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## Case Study of a Quiet Child: A Graduate Student's View

### **Cover Page Footnote**

Marilyn Bisberg is a recent graduate of the Early Childhood Special Education Program at Bank Street and currently a Head Teacher at the Child Development Center, Jewish Board of Family and Children's Services.

## **CASE STUDY OF A QUIET CHILD: A GRADUATE STUDENT'S VIEW**

**Marilyn Bisberg**

### **Beginning an Internship**

In January of 1987, as a graduate student in special education, I accepted an internship at a therapeutic nursery school. The school is designed to help preschool children overcome behavioral, emotional and/or developmental difficulties of varying origins through structured psychoeducational experiences. Students attending the nursery are eligible for funding through New York City Family Courts.

Initially, what struck me most was the sparseness of the three classrooms: there were few children and only several toys in evidence. I was told the environment was carefully planned "for children with delays." Though sparsity was the approach within the classroom, the interdisciplinary team of professionals working on the children's behalf was extensive. It included teachers, music therapists, psychotherapists, speech and language therapists, psychiatrists and an adaptive physical educator.

I was assigned to assist in a class of eight three-year old children who had been together with their teacher for four months. As I observed and interacted with the children, trying to find my way through the structure and routine, the children gradually became more distinct to me. There were a number only able to express their frustrations through tantrums, some who could not sit still, some who did nothing but sit still. As I observed the children, their behaviors, and how each affected the group as a whole, I noticed that physically aggressive children were generally the focus of the teacher's attention. Their disruptive responses often dissolved any efforts to work with the whole group so that calming them down was usually the first order of business.

It was soon apparent that I had ventured into an environment filled with the things I found most unsettling: anger and aggression. Children were hitting each other, hitting me and throwing objects when they

were angry. The head teacher and I spoke each day after the children left to plan strategies that would help them substitute words for physical aggression. A tall order for children with communicative disorders! But there were differences. Of the eight children, only five relied exclusively on physical expression. Two, with some language, were apparently not yet ready to interact with their peers. The eighth child, Debbie (a pseudonym, and the focus of this study) was conspicuous in this high-energy classroom environment.

Debbie did not acknowledge teachers or peers visually, did not initiate any communication in school, did not participate in group activities. Typically, she walked through the door of the nursery school classroom lagging behind the other children. She wore a purple sweat shirt, purple pants, pink shirt and white sneakers. Beneath a hood, her hair was divided into four braids.

“Good morning, Debbie!” I said with enthusiasm as I watched her drag her feet. (I was tempted to check her sneakers for weights). Debbie walked right by me staring at the ground, dragging her purple knapsack behind her. When I said “Take your sweatshirt off, Debbie, and hang it up in your cubbie,” she continued at a snail’s pace without any indication of having heard. Yet Debbie followed that routine and others.

From their cubbies, the children made their way to the first activity: morning meeting. The head teacher asked them to choose an activity and they were expected to answer by pointing or — if possible — to identify the activity by name. Debbie was usually called last. When asked to respond, she would point her finger in the air towards one activity, usually the puzzle table. Her eyes did not follow her finger to clarify her choice. Debbie then walked to the table with that lead-in-her-sneakers quality and sat in front of a puzzle with her head hanging down. Her affect mystified me. She made no sound, had no eye contact with teachers or peers. She never smiled and seemed strangely disconnected from her surroundings.

I was interested in Debbie and worried about her. I wanted to know more about what she knew and what sense she was making of what happened in class. She was not considered a discipline problem and

seemed to get less attention than other children. I felt she complied with routine just enough to slip by.

### **Focusing the Internship on Work with Debbie**

I was quite overwhelmed by the intensity of this internship and shared this with my Bank Street advisor. She suggested I focus on one child for awhile. Before she finished the rationale for this strategy, I knew Debbie was the one I would choose. A central question to explore in my internship was beginning to take form. What happens, I wondered, to a child with special needs who does not seek help in a disruptive way? Who will respond to her needs?

Looking back now, I think the kind of experience I had with Debbie might never happen for me again. Being an intern rather than a head teacher allowed me a rare opportunity to concentrate on and learn a great deal from work with one child.

Choosing Debbie was easy but, as I considered the task, I felt like a fish out of water. I had had little experience working with children in general. In conversations with the head teacher, I began to gather information about Debbie's behavior in the classroom before my arrival and at home. I also read her file carefully, including test results and reports from previous teachers — and I learned, according to her mother's report, that Debbie spoke at home!

### **Debbie's History**

A brief review of Debbie's history will follow. A more comprehensive chronology is reported in Bisberg (1988), an Independent Study submitted as a requirement for completion of the masters level program in special education and available in the Bank Street College Library.

Debbie was born on April 4, 1983 to a Hispanic mother and Black father. Overall, Debbie's developmental milestones were delayed. Debbie's siblings include a sister one year younger and a brother who is two years older. She lives with her mother, sister, brother and a caretaker in a small two-bedroom apartment in New York City. Debbie's mother is blind and is reported to have lost her eyesight during puberty. Her brother is mute and has been diagnosed autistic.

Debbie's father, according to the records, was "in and out of the picture."

Debbie was three years, five months when she began attending the therapeutic nursery school. The diagnosis on entry was mixed specific developmental disorder with expressive and receptive language delays and articulation difficulty. School entrance was difficult and a prolonged inability to separate from her mother was noted. When she finally settled into the classroom, in addition to being physically uncommunicative and mute, she displayed behaviors often characterized as "blindisms." For example, Debbie would feel the edge of the table in front of her in order to find a place for the napkin in her hand. While feeling, she would stare into space. She would match the edge of the napkin with the edge of the table by feeling their relative positions.

The psychological evaluation revealed that Debbie's visual perception and ability to reason were average. The evaluation generally supported findings in the classroom. Her activities of interest were within structured perceptual-motor areas; she engaged in little symbolic play. Suggested remediation included work that would allow her to learn without being scrutinized.

## **Interventions**

My Bank Street supervised fieldwork advisor suggested that I arrange with the head teacher to spend time alone with Debbie each morning and let her know the time would be exclusively hers. Establishing a relationship with Debbie proved to be difficult--at first she ignored my presence!

I began by playing a neutral and what I hoped was a nonthreatening role. Each morning I sat down next to Debbie, careful to avoid eye contact. Most of the time we sat quietly, relying heavily on watching each other's actions. I spoke occasionally about the activity that Debbie had chosen to do by labelling and commenting on those actions. I tried not to do anything that would communicate expectation or power struggles; Debbie needed room to feel as though she had complete control. As time passed, the ritual became elaborated to include

questions about the activity. Finally, Debbie responded to a question I asked about some letters she had placed in front of her: "Can you point to the letter 'A'?"\* Debbie cautiously lifted a "heavy" finger and dropped it on the correct answer. When I asked her to do it again, she did not respond.

For a long time Debbie and I sat side by side; during the more comfortable moments I began to sense she was depending on our time together. She began to expect us to spend time together at other points in the day. Though Debbie still did not make eye contact with me, she was often looking for me and watching what I did. Modeling for her in nonconfrontive, protective situations provided a safe way for Debbie to explore visual communication. For example, simple games of hide and seek became part of our established rituals. When I caught Debbie's gaze I met it with an overexaggerated smile or "hello" to reinforce the appropriate use of eye contact. After several months of consistent interactions of this kind, as the following anecdote (drawn from my notes) reveals, Debbie became more responsive.

*Debbie made her way to the activity table in the classroom. I approached her with something to do: flashcards with numbers from one to ten\*. Debbie looked at the cards, then walked to the table. This communicated to me that she wanted to play. Lining up the cards so they were all visible to her, I pointed to the number five and asked, "Is this the number two?"*

*Debbie shifted her weight in the chair, smiled broadly (though still making no eye contact with me) and dramatically shook her head. "Is it a five?" I continued. Very deliberately, she nodded her head several times. As we continued this routine, Debbie began to mouth the beginning letters of the correct answers. Debbie seemed to be having fun as she engaged in one-to-one interaction.*

*The language therapist who was visiting the classroom ap-*

\* n.b. Bisberg explains: these activities were chosen because her mother claimed that Debbie could recognize and name letters and numbers.

*proached the table and sat down beside Debbie. I asked her to join us as I looked to Debbie for consent. Debbie's head fell slightly and she stared down at the table. I resumed the play and looked to Debbie for participation but she did not respond. She sat in her chair and her head became heavy as she looked down at the floor. Then Debbie rose slowly, lifting her body as though the chair presented great resistance. She dragged her feet as she walked away. . . shoulders rounded.*

As Debbie and I established a more trusting and dependable relationship, I became convinced that her understanding and intelligence were much greater than she had shown thus far. I believed she was making progress although the interdisciplinary team seemed to measure this only by whether or not she had begun to talk. Nevertheless, every professional who had contact with her was intrigued by her affect. The power of her silence was striking and compelling. It was hard for them to imagine that Debbie actually did speak at home. I, too, needed to clarify this and my advisor suggested I make a home visit.

What I discovered there was startling. It was incredible to hear her voice and see a buoyant, playful, almost toddler-like quality in her gait and personality. At first she was shy with me but the playdough I brought triggered associations to the games we played in school. Very soon we were playing them, this time with words. Debbie revealed that she knew the children's names as well as the names of the letters and numbers. The visit confirmed my impressions about her and I felt more compelled to help Debbie. The next morning I waited with bated breath to see if she would now talk to me in school. That would have been too easy. Debbie arrived at school as she usually did--silent.

While she and I continued to build our relationship, the interdisciplinary team discussed different plans to encourage further communication. The music therapist met with Debbie individually as well as in her regular session, the language therapist saw her for individual therapy three times a week (most children received one or two sessions). The language therapist's plan was to teach Debbie to use sign language. She also brought Debbie's mother into the sessions thinking that her presence would facilitate verbal dialogue. Debbie responded by



turning her back to both the therapist and her mother.

Though it was difficult for me to explain why, I felt that successful work with Debbie would not revolve around trying to get her to speak. As the school year ended, parting words from my supervised fieldwork advisor at Bank Street supported this. She encouraged me to continue developing a trusting relationship with Debbie and to let her know I would not insist that she talk. By the end of our first year of work together, Debbie's communicative repertoire had increased. She had established eye contact with me and seemed to feel safer in the classroom environment. She gestured by pointing and shaking her head, letting me know how she felt and what she wanted to do. She also showed greater ability to recover from difficult moments. Most of the time, however, Debbie's responses were still compliant. It was hard for her to protect herself and she still showed anger only through her silences. Debbie did not relate to peers; communication was exclusive to her relationship with me.

The following year, I stayed on with the same head teacher and her group of children as they became the four year old class. Debbie and I continued to work together. One morning, as usual, she and I began our ritual of deciding what to do. I suggested we draw but Debbie shook her head and pointed to the dressup corner. I let her know I would like to draw and invited her to join me. Debbie again shook her head, then shrugged her shoulder as if to say, "Oh well, I guess we won't be playing together today." Then she waited for my approval.

I said it was good that she wanted to play with the other children and that I would be sitting at the table drawing. Frequently, while Debbie played with her peers, she would look back at me and smile. Twice she returned for a hug.

That day, ideas began to fall into place for me. Debbie's indication, for the first time, that she was not going to join me, and the behavior which followed this prompted a flashback to a film on Mahler's stages of separation-individuation. I remembered that looking back, smiling and returning for a hug were parts of a pattern in an early stage of development (Mahler, 1975).

Was this what was happening? I thought it was time to reread

Mahler's work and wondered if the next part of the developmental process would revolve around angry feelings.

At one point in the day, the children were divided into two groups: one went to "cooking" and the other to "movement." Debbie, in the "movement" group, followed the other children's lead as they played together. At times she used her voice to make sounds and noises that would attract my attention. It was evident that the small movement group allowed Debbie to practice behaviors she and I had established in our one-to-one relationship. I could see she was beginning to generalize many of the newly-explored feelings and social skills she learned in "movement" to the larger classroom situation.

In time, Debbie began to rely on her peers rather than me for both protection and interaction. She began to make choices by nodding/shaking her head or pushing children away if she did not want to play with them. As she did this more effectively, she turned less and less to me.

After a while, Debbie began to let me know I was not welcome to be involved in her play with other children. Her darting eyes no longer called out "Protect me!" With a new surge of independence, Debbie became oppositional. For example, I started a routine with the group by asking them NOT to say "pop." As expected, all five children yelled "pop, pop, pop!" at the top of their lungs. In the midst of all the noise, Debbie suddenly realized that she had said a word. I saw her hesitate a second, notice that no one had reacted, then shout "pop, pop, pop!" louder than all the others.

Debbie had come far. She was now expert at using her eyes with communicative intent. She could and did make her needs known through gesture. There was evidence she was beginning to take pride in herself as an individual, to protect herself both physically and emotionally. Yet something was still keeping her from using speech in school. Time was running out. In two months Debbie would be off to kindergarten.

I was struck by the notion that the movement group had become almost like a family. The five children who participated played

together with intense caring and commitment. As individuals, they were becoming more independent; as a group, they had become interdependent as the following reveals:

(From my notes)

*During movement one day, Eddie (a child to whom Debbie had become very close), took his shoes off. I reminded him it was time to put them on. He resisted with a loud "NO!" Debbie, standing close by, looked at me with fire in her eyes and said "NO SHOES!" When I persisted, Debbie supported Eddie's wishes by repeating, "I said NO SHOES!" The other children, overhearing this, stopped their play. They took off their shoes as well! I then took off my shoes too. Debbie went to the light switch and turned off the lights. Turning to me, she said, "Your socks are pink." I replied: "They are white" (they were). Debbie then turned the lights on and said, "Now they are white." In a very authoritative tone. She turned the lights off again and said "NOW they are pink." Then Debbie told me that I had to "wear pink socks tomorrow."*

*I wanted to put my sneakers back on, hoping others would do the same, but Debbie said "You can not have your sneakers. Only Sam, Tom, Eddie and me can have them." Then Debbie directed the other children not to return my sneakers. All the children took turns wearing my sneakers. I suggested to them that if they were going to wear my sneakers then I would wear Eddie's! Debbie stood to block me and said angrily, "Sit down, you can not wear Eddie's shoes." Then (to the others) "Don't give the teacher her sneakers." Debbie took my hand and slapped it several times.*

At the end of that second school year, the class went to a playground in Central Park. As they approached the park, Debbie could not shake free of my hand quickly enough. She ran toward the various types of climbing equipment. Suddenly I heard her voice: "Ms. Bisberg, LOOK at me, look at me!" I turned my head to find Debbie at the very top of the jungle gym with some of the other children. We smiled at

each other broadly as Debbie called out, "I'm high, I'm high, look at me!"

## Summary

It was clear that a special education kindergarten class was no longer the appropriate next placement for Debbie. The therapeutic nursery team decided that she would benefit most from a small, regular school setting with a sensitive teacher. Added help through speech therapy and psychotherapy would be provided. Debbie was no longer a quiet child.

During the final week of school, when the children were trying to understand what was in store for them, Debbie asked me if she was going to a new school. I had a question of my own that I had reserved for the right moment. "Debbie," I asked matter-of-factly, "Will you talk in your new school?" Debbie looked at me with a gripping gaze and a broad smile. "Yes," she said in an impatient tone, reminding me how silly that question was!

I believe the therapeutic nursery school setting was an important factor in the success of this intervention. It allowed Debbie to practice expressing her feelings in small doses and in different forms available to her through the classroom environment. Through maximum use of the diverse resources available, she was able to draw what she needed when she needed it. Therapeutic intervention within this setting made it possible for this child to integrate the emotional components needed to begin to speak outside her home.

As Debbie and her mother were getting ready for the first day of kindergarten in a regular classroom, Debbie said, "I am going to talk at school. I have to go to another school because I am big."

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