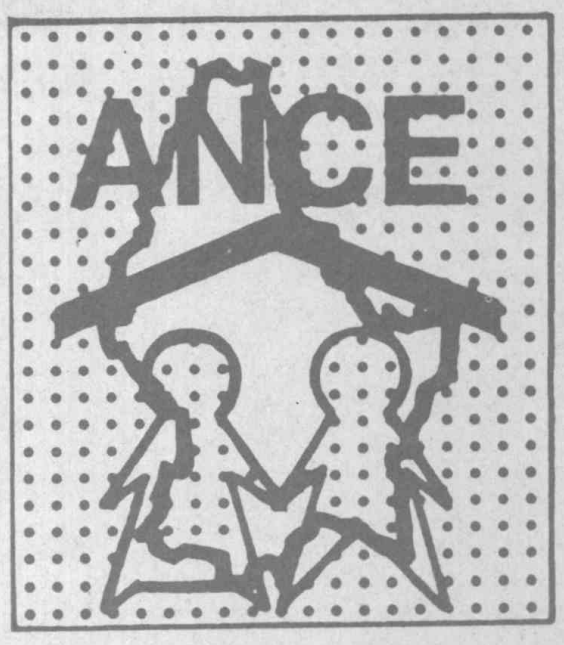
ASSOCIATION NATIONALE DES COMMUNAUTES EDUCATIVES

bulletin

N° 48 1984 janvier
février
mars



Secrétariat: ASSOCIATION NATIONALE
DES COMMUNAUTÉS ÉDUCATIVES
Mme. Majerus Yvonne
25, Rue Marie Müller-Tesch
L-4250 Esch-sur-Alzette.
Tel. 553207

A S S O C I A T I O N N A T I O N A L E

D E S C O M M U N A U T E S E D U C A T I V E S.

BULLETIN

éditeur : A.N.C.E. B. P. 255 L - 4003 ESCH-SUR-ALZETTE.

téléphone : 54 90 71-489 ou 54 90 71-494

parution : 6 X par année (10 numéros par année)

tirage : 300 exemplaires

abonnement : Veuillez verser la somme de 300,- frs
(carte de membre et abonnement au C.C.P.
de l'association NO= 2977-67 avec la mention :
abonnement bulletin de l'A.N.C.E.
Mme Alice Molitor-Peffer
30 a, côte d'Eich
L - 1450 LUXEMBOURG

Le délai pour qu'un article puisse être publié dans le numéro suivant est le premier jour ouvrable du mois prochain.

E D I T O R I A L

Mit grosser Verspätung erscheint das erste ANCE-Bulletin von 1984. Wir bitten dies zu entschuldigen, werden aber versuchen, den Rückstand aufzuholen indem wir in rascher Folge 2 weitere Bulletins herausbringen werden.

In dieser Nummer zwei Originalbeiträge: Im ersten Beitrag versucht unsere Sekretärin Frau Yvonne MAJERUS die (durch-aus possitiven) Erlebnisse und Erfahrungen, die während der 2. gemischten Ferienkolonie der ANCE auf dem SONNENBERG gemacht wurden dem Leser zu vermitteln. Um ein möglichst lebendiges Bild der Kolonie, an der 10 behinderte und 4 nicht-behinderte Jungen und Mädchen teilnahmen, stellte Frau MAJERUS Erlebnisberichte und Zeichnungen die die Kinder selbst verfasst haben zusammen. Dieser Bericht ist vielleicht ein Anstoss für Erzieher und Pädagogen, ähnliche Ferienkolonien zu organisieren; die Mühe lohnt sich!

Der 2. Teil dieses Bulletins besteht aus einem Artikel von Alfred GROFF, Psychologe beim CIEP (Centre d'Information et de Placement). A. GROFF dürfte unseren Lesern mittlerweile bekannt sein, da er bereits zweimal über die Aktivität des CIEP in dem ANCE-Bulletin berichtete.

Diesmal veröffentlichen wir einen Artikel in englischer Sprache über die Möglichkeiten ausserfamiliärer Betreuung behinderter Vorschulkinder in den U.S.A.

Die ausführliche Literaturliste veröffentlichen wir nicht; auf Anfrage kann man sie jedoch bei A. GROFF erhalten.

Robert SOISSON

MODILUX

LA PORTE DE GARAGE BASCULANTE
NON DEBORDANTE
FABRIQUEE UNIQUEMENT SUR MESURES

CADRES DORMANT
ET OUVRANT: - Aluminium anodisé tons naturel ou acrylite blanc et brun foncé

REMPLISSAGE: - Frises PVC - tons blanc, gris et brun foncé
- Frises aluminium anodisé tons naturel ou acrylite blanc et brun foncé

OPTIONS: - Portillon incorporé avec cadre aluminium
- Ouverture vitrée

FONCTIONNEMENT: suivant dimensions
- Par enrouleur fixé sur le cadre dormant - sans rail
- Par contrepoids latéral - avec rail

AVANTAGES: - Etanchéité parfaite à l'air et à l'eau au moyen d'un joint néoprène adapté sur tout le pourtour des cadres dormant assurant une isolation totale
- Ne nécessitant aucun entretien

FABRICATION DE VERANDA ENTIEREMENT EN ALUMINIUM
A VITRAGE SANS MASTIQUE

FABRIQUEE ET POSEE PAR LES

Etablissements A. MOLITOR

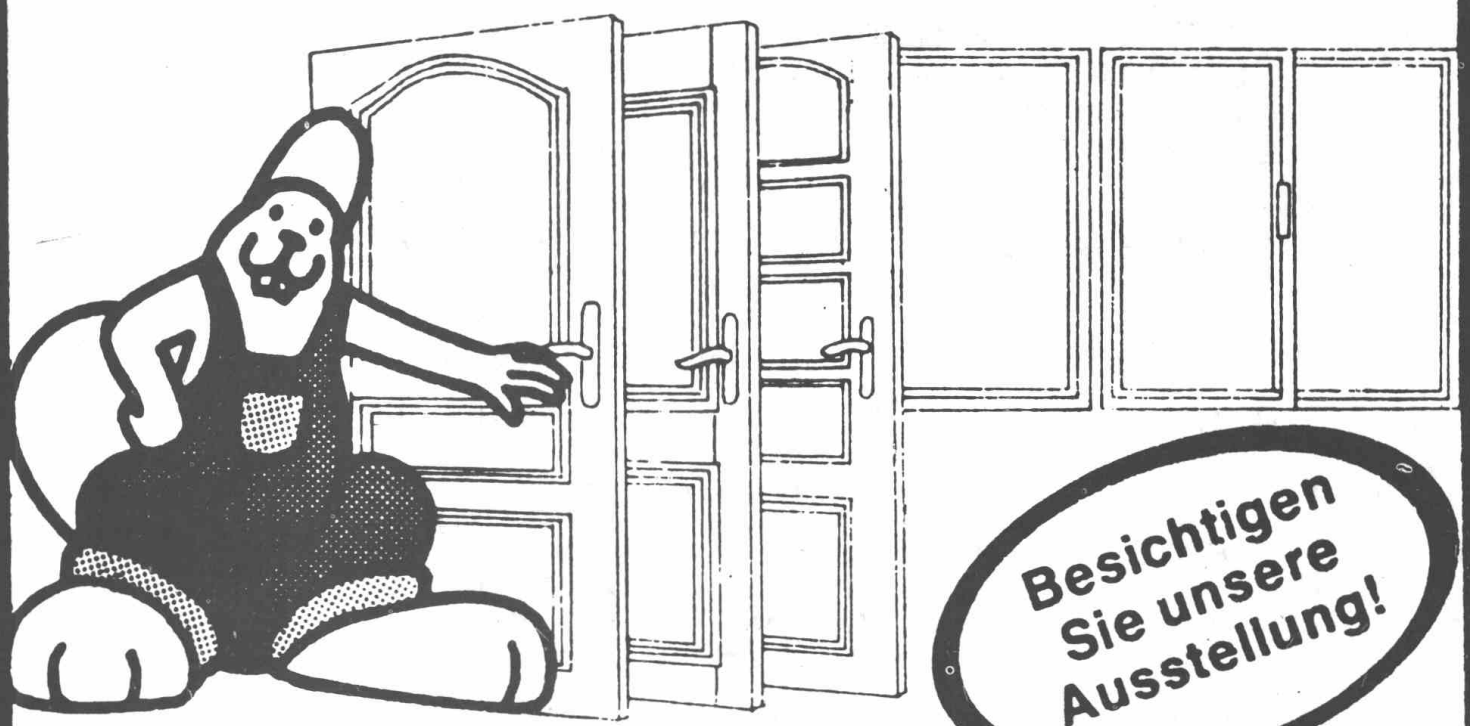
RUE DES ARTISANS 10 ATHUS TEL 08/378637

Vous pouvez également vous adresser aux Etablissements WAGNER KOEPGES, 144, avenue de la Liberté DIFFERDANGE

IHR SPEZIALIST
FÜR DEN INNENAUSBAU

Grosse Auswahl von:

- Edelholzpaneelen
- Friesen
- Deckenplatten
- Styltüren - Moderne Türen
- Fertigparkett
- Haustüren
- Holztreppen
- Fenster



Besichtigen Sie unsere Ausstellung!

Bois Centre Hoffmann

Alzingen/Hespérange

OUVERT TOUTE LA SEMAINE
de 8-12 et de 14-18 heures

Sonnenberg

Miteinander sprechen

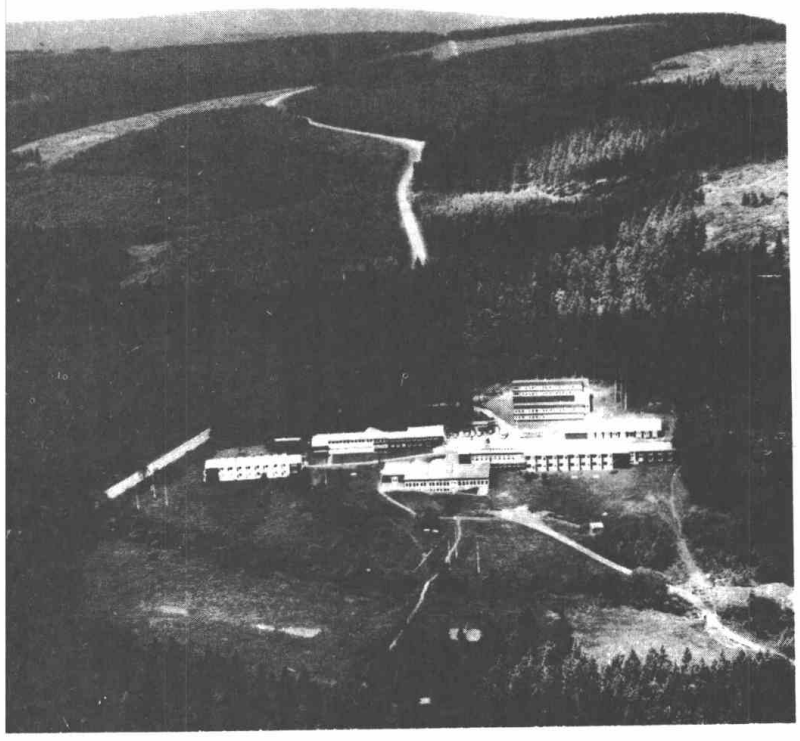
Vorurteile überwinden

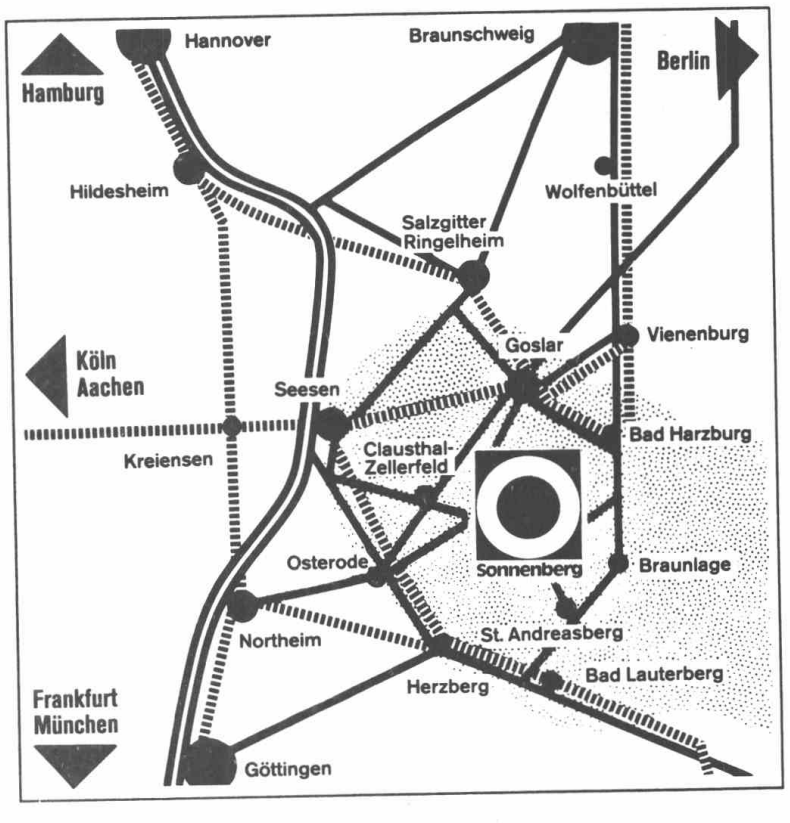
Sich verständigen

Verantwortlich handeln

F E R I E N U N T E R D E M M O T T O :

I N T E G R A T I O N





Schmucke Schulen am Rande der Stadt, helle,moderne beschützende Werk = stätten außerhalb des Verkehrschaos haben wir unsern behinderten Mit = menschen gebaut.Sicherheit und Wohl= befinden waren für uns vorrangig und so leben sie teilweise neben uns statt mitten unter uns.

Sie aus ihrer Isolation herauszuholen, in unsere Gesellschaft zu integrieren war das Ziel ,das die Verantwortlicher der ANCE /OEUVRE DE VACANCES sich für die diesjährige Ferienkolonie gesetzt hatten.Die Gruppe sollte dop= pelt so viele Behinderte wie Nicht= behinderte begreifen.Aufenthaltsort sollte ,wie vor Jahren schon einmal, das Freizeithaus des Interantionalen Hauses Sonnenberg bei Sankt Andreas = berg im Oberharz sein.

Dieses Haus "F" eignet sich in seiner Einrichtung vorzüglich für einen

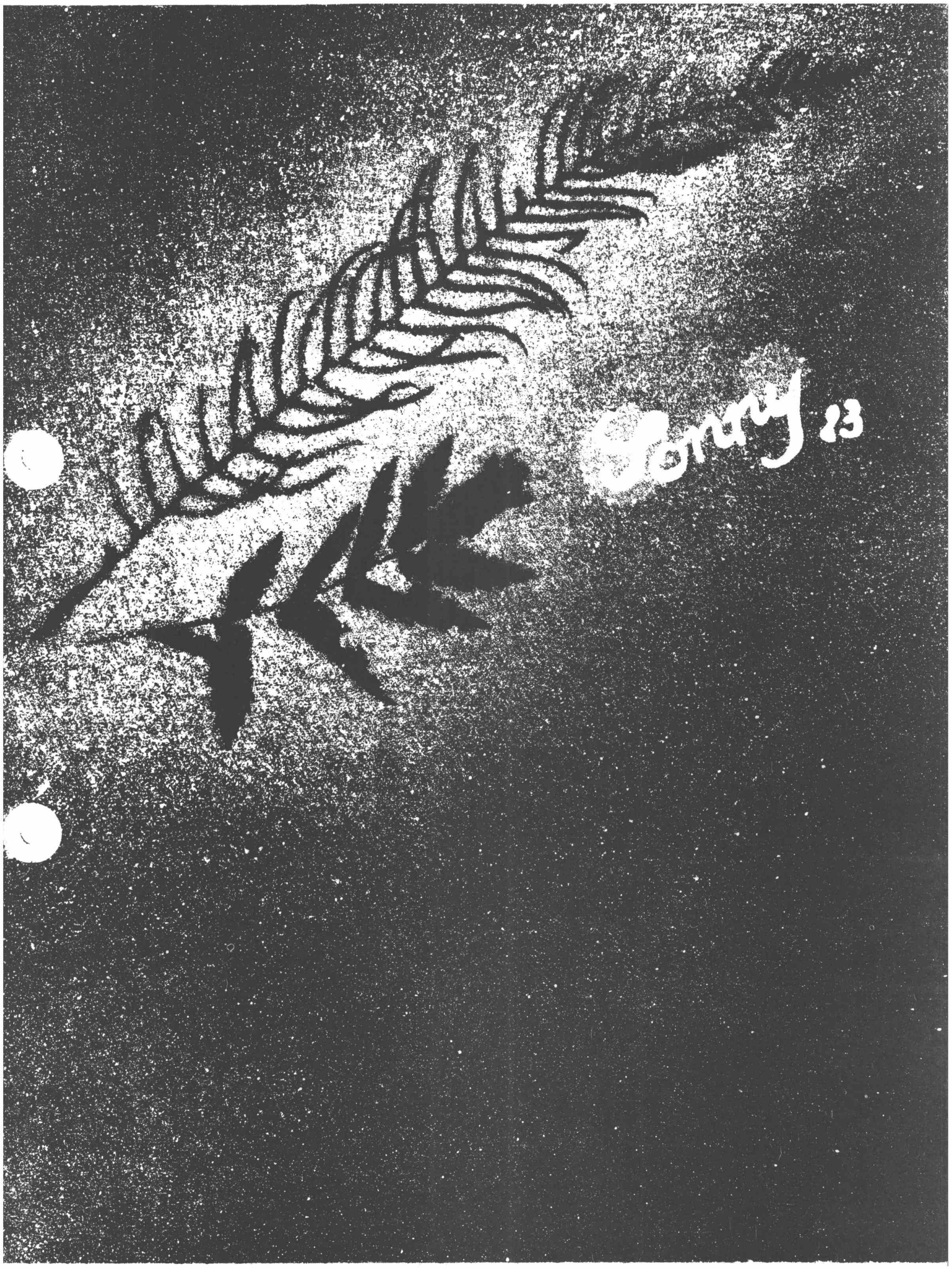
Ferienaufenthalt im Zeichen der Integration. Es liegt mitten auf einer Waldwiese und gehört zum Gesamtkomplex des Internationalen Hauses Sonnenberg.Während unsere Gruppe Ferien macht,sind gleichzeitig Jugendliche und Erwachsene aus Ost und West anwesend,um an zehntägigen Seminaren teilzunehmen. Jede Gruppe hat ein gesondertes Programm,aber Begegnungen und Kontakte gibt es reichlich tagsüber.
Da ist zuerst der gemeinsame Eßraum.Nach dem ersten gemeinsamen Abendbrot merken wir ,daß unsere Gruppe ein integrierter Teil des Ganzen geworden ist.Anstelle von Unsicherheit ist Vertrauen getreten.Genau wie alle Anwesenden erfragen sie sich das Gewünschte beim Küchenpersonal.Recht schnell bewegen und benehmen sie sich im Speisesaal wie alle andern, sie fallen nicht auf,fühlen sich nicht benachteiligt und spüren daß sie angenommen sind.
An der Verkaufsstelle des Hauses beweist es sich dann,daß sie genau wie die andern Teilnehmer behandelt werden,ihre Wünsche vortragen können,ihr Geld in Ruhe ab= und nachzählen dürfen und das hier gar nichts besonderes ist,denn Engländer oder Italiener stehen genau so benommen am Zahltisch und versuchen mit dem fremden Geld zurecht zu kommen.
Viele Kontakte werden bei Begegnungen auf dem Wanderpfad in den Läden der Ortschaft oder im Schwimmbad geknüpft.

Es ist eine recht heterogene Gruppe für diesen Ferienaufenthalt zusammen gekommen,heterogen in jeder Hinsicht.Da ist zuerst die große Streuung des Alters,die Unterschiedlichkeit des Intelligenzniveaus die bei allen Aktivitäten überdacht und einberechnet werden muß .Mit Feinfühligkeit sollen diese Schwierigkeitn bewältigt werden.Wir wollen die einen nicht überfordern,die andern hingegen nicht

unterschätzen.Der Aufenthalt soll jedem das bieten was für ihn machbar ist,das soll der einzelne Teilnehmer auch einsehen.

Das zaghafte,mißtrauische Abtasten der Teilnehmer in den ersten Tagen unseres Aufenthaltes wird nur zögernd und langsam durch großes Vertrauen ersetzt,Vertrauen das zunehmend wächst durch das gegenseitige Verständnis,den gegenseitigen Respekt,die gegen= seitige Anerkennung. Zusehends wird es ein Zusammenleben wie in einer Großfamilie.Auch die Betreuer spüren das in ihrem Tagesplan. Verständlich ist daher die große Traurigkeit am Schluß dieses Ferienaufenthaltes.

Yvonne MAJERUS


Jonny 23

M E I N E F E R I E N A U F D E M

S O N N E N B E R G

Nun sind wir schon einige Tage auf dem Sonnenberg. Morgens machen wir stets nach dem Frühstück einen schönen Spazier=gang mit dem Chef Geoffrey.

Eines Morgens sammelten wir Steine.Im Harz gibt es viele Halbedelsteine.Das war eine interessante Arbeit für uns alle. Wir schleppten große Plastiktüten mit wunderschön glitzern=den Steinen nach Hause.

Eines Nachmittags ging eine Gruppe schwimmen.Die andern machten einen Spaziergang in die Ortschaft St.Andreasberg.

Am Sonntag gingen wir zu dem Sommerfest in Sankt Andreasberg.War das herrlich! Wir haben den Umzug gesehen.Viele Geschäfte waren geöffnet. Wir schauten uns ein wenig um.Gegen fünf Uhr fuhren wir nach Hause.

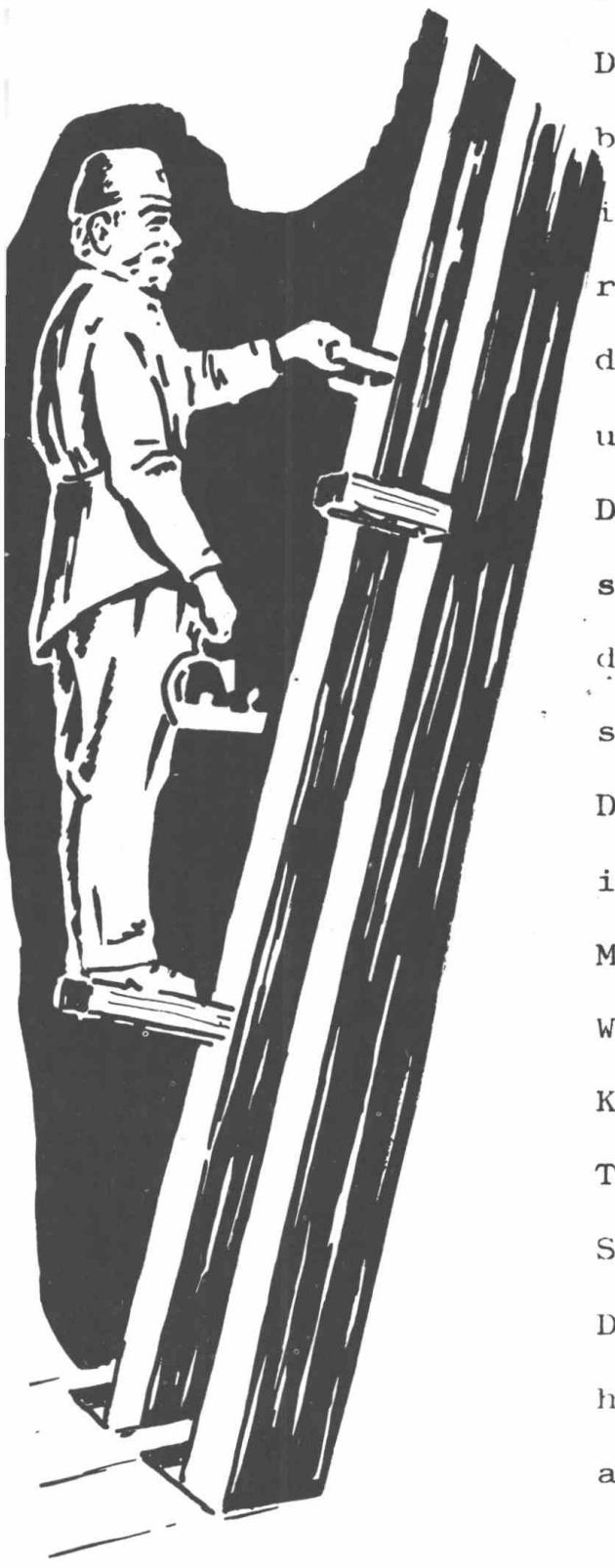
Am Dienstag gingen wir in eine Glashütte.Ein Glasbläser zeigte uns wie ein Glas geformt wird. Das war sehr interessant,es interessierte noch viele Leute.Wir kauften auch Geschenke.

Heute fuhren wir nach Goslar.Das ist eine Stadt die 1000 Jahre alt ist.Wir gingen in ein großes Kaufhaus.Hier gingen viele Leute ein und aus.Um 12 Uhr sahen wir das Glockenspiel.Das war mein schönstes Erlebnis in diesen Ferien.

Sonry FEIDT

Dienstag,den 5. September 1983

G R U B E S A M S O N .



Heute besichtigten wir das Silberbergwerk in Sankt Andreasberg.

Die Führung durch eine der größten und auch beeindruckendsten Berggruben Europas versetzt uns in Erstaunen .Unsere Bewunderung gillt dieser riesigen ,technischen Anlage,die die Menschen dieser Gegend früher in harter manueller,ja unmenschlicher Arbeit gebaut haben.

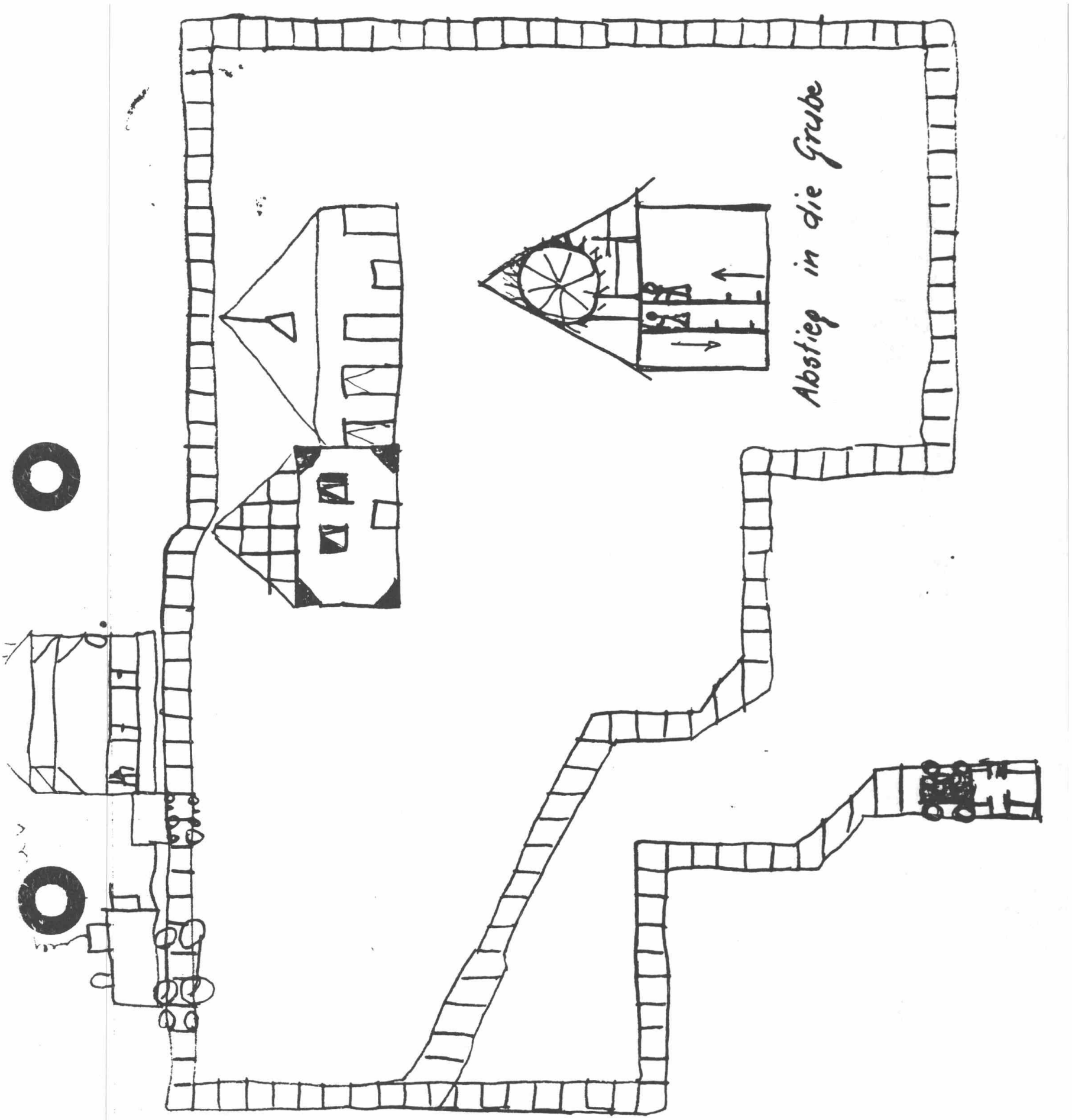
Die Bedingungen unter denen diese Leute arbeiteten scheinen uns heute unvorstellbar,10 bis 12 Stun= den pro Tag ,dazu 10Pfennig Stundenlohn.Wir staunen.

Diese Grube ist eines der führendsten Bergwerke in Europa.Mit seiner 810m Tiefe ist es ein Meisterwerk manueller und technischer Leistung.

Was uns zurückschreckt ist die Tatsache,daß auch Kinder auf dieser speziellen Fahrkunst in die Tiefe hinabstiegen und dazu noch eine Art Schulgeld abgeben mußten.

Der kleine Wochenlohn,50 Pfennig,zeigt uns wie hart Menschen für das karge tägliche Brot arbeiten mußten.

Sonny Picard



Grube Samson

Silberhütte.

Marco Reimen
9 Jahre

Kunsthandwerkerhof

Alte Zellerfelder Münze
Studio-Glashütte,
Töpferei, Glasschleiferei

Heute ist Dienstag.Wir fahren nach Zeller=
feld zur Glasschleiferei.Roger fährt den Bus
Geoffrey hat seinen Mercedes und Yvonne die
Toyota.Das ist lustig.Alle drei Wagen fah=
ren zusammen.

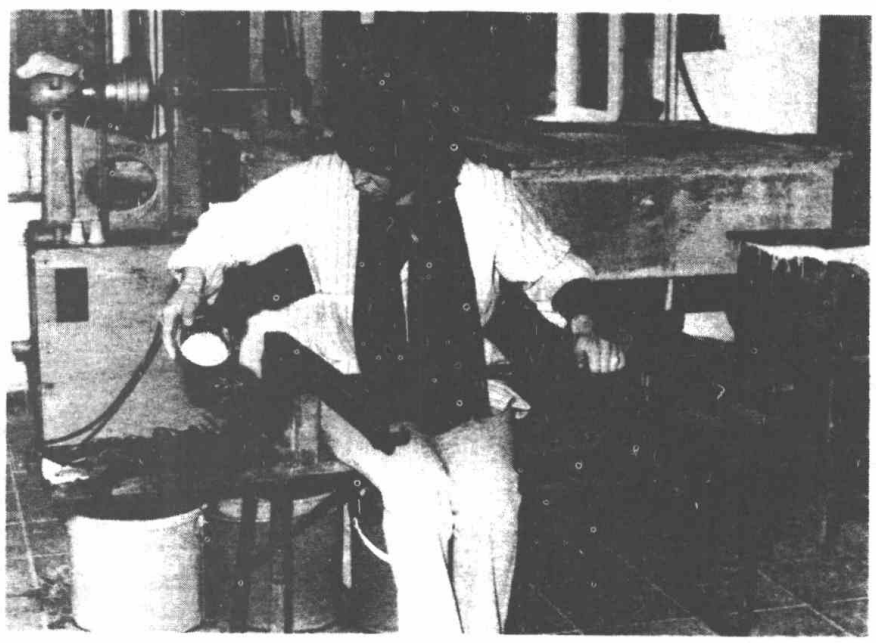
Im Kunsthandwerkerhof sind noch viele Besucher.Wir gehen in die Glasbläserei.Ist das eine schreckliche Hitze!Wir schauen zu wie Glas geformt wird.Aus dem Ofen holt er heißes Glas unten an ein Blasrohr .Nun bläst der Mann in das Rohr und formt gleichzeitig das Glas.

Auch in der Glasschleiferei waren wir.Wir haben zugeschaut wie ein Mann die Namen in ein Glas eingravierte.

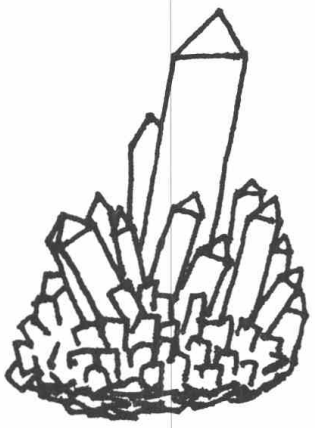
Wir besuchen noch die Töpferei,dann gehen wir in kleinen Gruppen in den Verkaufsraum.Hier sind viele schöne Sachen.Wir sind vorsich= tig und brechen nichts.Wir kaufen Geschenke für die Eltern, Glas= schalen,Gläser,Kristalldosen.Jeder freut sich über sein Geschenk. Ich habe einen Kerzenständer für meine Mutter gekauft.Sie wird sich bestimmt darüber freuen.

Christiane

Pierrard



A U F M I N E R A L I E N S U C H E

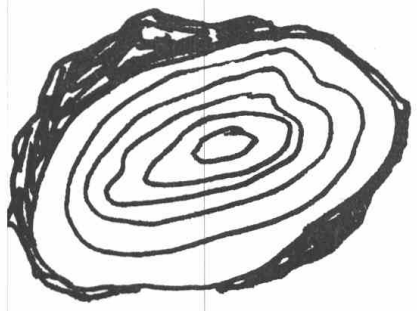


Heute ist Mittwoch.Um 10 Uhr sollen wir mit Geoffrey losziehen um Mineralien ausfindig zu machen.Schnell sucht jeder nach einer großen Plastiktüte,dann fahren wir los.

Nach einer Stunde kommen wir bei einem stillgelegten Bergwerk an.Geoffrey beginnt jetzt mit der Spitzhacke den Boden aufzulockern und umzugraben.

Quarze lagen in großer Masse herum. Aber nur wenige von uns fanden andere Steine.

Ich fand einige Steine mit einer Zinkblendespur.Dann entdeckte ich einige Steine mit einer kleinen Kupfer=



schicht.

Diese Steine nehme ich mit nach Hause und lege sie zu meiner kleinen Sammlung.

Wir haben alle recht viele Steine gefunden.Es sind sogar einige Prachtexemplare dabei.

Kurz vor Mittag fahren wir mit unseren schweren Tüten zum Sonnenberg zurück.

Wie werden wir diese Steine alle in unsere Koffer ver= packen!Wer wird dann soviel Kraft haben und den Koffer schleppen können?

Isabelle Hauswirth

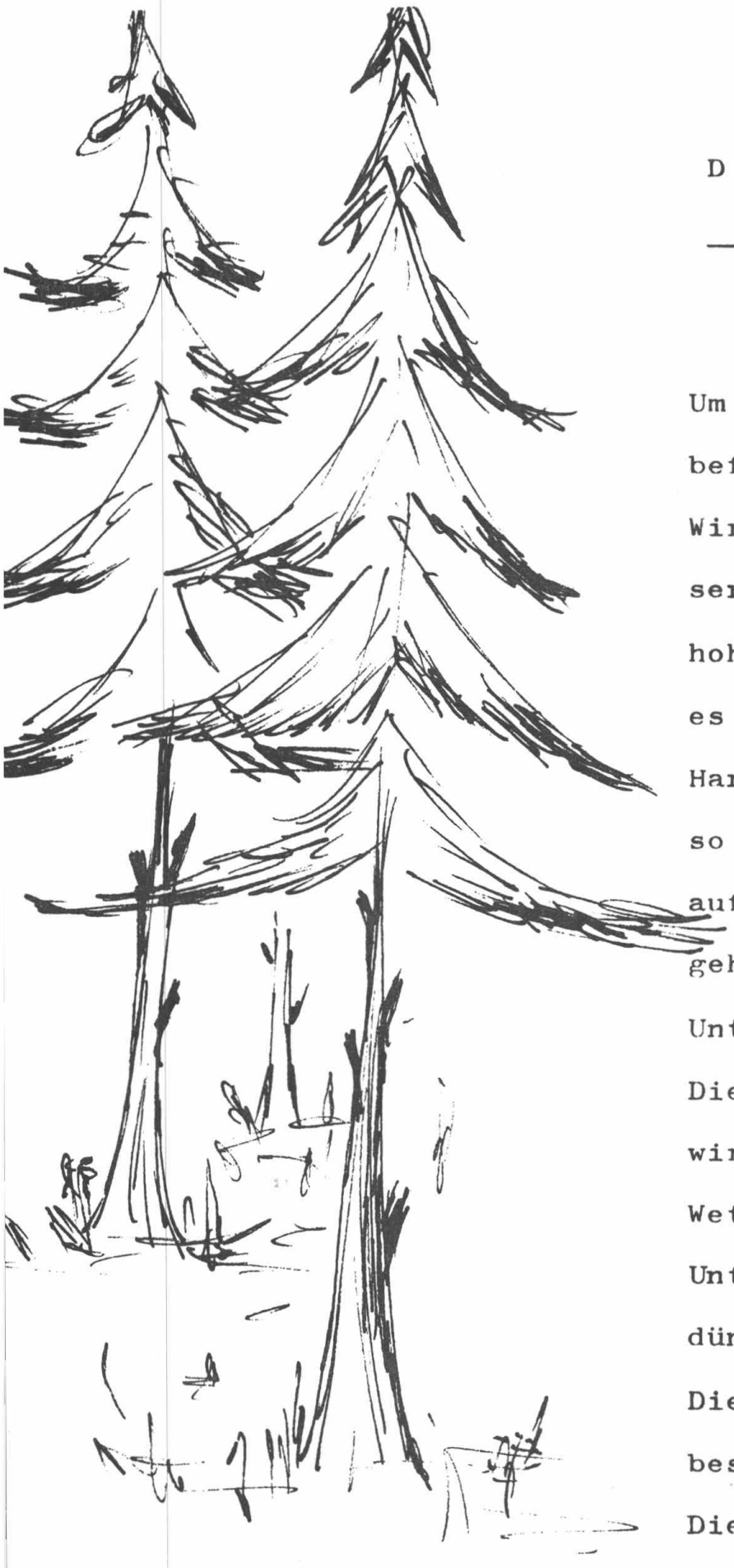
DER ROTE FINGERHUT

Der rote Fingerhut lockt uns ihn zu pflücken.
Uns gefallen seine lila Glocken recht gut.
Auf den Waldlichtungen und am Wegrand finden wir oft sehr hohe Pflanzen. Oft sind die unter=sten Glocken schom verblüht,wenn sich die obersten Glocken der Pflanze öffnen.
Der Fingerhut mit seinen großen,leuchtenden Glocken und den festen,dunkelgrünen Blättern ist giftig.Diese Pflanze ist eine Arzneipflanze, sie wird gebraucht um Medikamente für Herz= kranke herzustellen.

Wir pflücken nur einige Pflanzen um unsern Aufent haltsraum zu schmücken. Wir verges= sen aber nicht die Hände zu waschen.

Denise macht Fotos vom Fingerhut,
Sonny malt ein Bild für unser Heft.
Marco versteckt sich manchmal hinter einer besonders hohen Pflanze.

Myriam Reimen



D I E F I C H T E

Um das Internationale Haus Sonnenberg befinden sich sehr große Fichtenwälder. Wir sagen Tannen für die Fichten. Auf unsern Spaziergängen sehen wir oft ganz hohe und alte Tannen. Im Tannenwald riecht es so gut nach Harz. Marco muß immer den Harz an den Stämmen abklauben. Dann hat er so schwarze, klebrige Finger. Wir passen auf die Kleider auf, denn Harzflecken gehen schlecht weg.

Unter den Tannen liegen viele Tannenzapfen. Die Schuppen der Zapfen sind geöffnet, wir bekommen also noch gutes, trockenes Wetter.

Unter den Schuppen der Zapfen sehen wir dünne braune Blättchen, das sind die Samen. Diese Samen fressen die Eichhörnchen ganz besonders gern.

Die jungen Tannenspitzen werden zur Herstellung von Hustensirop genommen.

Wir sammeln Zapfen für unsere Grillparty.

Sonny und Christiane

Erni Rosinus

D I E T E I L N E H M E R B E W E R T E N D I E F E R I E N

Christiane Pierrard: Ich fand den Ausflug zur Glasschleiferei am schönsten.

Sonny Feidt: Das Glockenspiel in Goslar war mein schönstes Erlebnis.

Michèle Strainchamps: Goslar und das Glockenspiel gefielen mir am besten.

Christiane Schlesser: Ich habe sehr gerne am Abend gemalt und "Mensch ärgere dich nicht"gespielt!

Daniel Cordovado: Ich habe am liebsten Steine gesammelt.

Erni Rosinus: Das Essen hat mir wunderbar geschmeckt.

Isabelle Hauswirth: Mir gefiel das Einkaufen in Goslar besonders gut.

Denise Majerus: Ich fand den Ausflug zum "Rinderstall" herrlich, liebte ganz besonders die Grillparty in der Blockhütte.

Myriam Reimen: Meine Geburtstagsparty war mein schönstes Erlebnis.

Marco Reimen: Mir gefiel das Bergwerk sehr gut.

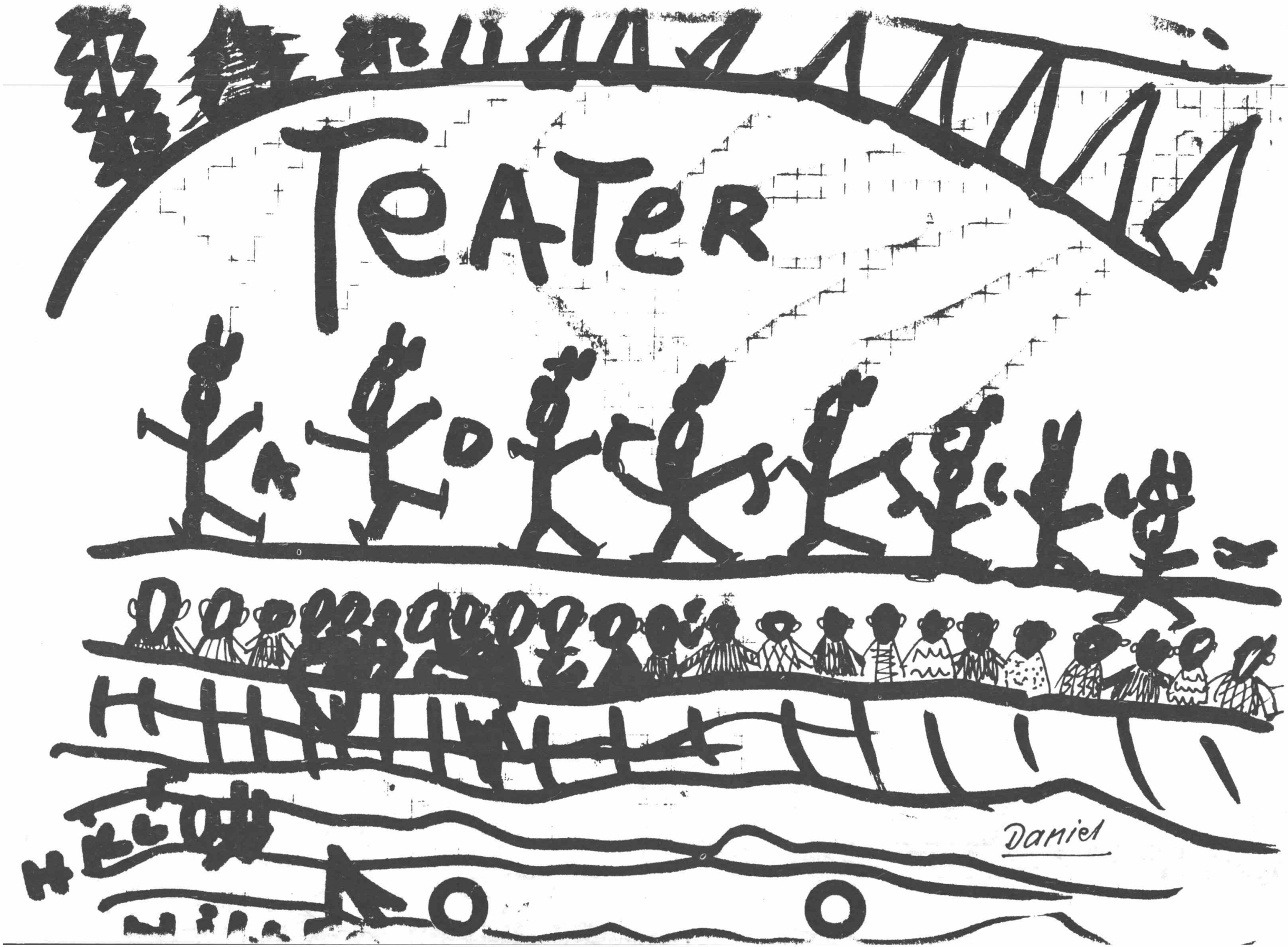
Steffi Reimen: Ich war gerne im Schwimmbad.

Sonny Picard: !Die Grillparty im Blockhaus fand ich herrlich.Das gemeinsame Leben war schön.

Cathy: Ich fand das Essen herrlich.

Christine Boultgen: Meine Geburtstagsparty war für mich ein schönes Erlebnis.Die ganzen Ferien haben mir gut gefallen.

Jeannette Georges: Mir hat das Essen prima geschmeckt.


TEATER
Daniel

KAY PLUS

Une nouvelle gamme de protections pour l'hygiène et le confort de l'incontinent.

Par la gêne qu'elle provoque, l'incontinence nécessite des solutions d'hygiène et de confort maximales. Pour l'incontinent, en effet, il s'agit de pouvoir aller et venir librement. Sans contrainte, sans arrière-pensée. Avec la nouvelle gamme de protections Kay Plus, chaque incontinent trouvera désormais la solution qui lui convient idéalement.

Des changes grande taille.
Jetables et d'une grande capacité d'absorption, ils se portent avec la pointe ou le slip extensible Kay Plus.

Des alèzes super-absorbantes.
Leur épais matelas de mousse et leur feuille plastique procurent une grande absorption et garantissent son imperméabilité.

Des protège-matelas intraversables.
Doux et solides, ils permettent une protection très étendue de la literie.

Des pointes à nouer.
Lavables, elles forment, avec les changes grande taille, un ensemble absorbant, étanche et discret.

Des slips extensibles.
Aérés, adaptables au corps et lavables, ils assurent un excellent maintien des changes et une discrétion absolue.

KAY PLUS de *lotus* La première gamme de protections pour incontinents, vendues aussi en grandes surfaces.

BON A DECOUPER. Envoyez à mon adresse privée, sous enveloppe discrète, votre documentation sur la gamme Kay Plus, ainsi que la liste des distributeurs.

Nom .....

Rue ..... nº .....

Code postal ..... Localité .....

Bon à envoyer à: **EMILE KASS ET FILS** senc - 4, rue Astrid - Luxembourg

Petite Fleur

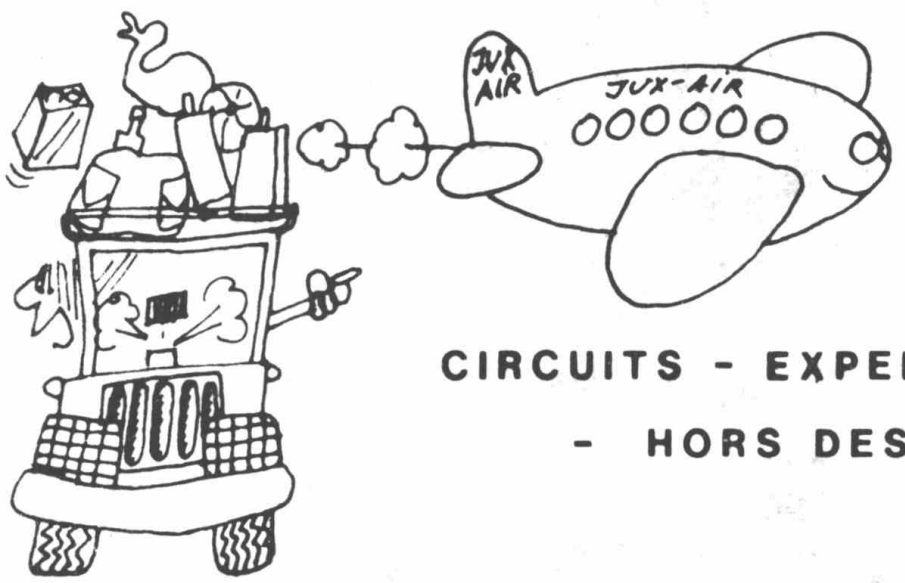
La forme originale est inspirée par d'anciennes pièces d' orfèvrerie et d'argenterie de style Louis XIV.
Créée vers 1780 à Septfontaines-lez-Luxembourg elle fut très populaire au début du 19ième siècle. Mr. Ludwig Scherer, designer à la Faïencerie de Luxembourg, développa à partir de pièces originales un assortiment élégant de flair romantique. Le décor PETITE FLEUR créé par Christine Reuter ravit par son élégance les amateurs de porcelaine fine. PETITE FLEUR s'achète pièce par pièce avec une garantie de réassortiment jusqu'en 1990. Elle est garantie lave-vaisselle comme tous les décors VILLEROY & BOCH.

VILLEROY & BOCH s.à r.l.

Ancienne Manufacture Impériale et Royale fondée en 1767

Luxembourg

VOYAGEZ HORS DES HORDES !



VOLS LOINTAINS

- PAS CHERS !

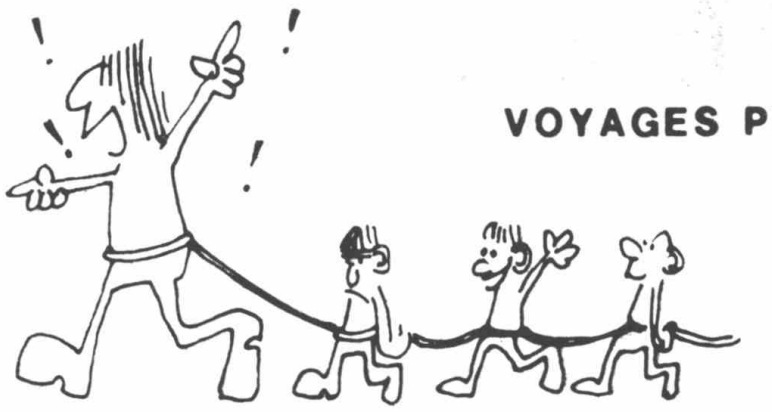
CIRCUITS - EXPEDITIONS - TREKKINGS

- HORS DES SENTIERS BATTUS !

CENTRES DE VACANCES - HOTELS - APPARTEMENTS - CHALETS

- SYMPA !

HORDES !



VOYAGES POUR GROUPES DE JEUNES

- ET MOINS JEUNES

TRAINS RAPIDES

- A REDUCTION !

COURS DE LANGUE - VIVANTS !

VOYAGEZ HORS DES HORDES !

POUR TOUS RENSEIGNEMENTS ET INSCRIPTIONS:

ASSOCIATION DU TOURISME SOCIAL A.S.B.L.
SOTOUR
TOURISME DES JEUNES

21, RUE ALDRINGEN (ENTRE-SOL) LUXEMBOURG
TÉLÉPHONES: 465 14 ET 226 73
BUREAUX OUVERTS DU LUNDI AU VENDREDI DE 9.30 À 12.30 ET
DE 13.30 À 18.15, LE SAMEDI DE 10.00 À 12.00

☞☞☞☞☞☞☞☞ IMPORTANT

TOUS NOS SERVICES SONT RÉSERVÉS EXCLUSIVEMENT À NOS MEMBRES!

Pour recevoir votre nouvelle carte de membre, il vous suffit de virer la somme de 50.-frs à notre CCP 19440-40, en indiquant votre nom, prénom, adresse, profession et date de naissance, ou bien vous passez en notre bureau et vous pourrez en même temps emporter nos nouvelles brochures.

les établissements

felix cloos

s.a.r.l.

laitier des hauts fourneaux brut et concassé
enrobés hydrocarbonés, bitumac, prosable
grave~ laitier
mélange minéral pour béton
(composé de grenailles, laitier granulé et sable; reste à ajouter ciment et eau)

sable et pierres de carrières

4280~esch~sur~alzette — 60, boulevard prince henri
téléphone: 54 71 01 ~ télex: 1461

P R A E V E N T I V - I N T E G R A T I V E F O E R D E R U N G
I M V O R S C H U L A L T E R

Als Beispiel - Tagesprogramme für verhaltensgestörte Kinder -

Im folgenden Artikel geht es um die Betreuung verhaltensgestörter Vorschulkinder (2,6-5 Jahre) in Tagesprogrammen. Extremfälle wurden dabei ausgeklammert: die Kinder, die so schwer gestört sind, dass sie nur in einem medizinisch-institutionellen Rahmen behandelt werden können und diejenigen, deren Probleme durch einige Besuche in einer Erziehungsberatungsstelle behoben werden können.

Seite 9f. des Artikels werden Möglichkeiten der ausserfamiliären Tagesbetreuung aufgezählt. Eine dieser Möglichkeiten, nämlich ein Spezialprogramm,scheint auf den ersten Blick besonders segregativ. Dies ist in vielen Programmen in den U.S.A. auch der Fall: wegen der Grösse der zu betreuenden Population oder wegen der Notwendigkeit der Etikettierung zur Erlangung der notwendigen finanziellen Mitteln. Wie soll nun aber Integration aussehen? Eine einfache Integration verhaltensgestörter Kinder in einer Gruppe "problemloser" Kinder wird kaum alle Probleme der gestörten Kinder lösen. Eine Spezialbetreuung und -förderung ist meistens nötig um möglichst viele,eventuell alle,Probleme der verhaltensgestörten Kinder in der zur Verfügung stehenden

Zeit (i.e. vor Schuleintritt) zu lösen. Die im Artikel angesprochenen Möglichkeiten (Spezialprogramm oder Tagesstätte mit Spezialintervention)sind nur dann integrativ, wenn sie in einem Rahmen stattfinden in dem alle (mit wenigen Ausnahmen) Kinder aufgenommen werden können. Nach aussen muss es sich um eine normale Tagesstätte ohne speziellen Namen handeln, alles muss unter einem Dach stattfinden! Intern gibt es dann eine Reihe von Möglichkeiten: Spezialprogramm und Normalprogramm mit fliessenden Uebergängen oder Normalgruppen mit zeitweiligen Spezialgruppen bzw. mit Einzelförderung oder Betreuung der Problemkinder im Normalprogramm durch die Anwesenheit eines Spezialisten... Verhaltensgestörte Kinder in HMC-Klassen müsste es kaum mehr geben.

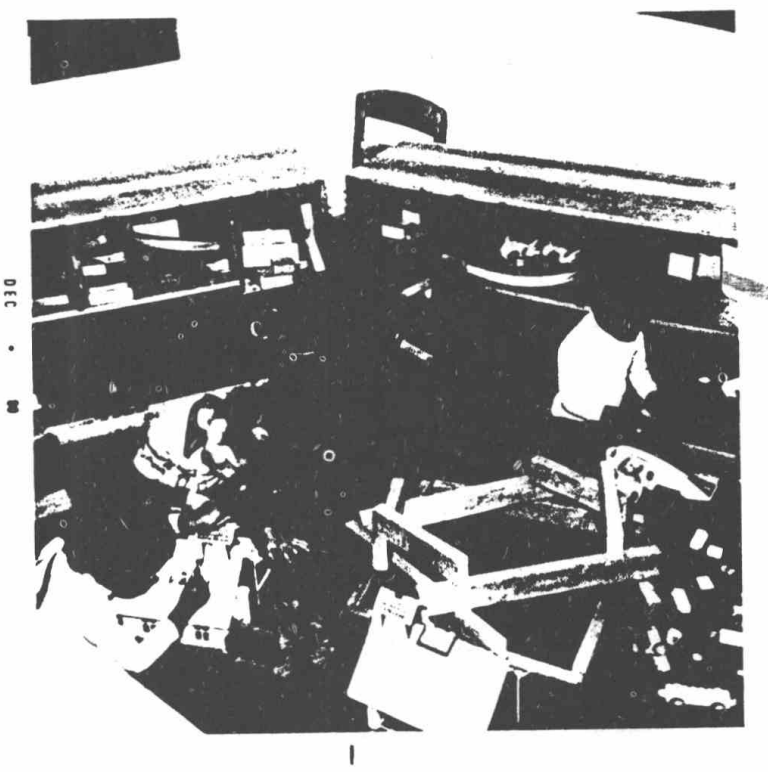
Das im Artikel angeführte Beispiel der Betreuung verhaltensgestörter Vorschulkinder kann sicher auf andere Behinderungsgruppen übertragen werden und soll ein Diskussionsbeitrag zur Lage der präventiv-integrativen Betreuung behinderter Vorschulkinder in Luxemburg sein.

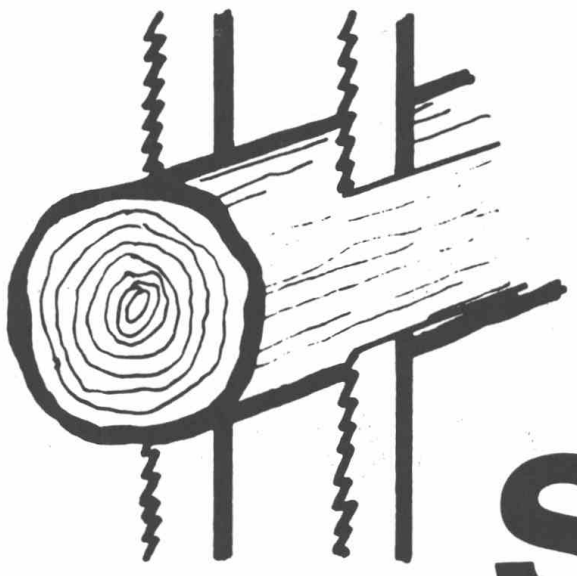
Noch ein paar Worte zur präventiv-integrativen Betreuung von Kleinkindern (0-2,6 Jahre): Der Gefahr späterer Schulschwierigkeiten, Behinderungen aller Art, notwendiger Heimeinweisungen... soll man möglichst früh vorbeugen. Welche möglichen Vorstufen zu den im Artikel angeführten Möglichkeiten gibt es? Ein Beispiel: Der G.E.A.D.E. (Groupe d'Etude et d'Aide au Développement de l'Enfant) versucht, die benachteiligsten Kinder besonders anzusprechen. Primärvorbeugung (Aufdeckung und

Betreuung)auftauchender Schwierigkeiten im Entwicklungs- oder im sozialen Bereich **wird** von ambulanten Spezialisten im familiären Milieu, in Familienkrippen oder öffentlichen Spielgruppen betrieben. Vielleicht kann so der Teufelskreis der sich von einer Generation zur nächsten übertragenden sozialen Schwierigkeiten und der damit verbundenen Behinderungen durchbrochen werden.

Alfred Groff 13, rue A. Neyen
2233 LUXEMBOURG

P.S.: Wer Interesse an der im Artikel zitierten Literatur hat oder an einer Videokassette über ein Vorschulprogramm für benachteiligte behinderte Kinder im Sta te New York, kann sich an mich wenden.





scholtes

atelier de constructions en bois
scierie
manternach (gr.d. de luxembourg)
téléphones: 712 24 et 7 11 80

livraisons de:

bois de construction

bois de charpente

bois d'emballage (résineux et feuillus)

planches, madriers, lattes

livraisons au centre de réadaptation
à capellen

Day-Programs for Moderately Behaviorally Disturbed Preschoolers in the United States of America

A Guide to Literature and a Questionnaire Study

Alfred Groff

Department of Educational Psychology and Statistics

State University of New York at Albany

Abstract

The article first answers the questions why and how to treat moderately behaviorally disturbed preschoolers. Then literature about special therapeutic preschool programs and day care centers with therapeutic interventions for moderately behaviorally disturbed preschoolers is reviewed: Historical programs - some programs as examples of different approaches - literature survey of programs presented in articles not older than 1970. Finally the major results of a questionnaire study , asking selected questions about children, staff, curriculum and used therapeutic techniques to existing (1981) programs for moderately behaviorally disturbed preschoolers in the United States, are presented.

Day-Programs for Moderately Behaviorally Disturbed Preschoolers in the United States of America

A Guide to Literature and a Questionnaire Study

Classifications, Definitions, and Selective Criteria

The Problem with Classification Systems of Childhood Disorders

There are as many ways to classify and describe emotional disorders as there are definitions of emotional disturbance. "...there is no general agreement on whether diagnostic nomenclature should be based on etiology, presenting symptoms, prognosis, or a combination of these factors" (Chess, 1969, p.97). Further Chess (1969) writes that there is even less unanymity regarding schemata for childhood disorders than for those in adulthood. Indeed some factors make diagnosis especially difficult with children (cf. C.E.L.D.C., 1970). One important factor is, for example, that children's disturbed behavior is less fixed than that of adults. The major classification systems, described and critically reviewed by Prugh, Engel and Morse (1975) (cf. Duffy, 1977; Noshpitz, 1979), are often criticized, and are, especially for children, not very useful (cf. C.E.L.D.C., 1970; Graubard, 1973; Safford, 1978).

Why do we need classification?

For interdisciplinary communication? If so, it would be important that the classification be acceptable to all the members of an interdisciplinary team (cf. Buckle & Lebovici, 1960; C.E.L.D.C., 1970) and this proves to be a major difficulty.

Do we need classification for treatment or research purposes? Prugh et al. (1975) think that categorial terms are only useful for clinical research and epidemiological purposes, but not for the establishment of treatment patterns.

Definition of Behavioral Disturbances

"Most definitions of emotional health recognize that there are at least two facets to the 'whole' individual: the inner mental component and the outer behavioral component" (Gill & Silverman, 1973, p.4). The question of etiology and treatment is not discussed here, only the behavioral component is considered (cf. Appendix 2).

Graziano (1974), Haring (1963) and Werry (1979) distinguish behavioral deficits (inabilities) and behavioral surpluses (excessive behaviors, maladaptive behaviors). These two categories seem to represent the two common meanings of emotional disturbance which Cohen (1969) has found in a review of periodical literature. Graubard (1973) uses a combination of the severity, offensiveness, and chronicity of the child's acts to define behavioral disabilities, a category subsuming

both the categories "emotionally disturbed" and "socially maladjusted", which are impossible to differentiate clearly (cf. Graubard, 1973; McCandless, 1956). A slightly modified version of this definition (Graubard, 1973, p.246) will be used to describe the population with which this article is concerned.

Description of Selective Criteria

Considered in this publication will be: programs for children with behavioral disabilities, defined as a variety of excessive, chronic, deviant behaviors ranging from surplus behavior (e.g. aggressivity) to deficit behavior (e.g. withdrawal) which (1) violate the perceiver's expectations of appropriateness, (2) the perceiver wishes to be stopped, and (3) are mainly caused by environmental, psychological factors (often interacting with biological factors: cf. Graubard, 1973, p.258).

Preschool programs presented here are more or less oriented towards socio-emotionally goals and aim at moderately emotionally (behaviorally) disturbed children. Not considered in this study are programs, where a more cognitive, medical or other kind of approach is used. The following types of programs are excluded:

* Programs for autistic, psychotic, profoundly emotionall disturbed children or children with learning disabilities, language lags, developmental disabilities (caused mainly by genetic, constitutional or organic factors)(cf. Appendix 1).

* Programs for severely handicapped children, one of these handicaps being possibly emotional disturbance (cf. Appendix 1).

* Programs in the mental health field for infants at risk (cf. Keogh & Kopp, 1978; National Institute of Mental Health, 1979).

* Prevention and detection centers for emotionally disturbed preschool children (e.g. cf. Cary & Reveal, 1967).

* Programs for disadvantaged children (cf. Appendix 1).

Major intervention models and theoretical approaches in the field of educational programming for the preschool child, mainly in use for disadvantaged preschoolers, are described by Anastasiow (1978), Bender and Bender (1979), Boegehold, Cuffaro, Hooks and Klopf (1977) and Parker and Day (1972).

Why Treat Moderately Behaviorally Disturbed Preschoolers Not All Grow out of it

Hyman (1973) compared a group of emotionally disturbed kindergarten-age children treated in a psycho-educationally oriented day treatment program (Wayne County Children's Center, Detroit, Michigan) and a non-treated control group and concluded that the results appear to agree with other literature which states that there is a two-thirds to three-fourths improvement rate in emotionally disturbed subjects regardless of treatment. One has to consider that this study measured only school adjustment by a behavioral checklist; it was only a short term intervention; treatment started only

at kindergarten age. Hyman's conclusion also shows that children do not all grow out of their problems. The attitude "wait and see" is no longer justifiable. A "child is not a statistic" (Herbert, 1975, p.444) and to tell parents who seek help for their child at a given moment that the behavior they are worried about is of low risk, goes away without help in two out of three cases , or may only be transitory is of little value.

Early Emotional Disturbance and Later Achievement

Apparently small problems, when not treated, can cause learning delays and may develop further into other areas. For certain problems, e.g. poor readers or very aggressive children (cf. Rutter, 1970), the statistical risk for later maladjustment is very high. "Much of the retrospective clinical data and some theory point to a high relationship between early problems and later emotional disturbance" (Heinstein, 1969, p.1). This is confirmed by Kohn (1977), Kohn and Rosman (1972), or Zax, Cowen, Rappaport, Beach, and Laird (1968). Many authors like e.g. Carrithers (1965), Chamberlin and Nader (1971) or Kohn (1977) show that emotional impairement existing prior to entry into elementary school predicts academic difficulties. So an early treatment of emotional problems can be considered as a prevention of later more severe problems (cf. Breton & Sabatier, 1977; Ellis & Cross, 1977; Forehand & Peed, 1979; Appendix 1).

Treat Early in Life, Treat Preschoolers

The chances for change and improvement after treatment are significantly greater in the early years of a child's life. An enormous amount of learning takes place prior to any formal academic learning (Denckla, 1974). The preschool period is the optimal time to treat problems (cf. Appendix 1). Before the adaptive patterns begin to solidify the difficulties have not yet become an entrenched part of the child's behavior (cf. Brusiloff & Witenberg, 1973; Witenberg & Brusiloff, 1972). "The earlier in a child's life that one can detect signs of emotional and social problems, the greater is one's capacity to reverse the process and prevent severe consequences for the child and his family" (Williams, 1972, p.21). So a serious attempt should be made to detect and treat those problems as early as possible and not just when the child starts school and is referred for treatment by his teacher (cf. Mason, Richmond & Fleurant, 1976).

Economic Reasons to Treat

There are other reasons, independent of the child and his age, why a disturbed child should be treated, such as legal and social factors (cf. Ellis & Cross, 1977), but especially economic factors. Early treatment can save a child from later costly institutionalization. A successfully treated child will pay taxes to the state as a working adult. Braddock

(1976) in his article "Dollars and Sense in Special Education" calculates the savings that can be made through treatment for different handicapping conditions. Long term savings are the highest for the mildly emotionally disturbed, followed by the severely emotionally disturbed, and the mildly retarded children (some 4oo,ooo - 5oo,ooo dollars).

Treatment Possibilities

Are there Enough Treatment Possibilities

The needs (mental health resources, clinical facilities, consultants in nurseries) of emotionally disturbed children, especially emotionally disturbed preschoolers, are far from being met (cf. Appendix 1). Andronico and Guerney (1969) noted a shortage of trained specialists. Early intervention is being neglected.

What Treatment Possibilities are there

> A program is a set of activities with specified outcomes for a defined target. The three key terms in this definition are: activities, target, and outcomes. In other words, a program must be designed to affect a particular group (target) in a particular way (outcomes) through a particular set of actions (activities). (Ellis, 1977, p.39)

Here the target group is represented by moderately emotionally disturbed preschool children. The problems of these children are often too many or too severe to be treated only by weekly visits to a child guidance centen. A placement in an

institution has a lot of negative aspects (cf. D'Amato, 1969) e.g.: it is costly, working with parents is often difficult, and the treatment takes place in an artificial environment. Especially for young children a total separation from their parents should be avoided if at all possible. Safford (1978, p.167) enumerates a wide range of possibilities for school age emotionally disturbed children, which are also applicable for preschool children:

1. Regular education program with no special support services
2. Regular education program with support services such as consultation to the teacher by specialists
3. Regular education program with support services provided directly to the child and family (such as individual or family therapy, tutoring, or supportive relationship program)
4. Regular education program with some time spent in a special program (such as resource room or school based group counseling)
5. Regular education program with substantial time in specialized class
6. Primarily special class with some time in regular program
7. Special day school program including supportive therapy, psychotherapy and other services as needed

8. Residential setting (...)

For the population of this article all but the two extreme possibilities seem appropriate. Mainstreaming should always be possible.

More controlled studies should be done to find out if behaviorally disturbed preschoolers do better when integrated with normal peers, which procedure, according to Allen, Benning and Drummond (1972), does not resolve all of the emotionally disturbed child's problems.

What advantages lie in center-based vs. home-based intervention? Normally home-based intervention is much more time and people consuming than center-based intervention. In a center all specialists can work together easily as a team. The possible trauma of many specialists visiting a home can be reduced. Home-based treatment means isolation from other children, thereby making integration more difficult. For children with socio-emotional problems especially, the contact with other children is important in developing social abilities and these can be greatly enhanced by nursery school attendance.

Special Educational and Therapeutic Preschool Programs

Therapeutic adaptions of nursery school appears to be a promising way to treat disturbed children (cf. Taylor, 1969). For this reason the programs described here are special education nursery schools or preschool programs for emotionally disturbed children (therapeutic nursery school programs).

Braun (1965) describes the contrats between the nursery schools for typical and disturbed children.

Ideally a special program should:

- work with a multidisciplinary team including educational and mental health professionals as well as parents as partners to participate in activities and to make the necessary decisions. A maximum of coordination should be possible. Eventually the program can be part of a center that works preventively, treats very young children through their parents at home, gives opportunities for information, counseling and diagnosis, has consultants for regular program teachers, includes social services...

- have the possibilty of ongoing diagnosis and research

- have a curriculum and therapy based mainly on the socio-emotional part of development (including appropriate individualisation).

Multidisciplinary teamwork. Multidisciplinary teamwork is very important in this field (cf.. C.E.L.D.C., 1970): Educators, teachers, parents, social workers, psychologists, speech therapists, psychiatrists, physiotherapists and psychotherapists must work together for the best results. Close coordination of nursery school, social service and psychiatric services can give a unique opportunity to compare data about the child's behavior and his mental and emotional responses to different experiences and environments (cf. Rexford, 1949).

Kohn and Rosman (1971) proved the hypothesis, that the preschool teacher's role could be modified to serve therapeutic aims, to be wrong. This could be explained by the fact that educators have to set and reinforce rules and that this makes it harder to show feelings openly. In therapeutic settings these day-by-day rules are very limited. Educators and specialized psychotherapists should have different roles, even if "it is known that there are many common and overlapping goals and techniques in psychotherapy and education, particularly when the methods are applied to young children" (Taylor, 1969, p.273). Two earlier articles have tried to clarify the roles of the teacher and the child therapist: Neubauer and Beller (1958), Rexford (1949). Taylor (1969) defines the teacher's function as following:

> ...the teacher's function or role in the classroom is first that of observing the children; then, individualizing his program to fit the group and individual requirements of the children through the choice of equipment, arrangement, and planning; and, lastly, providing consistent structure and maintaining a climate of acceptance, warmth, and respect for the feelings of each child....Mutual exchange between the teacher and other professionals may well help promote optimum growth of the emotionally disturbed preschool child. (p.276)

"We need strong ties between mental health and teaching

professionals, a genuine commitment to work together, but the resistance is still strong"(Closer Look, 1979, p.9). In this sense Williams (1972) describes an unfortunate tendancy on the part of some mental health professionals and educators to strictly separate learning problems from psychological problems in relation to child development. One should emphasize the relationship between psychological and educational factors. Thompson, Garrett, Striffler, Rutins, Palmer, and Heed (1976) describe a model interdisciplinary diagnostic and tratment nursery: "We believe that the reason for the program's effectiveness lies in the coordination and comprehensiveness of the interdisciplinary team and the inclusion of the parents in the program"(p.231).

"...the problem of the powerful and continued influence of the family on the child's behavior and learning" is stated by Melcer, Fritz, and Boroughs (1970, p.3), but many models do not "specifically include family structure and dynamics as a critical variable to be dealt with in educating the child"(Melcer et al., 1970, p.3). One has to recognize that the family is the child's primary social and learning unit, and this unit must be incorporated within the educational model as a major input (cf. Melcer et al., 1970). Bender and Bender (1979) confirm this in their chapter about parent involvement. Most programs however, as will be seen later, do include parents to at least some degree. School and parents

can combine forces to set goals to maximise the child's potential , and parents can acquire improved skills and learn the most suitable approach in stimulating the child (cf. Havelkova, 1968; Karnes, 1972). Direct involvement of the parents especially the mother, usually in the educational part, is possible, often necessary, or at least desirable with young children. This can include observation through the one way mirror, where the mother can observe her child, and see how it reacts, or she can take over part or all of the educational section of the program after a certain adjustment and learning phase. Parents should be shown that one believes in their potential to help their child, something most parents can do, and furthermore they should not think that educators and other specialists take away the responsibility of educating their child. For some children the program may well be a necessary or desirable separation from their problems at home. But these parents should be involved too through assistance by a social worker or by consultation and therapy while the children visit the program. For all parents evening meetings are very important to receive theoretical knowledge and to discuss their problems and experiences with their children. Basic behavior modification rules can help parents to achieve some improvement in their child. "If a parent promptly and consistently praises a child when he is good, and just as promptly and

consistently ignores him when he is bad, the troublesome youngster's behavior will change"(Stuart, 1972, p.12). One does not need repressive methods like those in Forehand and Peed's (1979) training program for parents: After warning, spanking the child if he leaves his chair again and this to modify noncompliant behavior:

> ...heavy emphasis and great resources have been applied to reducing negative emotional behavior, such as fear, anger, and aggression, whereas little attention has been paid to the development of positive affective behaviors, such as kindness, fairness, and love. (Strain, Cooke & Apolloni, 1976, p.8)

Behavior modification procedures can be a help to parents but used alone they hardly solve the whole problem of an emotionally disturbed child.

> Though useful in general classroom management and for modification of a particular behavior, a system of rewards or reinforcers cannot replace a child's need to feel loved and cared for without the requirement that he earn this response by appropriate behavior. He must first be accepted as he is, if he is to feel willing to put forth the effort necessary to work through his difficulties. In addition, without insight and understanding there is little chance for transfer or generalization of change within the individual. (Anderson & Marrone, 1977, p.99)

Since the parents and the preschool teacher (if the child is concurrently enrolled in a regular preschool program) spend a lot of time with the child and observe the aberrannt behavior where problems actually occur (cf. Graubard, 1973), it is important that they attend conferences with the staff of the special program in order to exchange goals and experiences. The professionals in the special program can also be used as consultants in the regular program (cf. Fish, Garfunkel, Johannet & Coolidge, 1967; Schultz, Hirshoren, Manton & Henderson, 1971).

Ongoing diagnosis and research. Diagnosis should not stop while the child is in the program. Ongoing diagnosis helps the child to get the most appropriate help at a certain moment because his needs are changing. One can follow his progress better and find out when mainstreaming can start. Melcer et al. (1970) point out that more accurate diagnosis can be made by extended observation of the child in a school setting. Diagnosis which are made at a screening-center after one or a few hours of observation lead to the drawback of labeling. "It often appears impossible to make the diagnosis on a superficial contact....in a more relaxed environment, such as a nursery school, these difficulties can be overcome in most cases"(Havelkova, 1968, p.327). The use of videotapes make observation possible for the teacher or therapist, who can concentrate on his task knowing he can observe later the

details of the situation.

Ongoing observation and diagnosis, and the use of videotapes play an important part in research. Research makes it possible to demonstrate the progress of a program. Objective and reliable data are important to determine if, and how the program is effective. There is little research "...that attempts to describe the parameters of social-emotional development, and even fewer manipulative studies that evaluate the effectiveness of educational interventions designed to increase presocial behavior"(Strain et al., 1976, p.vii). "Most psychodynamic or psychoeducational studies rely heavily on narrative reports or measures of uncertain validity and reliability"(Wood F., 1975, p.326f.). Cayton (1978) did not find any comparable outcome studies of psychotherapy with preschool children. The comparison with other treatment facil=ities will be worthwhile when the most effective combination of techniques and conditions is found (cf. Haring, 1963). Different methods for teaching and therapy are examined in the next chapter.

Techniques: Curricula and therapy. Socio-emotional curricula, psychotherapy, art-therapy and other sorts of therapy (individually and/or in groups) all seem to pursue the same goal: improvement in the socio-emotional development of the child. And also: "In the past several decades... it has become increasingly clear that the emotional status of

a child as well as his ability or inability to interact with others are major prerequisites for intellectual development" (Enzer & Goin, 1978, p.v), (cf.Piaget, 1972). If a child is not ready to be enrolled in a regular preschool program as well, where the stimulation is more cognitively oriented, he should get individual (or small group) academic education adapted to his abilities. Safford (1978, p.169) gives the following decription of a therapeutic nursery program: It

> ...not only provides the child opportunities for expression through block play, art, music, etc., but also helps him learn to use language as an integrative mode for mastering inner needs and coping with external reality demands. In such a program, learning is seen not only in terms of preparing the child for eventual success in academic skills but, more important, in terms of fostering basically healthy development of a well-integrated personality. The young child who is experiencing inner conflict with which it is difficult for him to cope may also be treated on a one-to-one basis, complementary to his participation in the group program.

Most curricula described in literature are suited for typical or disadvantaged children. Much of what is said there is of course true for all kind of children, but what kind of education and therapy really suits the moderately behaviorally disturbed children? Gilbert (1969, p.7) lists the needs of

a child that have to be fulfilled so that emotional and mental disorders can be avoided. These are:

> acceptance by the parent, warmth, nutrition, care, parental support as he faces life's tasks, to be allowed to grow at his own rate, protection from deprivation and exploitation of others, emotional satisfactions during feedings, family reassurance when faced with problems, help in development of emotional responses, help in accepting his own sex, help in learning how to behave toward self and others, help in accepting authority, affection and personal interest, education that helps develop his creative talents, consistant rules and ideas about ccnduct, and a warm, secure home and school environment.

Mason et al. (1976) propose the following to promote the cause of better mental health in children: Awareness of own influence, love, values (p.153: "Children need guidance. They need something to believe in and hold onto with reasonable assurance that it will last."), praise (recognition for a well done job), identity (maturing child increases independance), time (children need some of the adults' time), sensitivity (effort to discover the reason underlying "disturbing" behavior), consistency. According to Williams (1972)

> ...there are four major areas of emotional and social

> learning that a child needs to begin to master during his formative preschool years. He must, in effect, learn to: (1) trust and value other human beings; (2) trust and value himself; (3) trust the expression of his emotional feelings; and (4) trust and perceive the world around him as a safe place. (p.21)

These are the main areas of deficiency for the children going to a therapeutic preschool.

In order to treat the problems some preliminary conditions have to be considered: stable structure, nor too high, nor too low expectations,... The intervention should include psychotherapy as well as education.

> The idea of education as therapy is not entirely new.... psychodynamically based psychotherapy is by definition a learning process....behavior modification, explicitly applies principles of learning....Therapeutic education is a means of helping the child to work through emotional conflict, to develop more adaptive modes of interacting with others, to develop a more realistic and positive self concept, to learn to channel impulses, to develop a more accurate orientation to reality, and to gain a better understanding of causal relationships and consequences of behavior. (Safford, 1978, p.166f.)

Safford (1978) indicates the following useful educational therapies for young children:

- Play therapy (analytic or non-directive: cf. James, 1977; Schaefer, 1976)
- Developmental therapy (cf. Wood M., 1972, 1975, 1978)
- Dramatic play, art, music, dance therapy
- Behavior modification (cf. Benson, 1979)

A bibliography of therapeutic interventions for children and adults is presented e.g. by Berlin (1976). If one does not want to treat the child directly or separately from his parents one can also use family therapy. Zilbach, Bergel and Gass (1972) discuss the possibility of including young children in family therapy.

All children are different and have different problems, therefore one should use more than just one technique. Therapeutic nursery schools "...must be able to meet the changing demands of the children of various ages for which they care"(Enzer, Abid & Benaderet, 1978, p.109). "Various roles and tasks are assigned to the therapeutic staff of such programs"(Enzer et al., 1978, p.110). A certain flexibility is needed. Even if one aspect of the child's development (here socio-emotional) is strongly emphazised one has to recognize that all aspects of the child interact with each other (cf. Evans & Cooper, 1974). To have a more eclectic approach does not mean one can not work systematically, plan ahead, control the effectiveness, do research... Burks, Good, Higginbotham and Hoffman (1967) state that in a therapeutic nursery school the most heavily weighted variables are interdisciplinary consultation and the personality of the

nursery school teacher. The teacher's basic attitude is more important than adherence to a certain theoretical model. How a certain curriculum is delivered is as important as which one is delivered.

Weikart, Epstein, Schweinhart and Bond (1978) enumerate components that have a great effect on the outcome of a program besides its curriculum, the character of the teacher and the character of the child: staff-child ratio, nature of parent involvement, teacher involvement in day-to-day planning and evaluation...

Historical Review

Special Education Programs for Handicapped (especially emotionally disturbed) Preschoolers

> Twenty years ago, programs for handicapped children below the first-grade level were so rarely provided that relevant statistics were not collected in the U.S. Office of Education nationwise surveys.... The number of handicapped children in specialized nursery and kindergarten programs appears to have multiplied from eight to tenfold during the past decade....Approximatively 53,000 handicapped children were enrolled in nursery and kindergarten special education programs in 1966. More than 90 per cent of these children were in public school programs. (Mackie, 1969, p.9)

The number of emotionally disturbed and socially maladjusted

pupils enrolled in nursery schools and kindergartens (public school system) was especially low: 300 in 1966.

Considering all emotionally disturbed children the UNESCO (1973, p.180) writes:

> In the early sixties there were relatively few educational programs for emotionally disturbed children....By the end of the decade there was a substantial increase in the number of programmes for emotionally disturbed children in the public schools and a corresponding increase in research on methods of educations.
>
> In some States school programs for handicapped cannot serve children younger than 6 years of age. In others, preschool programs for deaf or severely hard of hearing children are allowed, but similar programs are not available for the retarded or the emotionally disturbed. (Gallagher, 1969, p.2)
>
> Hensley, Jones, and Cain (1975) report that over 70 percent of the states allow, through legislation, early education to be offered to handicapped children younger than school age. From 40 to 45 percent of the state legislation on preschool education is of a mandatory nature. (Ellis & Cross, 1977, p.130)

Ellis and Cross (1977) also analyse the extent of current state involvement in early childhood education, especially for handicapped. Delegates to the 1977 White House conference

"...took a strong stand on preschool education and early intervention for handicapped children..."(Allen, Holm & Schiefelbusch, 1978, p.33).

> Within PL 94-142 is the Preschool Incentive Clause, which provides monies to states for each handicapped child served in the 3- to 5-year old range. Many states do not serve the preschool child, however, and even fewer provide for children in the birth to 3-year old range.... There are exemplary demonstration programs for infants, toddlers and other preschoolers funded by PL 91-230 Part C, Handicapped Children's Early Education Programs (HCEEP). (Allen et al., 1978, p.50)

Therapeutic Programs for Emotionally Disturbed Preschoolers

1909 was the beginning of the child guidance movement (cf. Rosenzweig, 1968: survey of child guidance practices 1909-1959). "In America, the nursery school did take its footing until around 1920..."(Braun, 1965, p.232). After the original focusing on sensory-motor learning and the enhancement of cognitive development "the horizon was enlarged to include emphasis on the child's emotional development and mastery over conflicts in his life"(Braun, 1965, p.232). "...nursery schools, whose primary function was the education and/or treatment of children with emotional problems, did not evolve until the'40's, nursery schools, including day nurseries, were sometimes used as therapeutic milieux before that time" (Archer & Hosley, 1969, p.60).

The Gesell Guidance nursery at Yale Psycho-Clinic in New Haven "...appears to be the first concerted effort to use the nursery school to alter the behavior of children with emotional problems"(Braun, 1965, p.232). "Its original aim was to help problem children. For this purpose, small groups of supposedly normal children were set up and into these groups were introduced as many problem children as the group could 'absorb'"(Goodenough & Ames, 1964, p.ix). This was started in 1929 (cf. Washburn, 1944). "It now seems possible in retrospect, to assume that many of the difficulties these children (both the presumably normal and the presumably problem children) presented were merely normal aspects of preschool behavior"(Goodenough & Ames, 1964, p.ix).

> The major emphasis of staff work was concerned with making diagnostic evaluation of each child and working with his parents....The mothers were encouraged to observe their child at play in the nursery school prior to the appointment with the psychologist, which encompassed a discussion of mother's feeling in relation to her child and child rearing practices. She also learned what was age-appropriate for a child and how the teacher handled different situations. (Braun, 1965, p.232)

Three other historic approaches (cf. Appendix 3) to treat emotionally disturbed preschool children are presented by

Taylor (1969). One of these approaches

> ...has been the treatment of the mother via psychoanalysis psychotherapy, or various social work techniques in order to bring about changes in her own personality, thus enabling her to alter attitudes toward her young child and to effect changes in her own behavior without consultation with teachers. Many therapists in private practice will treat the individual parents without treating the child. (Taylor, 1969, p.274)

Another approach

> ...is one which was first attempted in the early 1940's and 1950's at guidance clinics and at the Putnam Children's Center in Boston, the Child Development Center in New York, and the Hannah Perkins Nursery School at Western Reserve in Cleveland. The clinical personnel used the nursery school primarily as a place for observing and gathering data about the child which was then transmitted to the parent in the form of suggestions in handling problems with his child. (Taylor, 1969, p.27[illegible]

Finally the last approach:

> Beginning in 1960 at the Merril-Palmer Institute a combined approach which utilizes a therapeutic preschool individual therapy for both parents and child and group therapy for the parents has been used. The nursery school is viewed as a distinctive and adjunctive educative therapeutic experience rather than an addition to or a

substitute for individual or group psychotherapy. The preschool is based on the ideals and practices that have proved most beneficial to a normal child. The therapeutic component evolves out of adaptions such as size of the group and the educational plan, which parallels and supports overall clinical aims, and uses a team teaching approach and intense clinical and educational consultation. The respective roles of teachers and psychotherapists are discrete, each assured its own integrity, with a maximum of interaction and collaboration expected. (Taylor, 1969, p.274)

Some of the groups at the Putnam School in Boston and the therapeutic preschool of the Merrill-Palmer Institute also accept children with a severe disturbance.

Special Therapeutic Preschool Programs and Day Care Centers with Therapeutic Interventions for Moderately Behaviorally Disturbed Preschool Children: Some Examples in Literature

R.I.P.: A Behavioral Science Service

R.I.P. (Regional Intervention Project for emotionally disturbed preschoolers and their parents, George Peabody College for teachers, Nashville, Tennessee) functions to provide intensive, comprehensive, and often preventive service to families whose child is at high risk, due to behavior disorders, for later extended care without such intervention (cf. Ora, 1970; Ora & Reisinger, 1971; Reisinger,

1976; Smith, 1974; Stuart, 1972). The Holy Spirit Hospital Early Intervention program E.I.P., Pennsylvania, is a replication of the Tennessee model. The limited professional staff of the program functions as resource persons for a system completely implemented by parents and volunteers (trained within the program). The measurement based treatment system (systematic evaluation is a major concern) is organized in different modules. A module is that element of the system which is intended to operate with its own resources to meet a specific need of a child and his parents. A family may proceed through one or all the modules: the intake module, the individual tutoring module, the toddler management module, the intake classroom module, the liaison module...(for description: see Reisinger, 1976). There is no fee, but treatment is repaid in hours of time by the parents to assist in delivering similar services to other families. This kind of service can be provided at minimal costs to parents and tax payers alike.

Analyst in the Nursery

The Cornerstone therapeutic nursery school at the Center for Preventive Psychiatry in White Plains, N.Y., uses a clinical method which combines child analysis and early childhood education to treat highly stressed healthy or emotionally disturbed preschoolers (3 to 6 years old). The therapist works about six hours per week right in the

classroom (educational activities: three hours on five days). Parent guidance is provided, therapist-teacher conferences are regularly held. The treatment "appears" to be effective (cf. Kliman, 1975; Kliman & Stein, 1971; Ronald & Kliman, 1970).

Activity Group Therapy: A Child Centered Eclectic Treatment

The Children's Center in Salt Lake City, Utah, provides among other things a day treatment (three hours on five days) for 2 to 6 year old preschool children with emotional problems (behavioral difficulties, personality disorders...) (cf. Plenk, 1978). The children are placed in activity groups (cf. Schiffer, 1969) of eight to nine (with only one autistic or psychotic child per group) which lend themselves particularly well to a combination of techniques (child centered eclectic treatment model). The therapist of young children needs to base his intervention on observation of the child in play, in managing daily routine, and in acceptance of new experiences.

> For intervention to be effective, observation is followed by a definite treatment plan which is a combination of behavior management, on-the-spot interpretations, modeling, and verbalizing alternate behaviors to help solve inner conflicts which hamper adequate coping....In a group situation, emotional experiences are available on a variety of levels in an environment open to experimentation and 'fail safe'. The children have the choice of relating on the intensity level for which they are ready: choosing peers, volunteers who change daily but return weekly, or

one of the two constant therapists. (Plenk, 1978, p.214) Poor self concepts in children prevent them from using the many positive experiences essential for healthy personality development. Appropriate provisions must be made to permit expression of feelings, so the center sets only a few limits. Intensive weekly staff meeting, weekly or bi-weekly individual, or group counseling sessions take place. A speech therapist works with individual children and coordinates language programs in each group. Cayton (1978) made an outcome study of psychotherapy of 275 children treated at this center and significant IQ gains were found and it was suggested that these were a good index of general ego functioning in young children.

Other Special Therapeutic Preschool Programs

Appendix 4 shows four programs presented by Glasscote and Fishman (1974).

Bilsky (1970) describes a program (four days 5 hours & two and a half hours) for 11 (two classes) 4 to 6 year old children with severe emotional and social difficulties. The staff consists of a director (psychiatrist), two teachers, two assistants, further a psychologist, a language therapist, several social workers and a psychiatric resident (individual therapy for one child). The educational and therapeutic approach includes a structured nursery routine with a variety of techniques used to improve social and emotional functioning of the children. Weekly mother groups are held and counseling

is available. Positive changes in the children, especially in their social development were noticed.

The two following programs (Berkowitz, Glickman & Friedman, 1974; Miller, 1971) are for children that are not only emotionally disturbed but also disadvantaged children.

> ...there seems to be sufficiant basis to conclude that the problem behaviors of young children, whether their genesis is related to a history of discrimination and deprivation or middle class neuroticism, are very similar and should be susceptible to similar types of therapeutic intervention. (Stern, 1971, abstract p.3)

The Educational Alliance, N.Y. City, has developed a unit of services to young children (cf. Berkowitz et al., 1974): a day care center, a Head Start program, the East Broadway School for emotionally disturbed preschoolers and children in the early elementary grades, the Co-op Nursery, summer programs and a remedial educational after-school program. The program for emotionally disturbed resulted out of experiences of the day care center and the Head Start program. In this program 30 children are served in a full and a half day program in three different classes. One of those is the therapeutic nursery which includes a high degree of individualized help, special educational approaches and therapeutic interventions. A class is staffed with a qualified teacher and a paraprofessional. An important component is the intensive parent work. Parents are assigned

a social worker; parent meetings and parent counseling groups are offered.

Miller (1971) describes a program in Washington D.C. for 35 preschool and early elementary school children who suffer from the triple handicap of economic deprivation, cultural disadvantage and emotional disturbance. Four full time classroom teachers run the teaching program. The activity program (learn to live with others, develop self concepts...) with five counselors is most effective. Psychotherapy is an important part of the program for many children. Involving parents in a casework process is tried. Many children have improved their self concept and their relationship with others.

This leads us to two special day care (Head Start) programs: Allen, Turner and Everett (1970) and Melcer et al. (1970).

Allen et al. (1970) describe a demonstration Head Start class,for 12 to 15 children with problem behaviors, utilizing behavior modification procedures with individual programing and natural contingencies , and this with favorable results (cf. Haring, Hayden & Nolen, 1969).

Melcer et al. (1970) report another experimental therapeutic program for Head Start (4 year old emotionally and developmentally disturbed) children (Institute for Family and Child Research, Michigan, State University, Lansing) using a psycho-educational model (total- and subgroup activities and individual therapy for perceptual-motor development,

communication skills, social and emotional problems) and involving the parents (home visits...). The staff consists of a head teacher, an aide, a volunteer and a clinical psychologist as a consultant. Improvements were reported.

Day Care Centers with Special Therapeutic Interventions

Finally we come to the children who attend regular day care programs at certain times and receive special intervention in or outside of that program. Stern (1971) reports that gains were demonstrated with three different treatment modes for emotionally disturbed preschool children:

> Under the three treatments, the identified child was either 1) removed from his classroom and bussed to a special site housing two classes of seven children each, with a Head Teacher and Assistant Teacher trained to work with disturbed children; 2) retained in the regular classroom but taken into a special room each day to spend 20-30 minutes with a trained therapist; or 3) retained in the classroom but with the constant support of a paraprofessional aide who served as a 'special friend' and was with the individual child for approximately four hours a day, two days a week, over a six-month period. (abstract, p.1)

The intervention in the programs described here takes place daily (Kohn, Gross, Saia, Silverman & Solomon, 1967; Kohn & Rosman, 1971; Sandler, 1973; Woodside, 1975) or one or a few hours weekly (e.g. Brusiloff & Witenberg, 1973).

The therapeutic preschool described by Woodside (1975) is a community based program with university affiliations (University of North Carolina, Chapel Hill) and is part of Project Early Aid, which comprises a staff of consultants to day care as well as the therapeutic preschool. Five 4 to 6 year old children with emotional and/or social problems (that interfere substantially with their functioning) are treated in two classrooms. These children spend two and a half hours a day in the program, the other time is spent in the day care center. Two teachers are the child's primary therapists: they work as a team and utilize a variety of treatment techniques. Coordination between the parents and the child's day care center is implemented by a social worker. Home visits are made, weekly observation by the parents is arranged, the child's day care center teachers are included in treatment planning through regularly scheduled observation/discussion sessions.

Sandler (1973) describes a center in Philadelphia which offers comprehensive diagnostic, remedial, and referral services by preschool tachers and mental health consultants to 20 (two groups) preschoolers referred by the Get-Set Day Care classes and showing evidence of emotional, behavioral, and learning handicaps. The children receive a two hour individualized diagnostic/therapeutic program in the center (every day). They are picked up and returned to their regular classrooms by a school bus. There are discussion meetings between the center,

regular class teachers and the social service department of the Get-Set Day Care program (utilized for cooperative efforts in working with the distressed and disorganized families referred to the center). The therapeutic relationship is based upon the principle of total acceptance of the child by the adults.

Another approach was implemented in a pilot study (Kohn et al., 1967; Kohn & Rosman, 1971) with 32 emotionally disturbed preschoolers (3 to 6 year old) with deprived background being enrolled in different day care centers of the New York City Department of Social Sciences. Individual teaching with therapeutic aims (an educational technique) was used for only five weeks by the children's regular classroom teacher to see if the pathology was reversible (one hour a day). The teachers were working together with educational consultants connected with the project. In conclusion, it was stated that a therapeutic specialist who is based in the day care center and who may work with several children, can avoid the role conflicts experienced by regular classroom teachers when they try to carry out therapeutic aims.

> In those day care centers which employ a psychiatric consultant (only 10% have them at the present time) the teacher can request a consultation, just as a middle class nursery can refer a child for a private evaluation. But if the treatment plan includes individual psychotherapy or even a special therapeutic nursery school, the expense

> may prove prohibitive; meantime, clinic waiting lists are long. As an alternative, special innovative programs, such as the one presented here, have clearly demonstrated the possibilty of successful intervention with the preschool child. (Brusiloff & Witenberg, 1973, p.xviii-xix)

Clinical evidence and objective evaluation showed significant gains (most significant change: development of positive self) for the children. The Therapeutic Nursery Group (TNG) of the Hudson Guild Mental Hygiene Clinic, N.Y. City (similar program: Goddard-Riverside Day Care Center) consists of about five children with signs of emotional disturbance (enrolled in the day care center; 4 to 5 years old)(cf. Kestenbaum & Holmes, 1969; Lambert, Mahler & Moore, 1959; Schachter & Wolitzky, 1965; Witenberg & Brusiloff, 1972; Wolitzky, 1962). They meet twice weekly for an hour under the supervision of a teacher-therapist in a special play room. "Central to TNG is the attempt to engage the child in a process of emotional relearning which will result in a realistic self-appraisal" (Brusiloff & Witenberg, 1973, p.7). Expanding the self concept, more independent functioning, self acceptance, greater ego strength are aims of TNG. TNG functions as a team: The child psychiatrist and the psychologist test children, the psychiatrist, who also observes group activities, advises the teacher-therapist. The social worker tries to work with the children's families. Day care center nursery school teachers

are invaluable in reinforcing treatment goals. The TNG director is responsible for the overall integration and works hand in hand with the director of the day care center.

Another intervention project: Twice weekly 30 minutes non-directive therapy sessions through a psychotherapeutic aid supervised by a psychologist , to work with six emotionally disturbed children enrolled in the Riegel Ridge Paper Foundation Head Start project nursery school in Milford, New Jersey, brought signs of improvement in the treated children. The program is presented by Andronico and Guerney (1969) and a discussion of the program follows their article.

Finally Silverman and Wolfson (1970, 1971) describe another day care program (3 to 6 year old children) (Preschool Liaison Project of the Child Development Center of the Jewish Board of the Guardians, N.Y.) with an educational-therapeutic small group and possible individual psychotherapy for those children of the program which were not only disadvantaged but with additional troubles of different kinds.

Day care programs can be a place for intervention, but just as important they also can be a place for prevention. Breton and Sabatier (1977) stress the advisability of the presence of a mental health professional in nurseries from this point of view.

Special Therapeutic Preschool Programs for Moderately Behaviorally Disturbed Preschool Children: Questionnaire Study

After reviewing the programs for moderately emotionally disturbed preschoolers in the literature, the results of a questionnaire sent out all over the United States to programs for moderately emotionally disturbed (in 1981) will be described. 47 programs (private or state programs or those in connection with child guidance clinics) were selected from "The Directory of Exceptional Children" (Porter Sargent Publisher, 1978). The programs chosen were those that accepted emotionally disturbed and socially maladjusted preschoolers, including 4 year olds, and that seemed to use therapeutic intervention techniques. Programs which only served severely emotionally disturbed or autistic children or programs which accepted emotionally disturbed only as one of many other handicapping conditions were excluded. Ten further programs were chosen from the " Registry of Private Schools for Children with Special Educational Needs" (National Educational Consultants, 1971) which included not only severe emotionally disturbed children, but also mildly or moderately disturbed children. Altogether 57 questionnaires with a stamped reply envelops were sent out.

Thirty-three answers (58%) were returned. Seven didn't fill out the questionnaire because the program was no longer offered or under a different form. This shows that there is a lot of change in this field, for example funding stops or

as it was said on a questionnaire, a program had to be stopped because of the fear by parents, teachers, and psychologists in placing such a strong label (emotionally disturbed) on such young children and who preferred a non-categorial preschool special educational program to a therapeutic nursery school for emotionally disturbed children. Of the 26 remaining (46%) answers three were eliminated: one was a program for only infants, the other two had between 50 and 100 % psychotic children. Twenty-three questionnaires (40%) were finally evaluated (three of those programs were mentioned in the literature review of this article).

On the basis of a preliminary study in collaboration with five professionals of two different special programs for preschoolers the questionnaire was constructed (cf. Appendix 2).

The total number of children in the day preschool programs was between six and 140.

The questionnaire gave information about the number of socially maladjusted, mildly disturbed (emotional problems), moderately emotionally disturbed (neurotic), and severely emotionally disturbed (psychotic, autistic) children. Of the 23 programs six had no psychotic children (=group 1), eight had only one or two psychotic children (=group 2), and nine had 33 to 50 % of psychotic children (=group 3).

The age of the children was between 3 and 6 years in most cases.

Table 1 shows behaviors that occurred frequently in the

programs. A conspicious increase from group 1 to group 3 was observable in the following areas: deficits in physical involvement with the environment (33%/50%/67%); deficits in independence or self-care behavior (33%/75%/78%); repetitive and stereotyped behavior (17%/38%/78%).

Twenty-two of the 23 programs operated four or five days a week (10 - 30/40 hours; minimum two hours a day) during the school year respectively all year long.

The most important area of emphasis in the programs was: increase in expressive and communication skills (50% - group 1, 57% - group 2, 86% - group 3) (cf. Table 2).

The adult-child ratio varied between: 1:3 to 1:6 (group 1) 1:2 to 1:7 (group 2), 1:1,5 to 1:6 (group 3).

All programs had part or full time psychologists, psychiatrists, or mental health therapists. Eighteen (of 22) programs had full time teachers. Thirteen (of 22) programs had part or full time speech therapists. Some programs had part or full time physical therapists and/or a physician. Eleven (of 22) programs had full time administrators. Some indicated that they also had a social worker.

All programs (22) included the following activities in their daily routine: free play, snack/lunch, motor activities, art (21 programs), social group activity, cognitive-learning activity in group, story/quiet time, music activity. Most programs provided individual psychotherapy (two programs of group 1 outside of the program), but not always for all children

More than 50 % of the programs provided also individual speech therapy or individual academic education for some children. Two (of 22) programs did not provide any individual activity.

All 24 programs offered parent counseling; 19 had correspondance with the parents; 19 had parent conferences; 14 made home visits; nine invited parents regularly in the classroom; five did home training. Many programs ran parent groups. Family therapy was sometimes offered.

Twenty-one programs stated that they use an eclectic approach (each child different problems; not only one theory; selective use of basic scientific methods;...) or different approaches (i.e. they made different choices, cf. Table 3). The three programs that followed only one approach used: behavior modification, developmental therapy, or a therapeutic-educational approach.

Table 1

Percentage of programs which check-marked the behaviors, when asked to identify which of the following behaviors occured frequently in their children (list of behaviors: cf. Graziano, 1974)

a) Behavioral deficits	
Social interaction	91 %
School or academic behavior	91 %
Verbal behavior	83 %
General lack of flexibility in behavior	70 %
"Independence" or self-care behavior	65 %
Physical involvement with the environment	52 %
b) Behavioral surpluses	
Aggressive or destructive behavior	91 %
Hyperactivity	83 %
Inappropriate vocal behavior	78 %
Fears	78 %
Repetitive and stereotyped behavior	48 %
Eating behavior	43 %

Table 2

Percentage of programs which chose one of the following choices when asked to ckeck the three most important areas of emphasis in their program

Increase in expressive and communication skills	65 %
Improve social skills (relationship with family and peers)	55 %
Increase in self-esteem	55 %
Decrease in acting out or withdrawal behavior	50 %
Increase in self-control and self-directional skills	45 %
Increase in cognitive and perceptual skills	25 %
Increase in gross and fine motor skills	5 %
Other	5 %

Table 3

Number of programs which checked one of the following approaches (curriculum, therapy) when asked which one is the most similar to one they are using (several choices were possible)

Eclectic	15
Normal-developmental (Dewey...)	10
Analytic play therapy	10
Non-directive play therapy	9
Cognitive-developmental (Piaget...)	7
Behavior-modification (Bereiter-Englemann...)	6
Behavior therapy	4
Other	3
Montessori	2

Appendix 1

Additional literature...

---

page 4 : Programs for autistic, psychotic, profoundly emotionally disturbed children or children with learning disabilities, language lags, developmental disabilities:

Preschoolers Workshop, Garden City, N.Y. (Bloch,1970)

Child Psychiatry Nursery School at the University of Texas, Medical Branch (Burks et al., 1967)

League School for seriously disturbed children, Brooklyn, N.Y. (Doernberg, Rosen & Walker, 1969)

Saturday School, Ferguson, Mo. (Ferguson-Florissant School District, 1972, 1974a, 1974b)

Child Psychiatric Day Care Unit of the University Hospital, University of Washington, Seattle (Gritzka, Berfelz & Geissmar, 1970)

Children's Psychiatric Hospital, University of Michigan (Kaplan, Westman & Carek, 1965)

Diagnostic Preschool of the Miriam School, St. Louis, Miss. (Kenney, 1969)

Nursery school, Kings County Hospital, Brooklyn, N.Y. (Lesser, 1952)

Psychiatric nursery, Children's Recreation Service, Bellevue Hospital, N.Y., N.Y. (Pfeiffer, 1959)

Samuel Paley Branch of Federation Day Care Services, Philadelphia (Reider & Portnoy, 1976)

Model Interdisciplinary Diagnostic and Treatment Center, Georgetown University Affiliated Program for Child Development (Thompson et al., 1976)

Rutland Center, Athens, Georgia (Wood M., 1972)

Similar programs exist also abroad e.g. in Canada (Fine, 1974) or in Great Britain (Bentovim, 1973).

page 5 : Programs for severely handicapped children, one of these handicaps being possibly emotional disturbance, are described by Bender and Bender (1979), the Coordinating Office for Regional Resource Centers (1976), Ellis and Cross (1977), Hartmann (1980), Karnes and Zehrbach (1977), Keogh and Kopp (1978), Olshin (1971), Pefley and Smith (1976), Stock, Newborg, Wnek and Schenck (1975), ...

page 5 : Different programs or demonstration/model -programs for disadvantaged preschoolers (like Project Head Start...) are described by Bender and Bender (1979), Keogh and Kopp (1978), Parker and Day (1972), Ryan (1974)and Webster and Schroeder (1979). The impact (effectiveness/evaluation) of different approaches and programs (mainly focusing on IQ- and achievement test scores) is presented by Bronfenbrenner (1974), the Educational Research Service (1976), Evans (1971), Horowitz and Paden (1973), Karnes (1972), Miller and

Dyer(1975), Ryan (1974), Seitz, Apfel and Efron (1976), Weikart, Bond and Mc Neil (1978), Weikart, Epstein, Schweinhart and Bond (1978), ...

page 6 : Other authors confirming that an early treatment of emotional problems can be considered as a prevention of later more severe problems are Brusiloff and Witenberg (1973), Eisenberg, Landowne, Wilner and Imber (1962), Karnes (1972), Lesser (1952) and Plank (1969).

page 7 : Many authors confirm that the preschool period is the optimal time to treat problems: Bloch (1970), Bloom (1964), Chamberlin and Nader (1971), Chazan (1978), Ellis and Cross (1977), Gallagher (1969), Karnes (1972), Mason, Richmond and Fleurant (1976), Melcer, Fritz and Boroughs (1970), Plank (1969), Sandler (1973), Strain, Cooke and Apolloni (1976).

page 8 : That the needs of emotionally disturbed children, especially preschoolers, is far from being met, is confirmed by Braun (1965), Brusiloff and Witenberg (1973), Cohen, Granger, Provence and Solnit (1975), Haring (1963), Kohn and Rosman (1971), Plenk (1978), Sandler (1973), Schachter and Wolitzky (1965), Schultz, Hirshoren, Manton and Henderson (1971).

Appendix 2

Questionnaire

Please answer the following items concerning the children in your day-preschool-program:

1) Total number of children in your day-preschool-program.....

2) Number of socially maladjusted children.....
   Number of children with emotional problems (mildly disturbed).....
   Number of moderately emotionally disturbed children ("neurotic")....
   Number of severely emotionally disturbed children (psychotic, autistic).....

3) Age of the youngest.....and the oldest.....child in your day-preschool-program.

4) Identify which of the following behaviors occur frequently in your children (please make a check-mark where applicable):

a) BEHAVIORAL DEFICITS:

..... Social Interaction
(Examples: little response to people, little playing with other children, lacking verbal or non-verbal communication, lacking respect of others...)

..... Physical Involvement with the Environment
(Examples: little appropriate use of objects, low level of activity...)

..... Verbal Behavior
(Examples: lacking verbal communication, lacking non-communicative verbal behavior...)

..... School or Academic Behavior
(Examples: short attention span, little use of writing or art and craft materials, no following directions...)

..... "Independence" or Self-Care Behavior
(Examples: little dressing or undressing, not toilet trained, no helping even when asked...)

..... General Lack of Flexibility in Behavior
(Examples: inability to shift from one activity to another, no interest in new objects or food...)

b) BEHAVIORAL SURPLUSES:

..... Repetitive and Stereotyped Behavior
(Examples: tics, head-banging, rocking...)

..... Inappropriate Vocal Behavior
(Example: prolonged screaming...)

..... Aggressive or Destructive Behavior
(Examples: severe tantrums, physically assaultive to other and selves, highly destructive of objects...)

..... Eating Behavior
(Examples: swallowing inedible material, aggressive grabbing food from others...)

..... Hyperactivity

..... Fears
(Examples: screaming and running away from people, animals,objects...)

Please answer the following items concerning the day-preschool-program offered to your children:

5) Number of days per week.....
Number of hours per day.....
Number of weeks per year.....

6) Check the three most important areas of emphasis in your program:

.....decrease in acting out or withdrawal behavior
.....increase in self-control and self-directional skills
.....increase in self-esteem
.....increase in expressive and communication skills
.....increase in gross and fine motor skills
.....increase in cognitive and perceptual skills
.....improve social skills (relationship with family and peers)
.....other.....

7) What is the adult-child ratio? .....

8) How many of the following persons are working in your program?

	full time	part time
teachers	.....	.....
aides	.....	.....
psychologists	.....	.....
psychiatrists	.....	.....
speech therapists	.....	.....
physical/occupational therapists	.....	.....
physicians or nurses	.....	.....
administrative staff	.....	.....
others	.....	.....

9) Check activities included in your daily routine:

..... free play
..... snack/lunch
..... motor activities
..... art
..... social group activities
..... cognitive-learning activity in group
..... story/quiet time
..... music activity
..... individual psychological therapy
..... individual speech or physical therapy
..... individual academic time
..... other.....

10) Check kind of parent involvement (several choices possible):

..... correspondance, tel calls
..... conferences, school visits by parents
..... parents regularly in classroom
..... home-visit made by teacher or therapist
..... home-training (work with child and parent in home)
..... parent counseling or therapy
..... other.....
..... none

11) Check approach (curriculum, therapy) most similar to the one you are using (several choices are possible):

..... normal-developmental (Dewey...)
..... behavior-modification (Bereiter-Englemann...)
..... cognitive-developmental (Piaget...)
..... Montessori
..... eclectic
..... non-directive play therapy
..... analytical play therapy
..... behavior therapy
..... other.....

12) The following section is <u>OPTIONAL</u>:

a) Can you recommend any literature (incl. research-studies) related to your approach?

b) Comments:

Appendix 3

Early Programs for Emotionally Disturbed Preschoolers

James Jackson Putnam Children's Center (Rexford, 1949)

Hours: Two to five days a week, the whole day or half day

Number and age of children: 25; nursery school age

Problems of children: Hyperactive, destructive, psychotic

Staff: A nursery school teacher and a student teacher (per group of six to seven children)

Educational and therapeutic approach: Treatment worked out by the teacher, the psychiatrist and the social worker.

Focus: Individual psychiatric therapy (half hour periods with psychiatrist); nursery school functions as outstretched arm of psychiatrist. Emphasis on reeducation of the emotionally disturbed child in a group setting (play).

Parent work: -

Effectiveness: -

Therapeutic Nursery of the Council Guidance Center, N.Y.

(Alpert, 1954, 1955; Alpert & Krown, 1953; Kessler, 1956)

Hours: -

Number and age of children: Three groups of 10; 2,6 to 5,6

Problems of children: Anxiety, aggression, hyperactivity...

Staff: Two teachers (per group), psychiatrists and social workers (conferences)

Educational and therapeutic approach: Analytic approach with corrective identification with the teacher, guided regression,...

One third of the children get therapy ouside of the nursery program

Parent work: Gradual withdrawel from the mother, families studied and treated at the center

Effectiveness: -

Virginia Frank Child Development Center, Chicago, Illinois (Mendelsohn, 1960)

Hours: Five days, four hours each day

Number and age of children: 20; 3 to 6

Problems of children: Mildly or moderately emotionally disturbed

Staff: Case worker, social worker, supervisory head teacher, four nursery teachers; part time: child psychiatrist, pediatrist, psychologist

Educational and therapeutic approach: Play activities similar to other nursery schools with more individualisation. The treatment is based on dynamic concepts of personality development.

Parent work: Concurrent treatment of child and family, weekly counseling, home visits, monthly educational meetings, individual psychiatric treatment through arrangements with other community resources.

Effectiveness: Positive success reported

Children's Guild, Baltimore (Eisenberg, Landowne, Wilner & Imber, 1962)

Hours: -

Number and age of children: -; 3 to 5 (85%)

Problems of children: Moderately emotionally disturbed (5% psychotic)

Staff: Qualified teachers

Educational and therapeutic approach: group experience

Parent work: Psychiatric case work

Effectiveness: Positive success reported (no untreated group); health inventory developed and found reliable

---

Therapeutic preschool of the Merrill-Palmer Institute and Children's Center of Wayne County, Detroit, Michigan (Cook, 1966; Cook & Doerring, 1965; Doerring & Rutledge, 1968)

Hours: Two hours twice a week

Number and age of children: Two groups of five to six; 2 or 3 to 5 or 6

Problems of children: Moderately to severely emotionally disturbed, pathology mainly related to psychological factors

Staff: Two special education teachers, clinical psychologist, psychiatrist, social worker, personnel for early childhood education

Educational and therapeutic approach: Combined effort: Therapeutic preschool and individual psychotherapy

for children, individual therapy for parents (total treatment program); team teaching; attitudes and feelings of method important; structure of certain degree (honesty, acceptance, openess).

Parent work: Group experience for mothers (fathers) while the children are in treatment in the preschool. Individual therapy for the parents.

Effectiveness: In addition to other gains, more than 50% of the children mainstreamed into public school.

Hanna Perkins Therapeutic Nursery of Day Nursery Association of Cleveland (American Institutes for Research in the Behavioral Science, 1970; Furman & Katan, 1969)

Hours: -

Number and age of children: 15 (& 15 in kindergarten); 3 to 5

Problems of children: Wide range of emotional problems (eating, toileting...)

Staff: Head teacher, two assistants, educational director, therapist, support personnel of Day Nursery Associatior

Educational and therapeutic approach: Mostly child treated via his mother, sometimes direct psychoanalysis. Separation of therapy and education (like normal nursery school), but teamwork teachers - therapists.

Parent work: Weekly mother therapy; mother accompanies child until it is adjusted; daily informal contact.

Appendix 4

Programs presented by Glasscote and Fishman (1974)

Preschool day treatment center, Topeka

Hours: Morning or afternoon

Number and age of children: 12; 2,6 to 5

10; 5 to 6

Problems of children: 16 mildly or moderately emotionally disturbed, less than a third severely disturbed.

Staff: Child psychiatrist (20 hours), head teacher, assistant head teacher, two student teachers, two fellows in child psychiatry (four to six adults interact with the children at a given moment).

Educational and therapeutic approach: Educational aspect similar to a regular nursery program with certain specific activities targeted to emotional problems and needs (talk about feelings, make interpretations, baby week with role playing as babies...). More than 25% receive psychotherapy, some families receive family therapy from the child fellows (Menninger school of psychiatry).

Parent work: Parent counselor meets weekly with the parents. Sometimes observation or participation in the classroom. Two or three parent meetings a year. Home visits.

Effectiveness: Positive success reported.

Child Development Center, Topeka State Hospital

Hours: Morning or afternoon

Number and age of children: 10; 2,6 to 5

10; 5 to 6 (7)

(micronursery for children under 2,6)

Problems of children: 90% mildly or moderately emotionally disturbed.

Staff: Three full time members having a variety of roles

Educational and therapeutic approach: Essentially psychoanalytic framework, but other approaches are also used. Three to 12 children are in individual therapy with psychiatrists from the children's service of the hospital; these also occasionally see parents in groups.

Parent work: Group meetings of mothers. Home visits. Important emphasis on the role and the needs of the mother: She can participate as little or as much as she wishes in various facets of the program.

Effectiveness: Positive success reported.

Therapeutic nursery of the cheerful helpers, division of child psychiatry, Cedars Cinai medical center, L.A.

Hours: Three hours on five mornings.

Number and age of children: 2 x 6; 3 to 5.

Problems of children: Moderate behavioral disorders.

Staff: Head teacher, special education therapist (both

30 hours), two psychiatric social workers (10 hours), audio-visual specialist (12 hours), psychologist (5 hours), six child psychiatric fellows (one day a week), six full time teacher trainees.

Educational and therapeutic approach: Theoretical devotion to psychodynamics and concepts of individual development, which derive from the Freudian theory and observation. Direct clinical and educational work with children based upon psychoanalytic considerations. About 50% of the children get individual therapy.

Parent work: Family group interviewing, family therapy or individual psychotherapy for parents. Involvement in classroom limited.

Effectiveness: -

Project Enlightenment, Raleigh, North Carolina

Hours: Morning or afternoon (Two and a half hours each).

Number and age of children: 10; 3 to 6

10; 3 to 6

Problems of children: Moderate behavioral disorder, Four normal children in each group.

Staff: Program director, assistant, four teacher-consultants, nursery teacher, 1,5 social worker, 3/4 school psychologist, 2/5 clinical psychologist, assistant teacher, volunteers.

Educational and therapeutic approach: Children with

problems contained in a group of normal children. Psychoeducational approach with focus on the group and with emphasis on the child's behavior as it is now. No technique sacred. Behavior modification used when it seems suitable.

Parent work: Observation possible. Regular conferences. Sometimes home programs. Counseling. Parent groups.

Effectiveness: Positive success reported.

Le Centre de Réadaptation à Cap

vous propose ses produits et travaux en

menuiserie

serrurerie

reliure-cartonnage

horticulture

céramique

accepte: tous les travaux de sous - traitance