes of families with children who demonstrate challenging behaviors. This is especially true for families faced with challenging factors such as low levels of education, limited knowledge of child development, demanding work schedules, language differences, stressful life and others. Special education preschool teachers are not required to make home visits; therefore, it is the job of the school district to make suggestions regarding the implementation of in-home training programs. Finding the time and money to conduct a home visitation program can be challenging unless the school finds a way to accommodate teacher’s schedules so they have a few hours of the week that can be dedicated to home visits.

The literature revealed important information related to positive behavior support, functional communication training and in-home training and collaboration. Unfortunately, it did not identify funding availability for in-home training programs for families of preschool children with special needs. More research is needed in this area of study. By continuing the research, professionals will be able to prove the importance of family-school collaboration during the preschool years and hopefully funding will become available.

**Summary**

It has been well documented that in-home training for parents of children with challenging behaviors can greatly benefit the family and the child. Parent training related to positive behavior support and communication helps increase the child-parent relations at home and in a variety of settings. When parents and teachers work collaboratively on
the assessment and on the implementation of interventions the results are positive. It is important that professionals working with children who demonstrate challenging behaviors are willing to have open communication with the families because they are a valuable part of the team.

Both the literature and the focus family for this study have highlighted the importance of home visiting and in-home training. For this reason professionals should take the first step to home-school collaboration by maintaining a mutual relationship with the families. Making observations and asking questions related to family interaction is important because it is during daily routines where children can learn important communication skills which in turn help them decrease disruptive behaviors. Positive behavior support and functional communication training are strategies used at school that can be transferred home and embedded in daily routines, play and school readiness activities.

Understanding the family culture is essential to creating an atmosphere of collaboration and forming respectful relationships. Latino families like any other family want the best for their children and believe that education is important to be successful in life. For immigrant families the language barrier and the difficulty understanding the educational system prevents them from becoming involved in school, but when they are invited to be part of their child’s education and well being, they are willing to be part of it. Therefore, professionals need to invite and encourage parents to be part of their child’s education.
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APPENDIX A


Conversation Guide

Family Characteristics

Characteristics of the Family

- Who are the members of your family? Which ones live together in your home? Which ones are 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, our jobs, religion, race, or the financial resources that we have. For me, 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 there been any particular type of advice handed down through the generations of your family about how people ought to live their life? What is it and do you think it has implications for __________’s educational program?

- What particular concerns do you have about financial resources that are important for the school to take into account?

- What is one of the major strengths of your family?

- Is there a particular challenge or struggle that your family is having 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 he or she most likes and dislikes about the day.

- What are things that seem to be going especially well for __________?

- What are some of the particular challenges that __________ is facing now?
• So much of ________’s day is spent in school. What’s your view of how things are going at school?

• How does ________’s exceptionality influence schoolwork as well as relationships with classmates?

• How would you characterize the nature of ________’s exceptionality? What have others told you about it that you especially agree or disagree with?

• What do you most enjoy about ________?

• How does ________ contribute to the family in a positive way?

• What are the issues that seem to pose the greatest family challenges?

• We all have different ways of dealing with problems when they arise. As you think back over the last 6 to 12 months and the problems that various members of your family have faced, what are some of the things that you and other family members do that particularly help you not only to survive but prevail?

• What are some of the less effective ways that you have tried to solve problems?

• Are there any particular health concerns of family members that influence your daily and weekly routines?

• Who are the people most available to participate in school activities and help ________ at home in his or her educational goals?

Special Challenges

• All families face times when things seem to be a bit easier and other times when things seem to be more difficult. Are there any particular challenges that your family is now facing that impact the time, energy, and resources that you can invest in ________’s educational program?

• 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

Marital Interactions

• What is your current marital status?

• How would you describe ________’s impact on your marriage?
Has there been a time in the past when __________’s educational program somehow created marital strain? How could we work together to make sure to avoid such situations in the future?

What are the strengths or interest of each person who will be involved that we should take into account in communicating with you?

Are there any custody issues associated with your separation or divorce about which the school needs to be aware?

If there is joint custody, what are your preferences about who should receive communication from the school and participate in conferences?

Parental Interactions

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 an actual parent. Are there people like that involved with __________? 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 a menu of educational activities for the 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?

Are there any basic parental needs that you have that staff could support you in addressing?

Sibling Interactions

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

In what ways might __________’s brothers or sisters provide educational support?

What challenges are your other children experiencing that are taking a large amount of time, energy, and resources right now?
• What approach is right in terms of spreading your time and attention across all your children’s interests? Do you think any of your children feel that __________’s exceptionality has taken undue time and attention from them? Which ones think that? Why?

• What do you think about the idea of having __________’s brothers and sisters attend conferences to plan his or her educational program?

• Extended Family Interactions

• 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 what would be the best way 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

Affection

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

• 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?

Self-Esteem

• Standing in __________’s shoes, how do you think __________ sees himself in terms of personal strengths and weaknesses?

• What are your family beliefs about how best to help your family members feel good about themselves?

• What have been some school experiences in the past that have 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 a stronger self-esteem?

Economics
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 you interested in __________’s learning job skills so that he or she might get a part-time job after school or during the summer to contribute to family income?

Because of __________’s exceptionality, have there been special family responsibilities for dealing with insurance or other reimbursement programs?

Daily Care
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, how do you divide the daily tasks related to meeting each individual’s needs?

What kinds of chores does __________ assume and in what ways might we work together to teach him or her skills that make the family’s daily routine easier?

Recreation
As a family, what do you do for fun?

In what way does __________’s exceptionality influence family recreations and leisure?

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

Socialization
• Who are the people that __________ hangs out with when he or she is not at school?

• What are your perspectives on __________’s friendship network? What do you think would be an ideal friendship network for __________?

• In what way do you think __________’s exceptionality has influenced his or her opportunities for friends?

• How would you characterize the extent to which your family friends support __________?

Educational/Vocation

• Of all the educators who have worked with __________ in the past, could you tell me about an individual who had an especially good relationship with him or her and you? What can we learn from that situation that we can incorporate into the school year?

• Now, don’t give me a name but just describe a situation in the past that was really difficult when an educator was not especially helpful at all to __________ and your family. What can we learn from that situation that we can incorporate into the school year?

• What do you see __________ doing after graduating from high school in terms of where he or she works and lives? Does __________ have the same vision for him or herself?

• 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 exchanging emails back and forth. What are your preferences for communications? 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 training situations? How might we best capitalize upon their contributions?

Family Life Cycle

Early Childhood

• Tell me about __________’s early years. What stands out in terms of some of your happiest memories? What about your most troublesome memories?
• Did you find out during the early years that _________ has exceptionality? If so, how did you find out? Looking back, in what ways would you like to have improved the manner in which it was communicated to you?

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