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**Interaction between staff and children with severe and profound intellectual
disability in a kindergarten and their attitudes toward the development and
progress of those children.**

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Abstract

The goal of this research was to study the quality of the interaction between the staff and children with severe and profound intellectual disability in a kindergarten and their attitudes towards the development and progress of those children.

The research assumption was that even in a severe and profound intellectual disability environment we can find a correlation between the beliefs of the caregivers concerning the ability of this type of children to make progress and the way they interact with them. The more the caregiver believes in the ability of this type of children to make progress and change- the interaction with them will be better according to the MISC system.

The subject of the study were 12 caregivers who were working in correctional day care centers for children with severe and profound intellectual disability all over the country. 32 children aged 3 to 5 were observed (2-3 per subject). Every caregiver was photographed and documented for 10 minutes of interacting in at least two situations (during meals and in playtime). The study included six study tools- five to assess the beliefs of the staff and how they felt about one tool to test the quality of the interaction between the staff and the children.

The first research assumption was that a positive connection would be found between the care giver's belief in the progress and change ability in children with mental disability and their ability to interact with these children according to the MISC system. In order to test this assumption, we conducted the Pierson coefficient adaptation test in order to test the connection between the caregivers beliefs towards the

progress and change ability in children with mental disability and the intermediary style of interaction with children.

Learning from the results we can that the research assumption was partially proven. Several distinctive connections were found between the caregivers' attitudes and their willingness to assist the mentally disabled children. There was no clear result that characterized all the tested variables.

The range of distinctive coefficients during playtime is between .36-0.86. when the highest correlation is between the caregivers stand towards participation (of special education children in a regular class) and the situation when the child initiates communications (0.86). In general, looking at this data we see that when child initiates communication- the caregiver's belief is higher.

Even when the caregiver succeeds in encouraging the child to conduct actions without verbal explanations and the child indeed responds – then the caregiver's belief in his ability to improve grows. On the other hand- there are situations that do not effect it, such as non-verbal discipline.

In contradiction, the range of distinctive coefficients during meal-time is between 0.38-0.61. When the highest correlation is between the caregiver's cognitive position and when she initiates communication (0.61). A general look of this data shows that when the child initiates communication no coefficient can be calculated because of the dispersion of the answers.

The second research assumption- we will find an influence for the age of the children and the quality of the interaction between the caregiver and children with mental disability in a daycare center

In order to look at this question- T-tests for independent samples were held.

Looking at the results we can see that this assumption was also partially approved. It seems that regarding the interaction between the caregiver and the children during playtime- a distinctive difference was found between younger children (ages 3-4) and that of older children (5 to 6) only in connection to three sub areas explored.

There was a difference in the level of interaction between the caregivers and the children during playtime in the sub-area of non verbal focus, further elaboration and verbal meaning. In other areas there was no distinct difference found in the caregiver's interaction in regard to the children's age.

As mentioned earlier- this interaction was checked in two situations- we reviewed the results above. The other check was during mealtime and this is as follows.

In order to look at this question- T-tests for independent samples were held.

From the results we can see that this assumption was also partially proven concerning mealtime interaction. A distinct difference was found in young children (3 to 4) and the playtime interaction between caregivers and older children (5 to 6) in only one sub area.

A difference was found in the level of interaction during mealtime when the child is the one cutting communication. In all other sub-areas, no differences were found in mealtime scenarios.

Based on the studies presented concerning the connection between the caregiver's beliefs and the behavior of normal development patients. It was assumed that even in a population with mental disabilities a connection will be found between caregiver's beliefs and their mediating style of interacting with these children. The more the caregiver would believe in children with profound retardation will make for better interaction according to the MISC system.

Hence, the results of the current study show that there were differences found in the caregiver's attitudes with several variables. This was also partially proven since only in certain variables there was an influence to the child's age on his interaction with the caregiver.

In summary, no studies were found concerning the views and beliefs of caregivers in day care centers for mentally retarded infants concerning the quality and influence of this interaction. We did find studies focusing on influence elements on development of normal children. The MISC system that was used in normal children and in children with learning disabilities and has proven by using the 5 parameters that when there is good intermediation between the caregiver and the child- then the child will develop. There is no hindrance in using the MISC system for a mentally disabled population as we have done in this study.

Even so, with the scarcity of studies in this field, there is room for future studies using the MISC system on mentally disabled children in a direct context to the views and beliefs of the caregivers. Aside from the novelty and diversity of studies in this field – we can see that future discoveries have a potential to improve the quality of life for these children.