

The Adaptation of a Disabled Child to Nursery School

The beginning of a child's preschool education is a crucial moment in its life, connected with the functioning in an unknown environment. The change of the environment is a difficult situation in which the child's behavior undergoes disorganization. Often, it is the first parting with the parents that is perceived as the threat state disturbing the bond, first of all, with the mother. (This natural, emotional bond occurs in all children, who tie this bond).

Especially, a disabled child is subject to excessive attachment, because it remains longer "in an emotional dependence from the people taking care of it (...). Aiming to keep this dependence is most often caused by the feeling of threat of safety and one's own existence" (Marszałek L., 2006,s.187), and this makes it very difficult to adjust to one's contemporary group and to the nursery school.

The initial period of adaptation can reveal anxiety states such as: fear of separation, fear of abandonment, fear of rejection (children being in an anxiety state unrealistically evaluate their situation and the accompanying it emotional tension makes it difficult to choose rational behavior), and also indications of multiaspect stress reaction to a new situation. It manifests itself in various spheres (physiological, emotional, social, cognitive) both at home in the nursery school.

Adaptation is an individual process of a child's adjustment to the new environment. It can last from several days to several months. The number of children having problems with adaptation is constantly increasing (Kąkol M., 1998-41%; Lubowiecka J., 1993, 56%). This refers to both the youngest (the younger the child the more time it needs to accept changes) and the older, as well as healthy and disabled.

The mean of adaptation to nursery school is the competence of satisfying one's needs in this environment and the ability of fulfilling put demands (Sochaczewska G.,1982)."The adaptation of a small child to nursery school means getting satisfaction from the stay in the nursery school and also the child's active participation in the life of the new environment " (Kąkol M., 1998,s.67). It influences the course of socialization, establishment of interactions, formation of motivation to act, self-dependence, independence. It determines one of the most

important experiences of the preschool age. The problem of adaptation is often unnoticeable by parents, teachers, researchers and not numerous researches indicate it.

Adaptation programs in nursery schools

An important element in the process of adaptation is the preparation of the child to the stay in the new environment and the preparation of the nursery school for the acceptance of children, including disabled. Adaptation requires creating such conditions in which the children will have the possibility and time: to accept the fact of parting with close ones; to accept a different social position than in the family; to become accustomed to a large number of children in the group; to get to know the new material surrounding and master the space; to adjust to the nursery school's day rhythm; to adopt the demands concerning the coexistence in the group and in the new environment.

Programs of adaptation operations are processed in the majority of nursery schools, which have on purpose easing off the process of accommodation. Operations of nursery schools related with adaptation consist of, as a rule, from two parts. The first one takes place at the turn of May and June (so called initial adaptation) and it includes:

- establishing a cooperation with the family of the child and its active inclusion to the process of the child's adaptation;
- classes, meetings, open "house" days, on the nursery school's premises, for parents and children (the point is for the child to learn the material surrounding, the space, and to establish interactions with adults and children).

The aim of the initial adaptation is to assist the child in establishing positive contacts with the new environment because it facilitates the formation of a positive, emotional attitude towards the nursery school.

The second part takes place in September. The parents of newly accepted children can stay in the nursery school as long as the child needs it. An important matter is that parent should not take care of his/her child directly, but engage himself/herself in contact with other children instead. This way, children, by imitating the adult's behavior, make contact with the peer group. The teacher settles legitimacy with the parents of the newly-accepted child and defines the time of their stay in the group.

In nursery schools with integrational groups, adaptation programs are differently designed and implemented. In some of them, the realization of an adaptation program includes:

- individual conversations at the application time;

- mutual acquainting, familiarizing with the nursery school's conditions and with the teachers leading the groups – open “house” days;
- meetings with the parents – the preparation of the child and the parents to the new situation – pedagogical education;
- accepting the child's needs – separation with the parents, integrational games with the parents in the room;
- organizational meetings;
- individual meetings with specialists – psychologist, educator, speech therapist, therapist;
- integrational festival;
- gatherings with the parents joined with open lessons or pedagogical education;
- organizing together with parents occasional events – participating in the nursery school's life;
- changes in the institution's work organization in order to create optimal conditions related with adaptation.

In nursery schools with integrational groups, depending on the disability, an “individual adaptation program” is prepared. It is arranged so that, for example, a child comes with his mother (or guardian) 2x a week for 1 hour of classes. One time it has half-hour classes with a psychologist and the other half-hour spends in the class. The next time the child meets for half an hour (depending on the disability) with a speech therapist and half an hour spends with children in the class. The child attends the nursery school in such a cycle by a period of 1 year. The teacher, along with supporting people: psychologist, educator (educator of the mentally retarded, educator of the deaf and hard of hearing, educator of the blind and visually impaired), speech therapist, and other specialists (doctor, physician), recognizes the child's needs, possibilities, abilities, problems, likes, and adjusts forms and methods of work. Each disabled child with a certificate (of disability) should have an individual therapeutic program based on a complex, multispecialistic, and developmental diagnosis. It is verified and updated every quarter. The affects of specialists should also include parents and closest family. Later, monitoring and evaluation of the child's personal development is conducted.

Disabled children, in the majority of nursery schools, have individualized adaptation programs. During the construction of such a program ,it is very important to pay attention to the satisfaction of the child's developmental needs, because sense of threat, fear, the deprivation of the need for safety and constant attachment reduces the child mental immunity, causes negative emotions, affection of depression, disturbances of behavior, vegetative

symptoms. This in turn thwarts the efforts of teachers, educators, doctors, and therapists towards physical, mental, and social rehabilitation. All the same important is an honest evaluation of the child's functioning level in particular areas. It is done to obtain a detailed characteristic of a given child, containing a list of:

- deficient behaviors which are considered to be normal and desired in the child, but which occur too seldom or at all, for example, display of affection, play with toys, correct speech
- undesired behaviors which need to be modified
- normal behaviors

Deficient behaviors develop through the identification of reinforcements that would motivate the child to work. Finding a positive reinforcement for the child is a hard task and it requires very careful observations, to see what joys the child most and what it likes to do best. There are no existing universal reinforcements, which could be affective for all children. Reinforcing must be used directly after good behavior. The patterns of reinforcements are important as well. They are different for an action which the child is learning and an action already learned. "When the child learns something new, it should receive reinforcement for every properly done assignment. Later, when it (the child) will acquire more skill and will succeed considerably frequently, it is better to use reinforcement only from time to time. Therefore, in order to develop a new type of behavior we use a consequent reinforcement, that is, continuous; however, a partial reinforcement, used from time to time, is best for maintaining an already learned behavior"(Carr J., 1984,s.38).

On the other hand, undesirable, troublesome behaviors are fought (because they are inconvenient for the surrounding and they also do not promote studies) by taking something away from the child, that it likes, or by endowing it with something unpleasant. Elimination of specified behaviors (both desired and undesired) is enabled by extinction (Carr J., 1984). In order to effectively extinct undesired behaviors, one should very carefully observe what the consequences of these behaviors mean to the child and undertake steps to withdraw this, what is the actual reinforcement (ibidem).

Disabled children, who find pleasure in eating, come to nursery school for 2 hours daily from 10-12, so they can eat dinner at the end of the stay. In contrast, children, who do not like to eat, come to nursery school between meals, that is, after breakfast and leave before dinner (9-11). Other disabled children stay in integrational groups 4 hours daily (depending on the kind of disability).

Nursery school, both integrated and with integrational groups, wanting to reduce problems related with adaptation try to limit, in the initial period, the number of stimuli applied to the material surrounding and the number of people conducting classes. They also take care of the staff's constant composition. All of this, just so the child could feel safe in the new environment.

Adaptation of a disabled child to nursery school

Disabled children are a very differentiated group of people. Some disabilities have a global character, such as, mental retardation. Others have a selective character, like motor disability; disabilities can also overlap one another, and this happens in the case of conjugated disabilities (Obuchowska I., 1999). Disabled children are all children whose mental, psychic, or motor development proceeds slower or differently than in their peers. Usually, their social and emotional maturity is also delayed (Florek A., 1994).

Among newly-accepted preschoolers, there were disabled children with: mental retardation, Down syndrome, child's cerebral palsy, autism, motor impairment, disrupted speech development, visual impairment. Each of these disabilities is different and every child is different, hence it (the child) demands a different approach, not only in this difficult period of adaptation. Disabled children, the same as healthy children, adapt differently to nursery school.

To state how disabled children adapt to nursery school, I used:

- a survey directed to the parents (I asked, for instance, about the style of upbringing, parents attitudes, the child's self-dependence, difficulties with the adjustment to nursery school);
- a questionnaire for teachers (it contained questions concerning : the reaction to the stay in the nursery school, the establishment of social contacts, fun with others, the degree of self-dependence in the domain of self-service activities, the cooperation with the nursery school, the evaluation of adaptation programs);
- I conducted conversations with the teachers and with the people supporting the children in the integrated nursery schools in Szczecin and in the nursery schools with integrational departments in Szczecin and Lubartów, concerning: disabled children belonging to the same group ,the course of adaptation, factors impeding the adjustment.

Usually, children's adaptation to nursery school lasts long and depends on internal (endogenous) and external (exogenous) factors. The first group includes mental predispositions of the child (therein: the type of disability, age, gender, features of the nervous

system, health condition, level of the psychomotor development, level of self-service as an indication of independence). The second group is determined by external factors:

- the child's family;
- preschool environment (in which the teacher and the peer group play an important role): local and material conditions; the number of children in the group; satisfaction of needs; fitting demands to capabilities (so the effort, that accompanies the adjustment to the new situation, would not shake the acquired habits, and the tasks made for the child would not overgrow its capabilities), the teacher's personality, her style of work, pedagogical and psychological knowledge, and her attitude towards children.
- The cooperation between domestic environment and nursery school

In view of the frames of this article, I will discuss selected factors influencing the adaptation of a disabled child to nursery school.

Taking into consideration:

1) the type of disability: children with unsettled speech development adapt to nursery school the fastest, whereas children with autism, the hardest.

The crossing of the nursery school's threshold by the child is connected with many burdens – the child must adapt to a new and more demanding environment and to new people and customs. The degree of the adjustment depends on many factors, among which the level of intellectual development and its communication possibilities play an essential role (za: Pisula E., 1999). Most autistic children react with strong protests to novelties and changes in the existing mode of life. They do not know how to participate in social interactions on alternate basis, are not eager to make contact with peers, do not show interest in toys. Their behavior is hard to predict and weakly gives in to the control of the surrounding.

Most often, disabled children have difficulties with: achieving emotional independence of the mother; self-service activities; adapting norms and rules prevailing in the nursery school and in the peer group (they are impatient); adjusting to the life's rhythm in the nursery school. Establishing contact with adults comes to them with great difficulty (it happens that they do not notice their peers). They have big problems with finding a place (for themselves) in the group. They are not able to join the common fun. They also need time to establish interactions with the therapist, speech therapist, nursery school staff. They get tired easily, react slower to instructions, therefore, execute various activities more slowly, even those which they have already moderately mastered. They are not able to strain and concentrate their attention for a long time.

Disabled children lose themselves in the amount of demands or by the lack of their organization, and in consequence they feel discouraged. They need more time for the realization of the demands, and the instructions need to be, without impatience, repeated (Obuchowska I., 1999).

- independence (in the range of: clothing, eating, taking care of physiological needs). The level of independence depends on the child's age and the type of disability. It has turned out that 28% of children have well mastered self-service activities, 46% weakly, and 26% at all;

2) external factors:

a) family, and in it:

- the style of upbringing (in the examined families the dominant style was democratic. It occurred in 52% of the examined families. 26% of parents admitted to a liberal style and 12% to an autocratic one; the rest are an inconsequent style);

- parents attitudes towards the child (conditions for optimal development and the child's improvement, and the accepting attitude guarantees the feeling of safety. 46% of adults accept this attitude. On the other hand, an attitude concentrating on the child takes the form of excessive protection, shaping a fright, dependent, and fear of the surrounding world attitude. It causes the lack of independence and difficulties in adjustment. This kind of attitude accepts 28% of parents). Parents' improper attitudes influence, for example, the unsatisfaction of the child's need for independence (Paszowska-Rogacz A., 1988), the restraint of the social and cognitive development (Maciarz A., 1981), the low effects of rehabilitation in the case of physical disability (Jankowski K., 1975).

- getting used to the longer absence of the parents, especially the mother. Parents stated that about 22% of parents left their children for a short period of time under the care of other people, mostly further family, baby-sitters, volunteers;

b) the nursery school, and in it the teachers and the peer group. The teacher has to: respect the child's personality and his developmental needs, know how to evaluate its achievements, gain the child's trust. The adaptation of the disabled child to the new environment depends on the teacher's attitudes, experience, and abilities.

Teachers who show excessive sympathy towards disabled children, hidden or open rejection, or indifference shouldn't join the current of integration education (Maciarz A., 1990). The effectiveness of the teacher's actions depends on his personality traits (empathy, tolerance, patience, consequence, sensitivity), competence, the creation of proper relations between able-bodied and disabled children. The peer group has an essential influence on the

child's adaptation to nursery school. It is the group, in which the child seeks acceptance, approbation, and the feeling of affiliation.

c) the cooperation between the preschool and domestic environment is a priority task in the early education. It plays a special role when it comes to the parents of the disabled children, since the functioning of the child in the integrational group and the therapy's success depends on its quality. The better the understanding of mutual goals and needs the bigger chance for the child's success. In order for the cooperation of teachers, parents, and the entire staff to bring effects in the domain of the improvement of the disabled child, it is necessary to: psycho educate parents (especially mothers who do not work professionally); include the individual character of communication; form help offers with the support group. The coordination of the parents and teachers actions has on purpose: the best as possible recognition of the child, receiving information from the parents on the subject of the child's development and behavior at home, receiving reversible information referring to the child's adaptation problems, the unification of home and nursery school actions.

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