Early childhood professionals have increasingly experienced working with children on the autism spectrum. Teacher researcher Lauren Forsyth describes the tensions and questions she faced as she worked alongside behavioral specialists who applied one kind of expertise to integrating a child with autism into her mainstream classroom. In contrast, Forsyth's insights arose from focusing on her underlying philosophy to negotiate the rules and expectations of the classroom community in dialogue with the children. Her photographic data provides compelling evidence of how the kindness of other children helped to include and support that child, and improve the level of connection among all the children. Laura also reflects on the power of being responsive to the wisdom of the child with autism himself.

—*Barbara Henderson*

The Effect of Peer Support on Transitions of a Child with Autism

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Photos courtesy of the author.

Each child brings unique gifts to the world. Along with these gifts, each child has individual, unique needs. N.H. is a 4-year-old boy in my class who has been diagnosed with autism, and is a cherished and valued member of our group. N.H. has struggled with transitions since the beginning of the school year. My co-teacher and I have worked with N.H.'s itinerant teacher on strategies to support him during these difficult times. He inconsistently transitions with the group, holding at least one teacher's full attention during this time.

N.H. is a member of our full-day general education classroom, consisting of 20 children and two teachers. Our preschool embraces inclusive education and is committed to fostering community and belonging by having children with a wide range of unique abilities represented in each classroom. Inclusion involves teachers, therapists, and specialists working together to meet the needs of all students, providing opportunities for each child to reach their full potential.

A specific experience prompted my research. N.H. frequently had trouble transitioning to lunch. On this particular day, he made his way from the classroom to the gym where lunch was served, but would not sit down at the table. He tried to run out of the gym, and then fell to the floor, crying. Knowing that N.H. responds to touch, I picked him up and placed him on my lap while hugging him. Two Applied Behavior Analysis (ABA) therapists, who had observed his behavior for the past few months, approached and told me

to put him back down on the floor. As I did this, N.H. continued to cry, and began to hit and kick the floor and table. He repeatedly tried to run out of the gym. The ABA therapists are trained to use specific behavioral interventions with children with autism. I watched as N.H. looked up at me, wanting my attention and help. The therapists told me not to make direct eye contact with him, and allow no physical touch. It felt as though everyone in the gym was looking at N.H.—he was suffering. It was not natural for me to respond as they directed, and I became very upset with the situation. The therapists acted on their training and beliefs of what is best for the child; I was not upset with them, I was upset on behalf of the child's struggle and suffering.

There is no uncertainty that every adult there wanted to do what was best for this child. However, I struggled with the use of a generalized intervention. N.H. responds to pressure and touch. He reached for me, and I had to ignore him. It broke my heart that I couldn't pick him up and give him a hug. I was not listening to N.H., I was listening to what other adults thought was best for him.

> **It broke my heart that I couldn't pick him up and give him a hug.**

N.H.'s peers also looked to me to help him. They are very sensitive in their relationships with him and naturally support him throughout the day. Even now, I ask myself what they were wondering. Did they wonder why I wouldn't help him? Did they think I was ignoring him? Were they wondering whether I might isolate them, as I isolated N.H.? I began to wonder why we couldn't change our approach at this time when N.H. needs were not being met. Did N.H. feel that I was failing him? Were we listening to him? Were we responsive to N.H.'s individual needs at this time? Did this become more about the adult than the child? I became even more passionate about the rights of N.H. and all children that day. My passion has driven me to this research project, which focuses on the effect of peer support in N.H.'s individual case.

N.H. presently receives ABA services. What we have learned from N.H. is that he needs something to hold or carry as he transitions throughout the day; however, even with such an object, he still does not consistently transition with his class successfully. The adults play a guessing game about what N.H. wants to hold while he transitions down the hallway. When N.H. resists or throws a tantrum, the ABA approaches dictate not to interact with him. N.H. is isolated from his peers. This approach changed the nature of our classroom; N.H.'s classmates had naturally supported him but were now denied that opportunity. Children with autism typically have social challenges, but N.H. responds to deep human connections and touch. He enjoys being with his peers, and his peers enjoy being with him. After observing
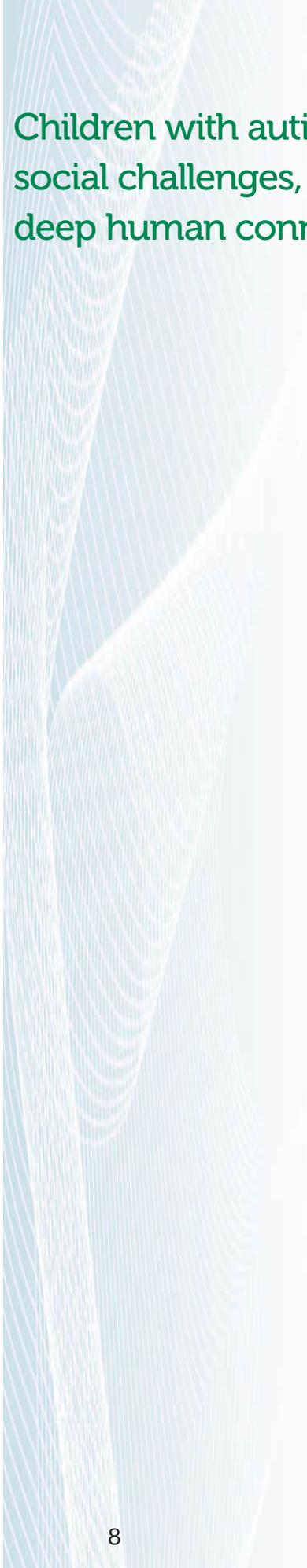
> Children with autism typically have social challenges, but N.H. responds to deep human connections and touch.

his naturally occurring interactions with classmates, I decided to do a teacher research study to answer the following research question: **Will peer support positively affect N.H.'s transitions?**

Literature review

The rights and well-being of the child are reflected in being a valued member of a group that supports a growing sense of belonging, acceptance, and positive relationships (Erwin & Guintini 2000). Research states that difficulty with socialization is one of the diagnostic criteria for autism spectrum disorder (Koegel et al. 2012). Although research also suggests that most children with autism have a desire for friendships, children with autism face challenges in creating stable friendships and relationships and initiating interactions with peers (Koegel et al. 2012). Odom and Bailey (2001) documented that children with disabilities participate in more social interactions when they are in a classroom with children with typical development than when they are in segregated classrooms. More peer interactions occur in environments where social strategies can be used. Integrating children with disabilities into classrooms with more typically developing children results in more social involvement with peers, less frequent teacher direction, and more social interaction during free choice activities (Bronson, Hauser-Cram, & Warfield 1997). On the other hand, when children were often directed by adults, less time was spent with peers and play was at a lower level of complexity. However, the children resisted classroom rules less often and completed more mastery tasks successfully (Bronson, Hauser-Cram, & Warfield 1997). Bronson, Hauser-Cram, & Warfield (1997) found that there is a range of benefits in the social and task mastery areas in classrooms with a large proportion of typically developing children, a moderate teacher-child ratio, and a small amount of one-on-one activities with individual children. Adherents to the Reggio Emilia approach also perceive all children as developing social relationships within their natural settings and therefore encourage these opportunities within an inclusive classroom (Katz & Galbraith 2006). As children with disabilities benefit from inclusion, peers of typical development gain tolerance, compassion, and understanding (Katz & Galbraith 2006). Soncini concurs, stating:

> Having a child with special rights in their class is highly educating for the other children because it forces them to adjust their behavior, language and communication, even their physical contact. This contributes to the children's acquisition of knowledge because it requires them to be more flexible. It stimulates the children to realize that the encounter with the child with special rights is possible. (2012, 199)
> Providing opportunities for positive social interactions benefits all children.

Balancing adult interaction and intervention also affects all children. Teachers' roles are very important in directing involvement in activities

facilitating social interactions (Katz & Galbraith 2006). Kemple (2004) points out that the teacher's involvement is of a sensitive nature. Too little involvement may leave the child isolated, but too much may prevent the child from making social connections. In a school study outside of Reggio Emilia, Soncini found:

> Teachers or therapists were acting almost like bodyguards who stayed close to the child, trying to anticipate all his or her needs. The adults seemed to be helping out of a sense of pity rather than a belief in the potential of the children. (2012, 209)
> A balance is necessary between a child's need for support and autonomy.

Children need opportunities to express themselves in personally meaningful ways (Mashford-Scott, Church, & Tayler 2012). This supports the child in becoming an active participant in his learning, and requires a balance of power between child and adult. Involving the children in research and listening to them will lead to new, authentic, and meaningful knowledge to support early childhood needs (Mashford-Scott, Church, & Tayler 2012).

> Too little involvement may leave the child isolated, but too much may prevent the child from making social connections with peers.

Methodology

For the purpose of this research, the main question I analyzed was: How does peer support affect the daily routine transitions of a 4-year-old child with autism? Specific data sources were triangulated to support this question. My passion about the subject will transfer into my work on this study.

The participants in this study consisted of twenty diverse children in a full-day preschool classroom, ranging in age from 3 to 5 years old. There were 11 boys and nine girls. These children were selected for this study because they were members of the same classroom and interact daily. Half of the children were in this class last year, some moved from another room, and some were new to the Center. I was one of two general education teachers in the classroom. N.H., the child supported in this study, was a 4-year-old boy with a medical and educational diagnosis of autism. This child had an Individualized Education Plan (IEP) and received both pull-out and push-in services with Applied Behavior Analysis therapists, an occupational therapist, a speech and language pathologist, and an itinerant teacher. N.H. had fine motor and communication delays, and struggled with transitions.

This study was conducted at Walter Ambrose Family Center (WAFC) in the Webster Groves School District, Missouri. The Center is state licensed and nationally accredited by the National Association for the Education of Young Children. WAFC is also in collaboration with the Saint Louis County Special School District. The Center is open to young children ages 2–5 years of age. Full and half-day programs are offered to accommodate families'

needs and preferences. The children in this study are members of a full-day mixed-age general education classroom. The Center follows the Project Construct curriculum, providing differentiation and a child-directed curriculum. WAFC's vision, mission, and beliefs reflect the child first.

This study was conducted during times of the day when children transitioned from the gym to the classroom or the classroom to the gym. These times and settings were selected to represent contexts where social interactions naturally occurred.

Data collection and analysis

Multiple data sources were used for this research study. Existing data was also considered to ensure a more efficient research design. All of the data collected directly related to the research question.

Data was collected during three transitions of the day, for three weeks. These times included: walking from the gym to the classroom in the morning after breakfast, walking from the classroom to the gym for lunch, and walking from the gym to the classroom after lunch. N.H.'s ABA therapist was present every day except Fridays during the transition from the classroom to the gym.

Baseline data was collected using a teacher-made observation form that aligned with the data sheet used by N.H.'s ABA therapist. A plus or minus was marked reflecting how N.H. transitioned at that time. A plus was marked if N.H. transitioned with the class with no tantrum; a minus was marked if N.H. refused to transition, threw a tantrum, did not stay with the group, etc. A space next to each plus or minus was used to document observations and reflections. Photographs were not taken daily during baseline data. Baseline data was also collected from the ABA therapist, who used the same type of data sheet during previous weeks.

In an effort to provide an opportunity for the children's voices to be heard, a class meeting was held, discussing ways to support N.H. He was out of the room for occupational therapy at this time. When the children encounter a "cognitive knot," or challenge, a meeting is called. The children are empowered to share their ideas, thoughts, and theories with one another. They are then encouraged to test their theories. I began the meeting by sharing what I had noticed with the children. I noticed the children interacting with N.H. and wanting to help him, but now noticed the children shy away from him and seem more reluctant to go near him during his times of struggle. I made the children aware that their support was welcome, and asked

in what ways did they feel they could support N.H. while walking down the hall. I documented the meeting by transcribing the children's discussions in a notebook. Another teacher was there to support me as I documented the conversation. This data was collected at the beginning of the study. The children were told that their support and ideas were valued and welcomed, and that from that point on they would not be told to move away from N.H. when he was struggling.

Another source of data was photography. I took photographs of N.H. and the children during each transition, which were taken to reflect the children's affect. Photographs taken were dated and labeled.

The third data source was my teacher observations recorded on a data sheet. These data sheets were of the same format as the ABA therapy baseline data sheets. I kept these sheets on a clipboard during observations of transition times. Observations were written as the transition occurred or directly after. Reflections were also made daily. Meetings with the ABA staff were held regularly to discuss and reflect on this study. Collaboration and communication were essential in moving these ideas forward.

> I noticed the children interacting with N.H. and wanting to help him, but now noticed the children shy away from him and seem more reluctant to go near him during his times of struggle.

Findings

My findings suggest that:
- ownership of peer support strategies supported N.H.'s and the children's sense of empowerment;
- implementation of peer transitional strategies introduced at the class meeting positively affected behavior; and
- peer support developed a sense of group membership.

Finding #1: Ownership of peer support strategies supported N.H.'s and the children's sense of empowerment

Analysis of the data shows children's ownership and autonomy reflected throughout the study. In an effort to include the voices of the children and understand the perspective of a child, I held a class meeting to discuss different needs unique to individuals and the ways those needs could be supported. The children expanded on ways to help others when challenged by tasks or experiences. Previous to the study, the children began to move away from helping N.H. due to his isolation during his struggling behaviors.

Table 1. List of Ways to Support N.H.

Use his back scratcher.
Hold his hand.
Ask him if he wants a toy to carry.
Walk next to him.
Give him a book.
Talk to him.
Put my hand on his back.

Reflections on Children's Autonomy

When I welcomed the children's ideas and suggestions about how to support N.H., they became empowered to help him succeed. The children's ideas were respected, heard, and acknowledged—they became active participants in the learning and routines. Listening to the children's views provided opportunities for the adults to share the power and learn alongside the children. The children took ownership of their role as valued members of the group supporting a peer in need. Taking the adults out of the equation not only gave the children a voice, but N.H. as well. The children honored N.H.'s needs and wants by observing and listening to what he needed. N.H. needed their support in walking down the hall. This is reflected through photographs of N.H. smiling as he walks with his peers. This is also heard in the voice of the child who stated in the meeting, "When he doesn't want to hold my hand, I still walk next to him." These positive and reoccurring social experiences were created by the children themselves.

Such naturally occurring interactions were also encouraged by the fact that the children can choose how to walk down the hall. I do not limit interactions by demanding a straight line and quiet voices. The power is shared with the children, and all of the children walk down the hall in a way that is comfortable and natural to them. This may be by holding the hand of a friend, walking between two friends, or quietly conversing with a friend. N.H. was not expected to walk quietly down the hall in a line. He, along with everyone else, was expected to respectfully move through the hallway with the group. This trust and respect supports the autonomy and rights of the child.

The class meeting reflected the children's ownership in providing suggestions to help N.H. during his transitions. Table 1 presents this list.

The list presented in Table 1 reflects the children's knowledge about N.H. He responds to sensory stimuli and touch. The children saw N.H.'s therapist provide a sensory diet to him throughout the day. A sensory diet is a personalized plan that provides the sensory input a person needs to stay focused and organized. N.H. would swing or bounce on a large ball, was pulled on a scooter, and was provided the brushing/joint compression protocol three times a day. The children were familiar with the brush he used, hence the idea to use his back scratcher. N.H.'s classmates were also aware that everyone was a member of our classroom and must be included. Including N.H. by holding his hand, walking next to him, talking to him, and putting a hand on his back supports membership of the group. N.H. chose to carry one transition item during daily transitions. The children were aware of his preferences for small toys or books and suggested offering these items to support N.H.

Finding #2: Implementation of peer transitional strategies introduced at the class meeting positively affected behavior

If needed, N.H. is able to choose one item as he transitions. If the ABA therapist is present, she offers N.H. a choice of items before he leaves the room. I included photography in my data collection process to document N.H.'s affect during transitions. During a successful transition, N.H. walked with the group with no crying and without wanting to be held. In my photographs, N.H. usually carries a transition item. During one of the data days when the therapist was not present, N.H. did not carry an item with him as he transitioned to the gym for lunch and then back to the classroom. He walked next to a peer with whom he frequently interacts, with a smile on his face.

Figure 1 illustrates N.H. carrying a book during transitions on three different data days. The pictures illustrate his use of the book, along with his

Figure 1. Transitions with Item of Choice
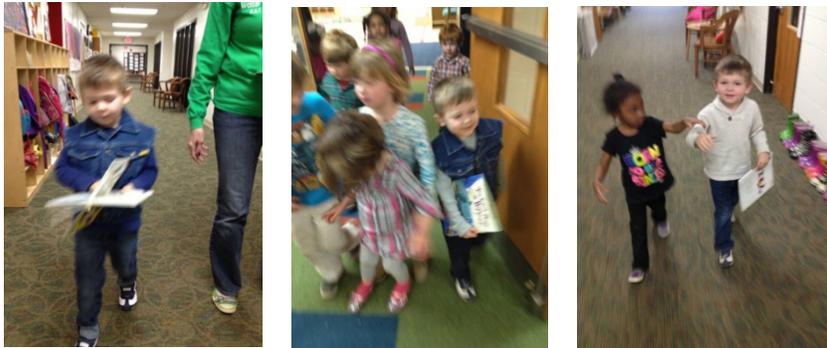
facial expressions during the transition. The first photo was taken walking to the gym for lunch. The ABA therapist walked next to N.H. in the back of the line, and he read a book as he walked to lunch. There was no peer interaction at this time. The second picture was taken during a time the class transitioned from lunch to the classroom. The two teachers were the only adults present. N.H. carried a book, but kept it closed. He walked in the middle of the group with a smile on his face. N.H. is also smiling in the third picture. Again, his book is closed and he is walking next to a peer. She is using a gentle touch to support him during this time. N.H. was engaged with his book when walking next to an adult, and less engaged with his book when he walked next to or amongst his peers.

Figure 2. Daily Transitions after Class Meeting
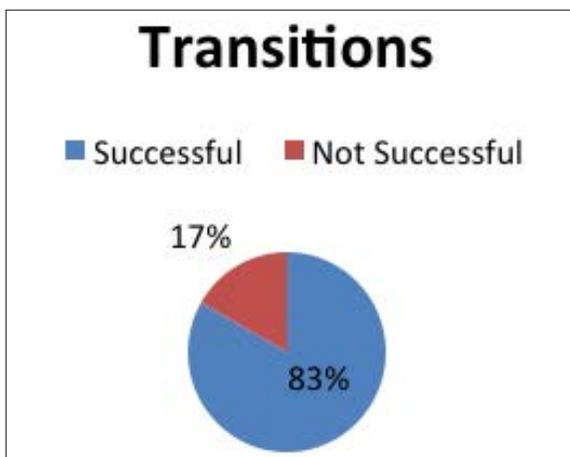
As seen in Figure 2, N.H. transitioned successfully 83 percent of the time after the class meeting was held, whereas he was not successful 17 percent of the time. During the three weeks before the class meeting, N.H. transitioned successfully 64 percent of the time. The 83 percent success rate was a 19 percent improvement. During these successful times, children would

say, "Come on, N.H." He would run after the line when the children spoke to him. The children would offer him their hand, however most of the time N.H. would say "no" and walk beside him/her. N.H. had a transition item in his hand for all but two transitions. What can't be measured with numbers is the qualitative data reflected in the images. N.H.'s affect had changed from crying behind the group, engaged with a book, to smiling and happy and more engaged with the group.

Finding #3: Peer support developed a sense of group membership

Providing help and support to one another is part of being a member of a community, and is welcomed and appreciated. The data reflects N.H. choosing to be a member of the group, and the children respecting him as a fellow member. When the children walked ahead of N.H., most of the time he would run after the line. The children quickly understood that N.H. did not want to be left behind. He wanted to be a part of the group, and they made an effort to make this possible. As noted above, some children would turn to him and say, "Come on, N.H." They did not want to leave him behind. Figure 3 illustrates two times when N.H. separated himself from the line.

As seen in Figure 3, efforts were made by the children to encourage N.H. to stay with the group. The children stopped to turn around and encourage him to catch up. They would not leave him until they were certain he was going to join the rest of the group. The children's kindness and caring created an inclusive and respectful classroom culture. They approached N.H.'s challenge as a group and gained compassion and understanding for individual needs.

Figure 3. "Come on N.H."

Conclusions and implications

The findings presented in this study suggest peer support can play a positive role in the transitions of a child with autism. Prior to the study, N.H. chose to walk in the back of the line during every transition. He would be the last child and occasionally separate himself from the line completely. However, during my study this changed: in 23 out of the 37 photographs taken of N.H. transitioning, N.H. was walking next to another child or in the middle or front of the line. The ownership and power shared with the children allowed for positive social interactions to occur during these transition times. In contrast, if we teachers had demanded a quiet, straight line that may have created a barrier for naturally occurring social interactions and support. In this study, the children took ownership of how to transition and help their peer transition down the hall. Balancing teacher support and child autonomy resulted in adults and children learning alongside one another. The adults were not the experts. This study reflected the voices of the children, and their experiences were mutually reinforcing. N.H. knows what is best for his own well-being, and his voice was heard and respected by the adults and the children in this study.

> The ownership and power shared with the children allowed for positive social interactions to occur during these transition times.

Listening to the voice of the child and putting the child first increased peer support and interactions in classroom experiences. N.H. has started to initiate more social interactions and continues to become more verbal. The other children too have initiated more interactions within the classroom setting. They ask N.H. if he would like to play, initiate more conversations, and view him as a valued member of the classroom. One day while playing with magnet tiles, N.H. looked to a peer and stated, "I want square, please." The peer handed him a square. N.H. looked back to his peer and said, "I need help." The peer helped N.H., showing pleasure in this interaction. The children want to interact with and support N.H, and do not feel a sense of dependency. During this study, friendships and relationships were built and strengthened. Many children with social challenges are pulled out of the classroom, isolating them from social interactions with peers. Why take these children out of the environment where natural social interactions occur? Children with social challenges need to be in environments where these interactions are encouraged and effective strategies can be explored.

> During this study, friendships and relationships were built and strengthened.

Possible limitations to this study must be addressed. N.H's ABA therapist began implementing a sensory diet around the time of the study. It is unclear whether this may have affected my research. Sensory experiences are offered to N.H. when he enters the classroom after breakfast and again before he washes his hands for lunch. He wears a weighted vest for thirty minutes after this time. There were times in the study when N.H. wore the

weighted vest during his transition to lunch and/or during the transition after lunch.

Another potential limitation of this research is the expectancies and presence of adults during these transitions. During this study, I was consistently at the back of the group; at times the ABA therapist was present as well. Other adults working with N.H. have shared with me their observations of different behaviors and that N.H. had a difficult time transitioning back to the classroom on a daily basis. In their view, this may be because he is not with his peer group and transitions alongside an adult. This supports the argument that peer support positively affects the transitions of this child with autism.

There are a number of areas in this study that warrant future research. The adults' role in child development and the effect adult expectancies have on a child's success would be an interesting area of study. Further work can be done on direct intervention and support balanced with listening to the child's voice and respecting the rights of the child. It would be interesting to assess the effects of generalized interventions compared to more individualized support, keeping in mind "the image of the child."

My study confirms previous findings cited in this article and contributes additional evidence that suggests listening to the child and incorporating his interests can lead to success. I am hoping this research influences adults working with children with special needs in focusing on documentation and interpretation, instead of using inferences to gain knowledge about a child's needs and well-being. This will give every child a better opportunity for active participation in their learning and development.

Approaches to special education vary, but my study suggests that child-centered, individualized interventions are effective. In my experience, a more generalized approach to intervention aligned with the therapists' ABA approach isolated the child, denying him the peer support he wanted and needed. A more individual approach to intervention may lead to greater success and respect for the child. An implication of this is the possibility that IEP goals be met through naturally occurring experiences in the most natural environment for the child. If a child struggles with social interactions, place the child in an environment where natural social interactions occur. Support them in a classroom with peers.

This study reaffirmed my belief that we can learn so much from children. If we deeply listen to children, they will show us what they need. This is why I believe there should be a more individual approach to interventions. I believe all children are capable. I believe that educators should learn who the child is and celebrate what they have to offer to the world. Children should not be known by a label. I learned that children need opportunities to be

who they are without adults getting in the way. All children need different levels of support in their natural environment. I learned through this study that everyone supporting a child needs to be on the same page, allowing the child to lead us. When this happened, N.H. and his peers showed us the answers.

The therapists' ABA approach isolated the child, denying him the peer support he wanted and needed.

This study gave children a voice. A child can provide new ideas and thoughts that offer adults opportunities to observe, understand, and learn. Including children as researchers will impact the early childhood field; the children will lead us.

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